

# THE Report



STRONG. MODERN. CARING.  
HSA Convention 2010

# You play a big role in telling our story

FOR THE PAST SEVERAL YEARS, we have been working as a union to raise the profile of health science professionals. We've used many tools: advertising campaigns, sponsorship of community events like Run for the Cure, our constituency liaison program, our excellent relationships with professional associations.

We're about to launch another ad campaign; a bold and creative campaign which will present our members as intrinsic to the solution to long wait lists, the public's biggest concern about health care. You'll be seeing it about the time this issue of *The Report* arrives in your mailbox.

As I was very pleased to report to delegates attending our 2010 Convention in April, we are gaining ground on the recognition you deserve as critical members of the modern health care team. The public and the government know more about who you are. They understand the value you bring to the health care system.

But we have more to do.

Later this year we will publish a report on the rapid deterioration of access to rehabilitation services to British Columbians.

As part of this research, we learned that many people end physiotherapy treatment before they feel it is appropriate because they lack extended health benefits, or their plan doesn't provide enough coverage.

One of the biggest contributors to the loss of rehabilitation services has been the shift from public to private provision of rehabilitation. More and more, Canadians rely on benefit plans to fund their rehabilitation needs. And since just half of Canadians even have extended health benefits, and those benefits are shrinking as plan administrators look to cut costs, access to rehabilitation is getting harder and harder.

But you already know all about that. You already know



Johnson

WE ARE  
GAINING  
GROUND  
ON THE  
RECOGNITION  
YOU DESERVE  
AS CRITICAL  
MEMBERS OF  
THE MODERN  
HEALTH CARE  
TEAM

better than anyone that the services you deliver are getting harder and harder for British Columbians to use.

There's nobody better to tell that story. The public trusts health science professionals. You are the people who deliver the services day in and day out.

And you need to tell that story.

Over the past year, I have been meeting with members around the province. And what I know about our members is that you all have so much to offer for the good health of British Columbians.

You're passionate about your work.

You're passionate about your community.

You're passionate about the services you deliver to build a better community.

Our health care system can't function without that commitment.

Our communities can't function without that commitment.

That's *your* commitment. I know, because every time I meet an HSA member, every time I talk to a friend or family member who counts on your expertise, that passion to deliver quality care is front and centre.

You've all made a commitment to delivering quality health care. And I make a commitment to you that HSA will be front and centre in the fight for those services all of us count on. **R**

*Reid Johnson is President of the HSA.*

“Our members told us to go and get the best deal possible, and that’s what we’re going to do”

- MAUREEN HEADLEY, CHIEF NEGOTIATOR, HSPBA

# 2010 HSA Convention

# 12

Guest speaker Rachel Notley, Alberta NDP MLA, helped wrap up the convention on an energetic note



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Chantal Jolly  
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## THE FRONT COVER

HSA President Reid Johnson addresses delegates attending the 2010 Convention in Vancouver.

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**MEMBERS AT LARGE – Back row:** Brent Jeklin, Nadine Soukoreff, Mandi Ayers, Sharon Geoghegan, Collette Barker, Charlie Wheat, Donna Mason, Doug Brydle, Wendy Reilly, Mary Lou Icton. **Middle row:** Dave Noga, Cheryl Greenhalgh, Larry Bryan, Sharon Eggertson, Aaron Wilson, Mike Trelenberg, John Christopherson. **In front:** Anna Morton, Christin Lumsden.

## HSA members acclaim Brendan Shields as Region 4 Director

HSA members in Region 4 have elected Brendan Shields as their representative to the HSA Board of Directors. Brendan was acclaimed after the February 1st deadline passed with no further nominations.

Brendan is a music therapist who has worked in a variety of health care settings in Fraser Health and Vancouver Coastal Health. He currently works, and

serves as a steward, at Richmond Hospital.

An HSA member for eight years, Brendan has also served as a constituency liaison, an occupational health and safety Steward, and a chief steward. As a former member-at-large, Brendan sat on HSA's Occupational Health and Safety Committee, and the Committee for Equality and Social Action.



**Brendan Shields**

PHOTO: DAVID BEBER

# Consolidation affects diagnostic imaging staff

IN LATE APRIL, HSA was served notice by employers in Fraser Health, Provincial Health Services, Vancouver Coastal, and Providence Healthcare of intent to consolidate medical imaging in those four health authorities.

The notice came after several months of review by employers of organizational structures, the volume and scope of services, and staff and equipment resources. The directive to consolidate comes from the Ministry of Health Services, which also directed that the restructuring result in a 10 per cent reduction in the operating budget while increasing service to patients.

As demand for diagnostic imaging services continues to increase, and wait list times continue to grow, HSA is concerned that the prescribed budget cut cannot be achieved without affecting patient service, as well as HSA members' jobs.

After the notice was served, HSA began holding meetings with members throughout the affected region to discuss what the changes may mean for HSA members.

Members' initial concerns relate to the question of who their employer will be. The consolidation process is being led by Vancouver Coastal Health Authority. It is HSA's position that all employees in diagnostic imaging throughout the region will

become employees of VCHA.

The union believes that staff and their benefits should be transferred seamlessly and uninterrupted to VCHA where seniority will be consolidated into one seniority list for all diagnostic imaging employees.

Where movement of work, reduction or redistribution is anticipated, and where consolidation will go beyond health authority boundaries then a consolidated seniority list would allow HSA members:

- Access to work in accordance with their seniority;
- Opportunities for career laddering or changes through posting;
- Mobility when changes impact their work; and,
- Continuation of job security but on a broader scale.

Also of concern to members is the employers' focus on increasing productivity in an area where members are already working full-out, and where unfilled vacancies are the norm in professions experiencing severe shortages.

At the time of printing this issue of *The Report*, meetings with members were continuing.

For continuing information on this and other consolidation projects, visit the HSA website at [hsabc.org](http://hsabc.org)

## More health cuts announced

One year after promising voters there would be no cuts to health care, the BC Liberal government continues to announce serious cuts. Here are just a few of the latest:

- Elimination of the Healthy Choices in Pregnancy program, designed to reduce the number of babies born with fetal alcohol spectrum disorder.
- 10 per cent budget cut to diagnostic imaging (x-rays, ultrasound, MRI, CT scans etc) through a consolidation of services across the Lower Mainland.
- Fraser Health Authority anticipating 14 per cent cut in elective surgery budget; eliminating up to seven sterilization technicians who ensure surgical instruments are clean

The full list of cuts made across BC in the last year is posted at [hsabc.org](http://hsabc.org) and is growing daily. Please check frequently for updates and look for more coverage in future editions of *The Report*.

# HSA to watch hospital funding changes closely

PATIENTS MUST ALWAYS BE TOP PRIORITY FOR INNOVATIONS IN HEALTH CARE

**HEALTH MINISTER KEVIN FALCON** has announced pilot programs for shifting hospitals to funding based on the number of patients they treat.

HSA President Reid Johnson says he welcomes innovative changes in the delivery of health care, but will be watching as the patient-focused funding initiative unfolds.

“There’s no question our health care system needs to be innovative and responsive,” Johnson said.

“But the government’s announcement raises more questions than it answers. Time will tell if the project does lead to reduced waiting lists and a more efficient health care system. Ultimately, the priority has to be patients, and HSA will be watching to ensure patients are not forgotten in the focus on efficiency,” he said.

“I am concerned that what Minister Falcon is proposing is not patient-based funding, but activity-based funding. If funding will be structured to reward performance based on volume, hospitals will be forced into competing for funding based solely on their ability to push

patients out the door. And that’s not good health care,” Johnson said.

He said that British Columbians have already seen a deterioration of access to rehabilitation for patients as services like physiotherapy have been moved out of the public system and into private delivery.

right health care choice,” he said.

Johnson also questioned the \$250-million price tag for the patient-focused funding project.

“Where is that money coming from? Are health authorities going to have to come up with the money out of their budgets? That could spell

IF FUNDING WILL BE STRUCTURED TO REWARD PERFORMANCE BASED ON VOLUME, HOSPITALS WILL BE FORCED INTO COMPETING FOR FUNDING BASED SOLELY ON THEIR ABILITY TO PUSH PATIENTS OUT THE DOOR. AND THAT’S NOT GOOD HEALTH CARE.

“If you don’t have an extended health care plan – only about 50 per cent of British Columbians do – and can’t afford to pay for physiotherapy and other rehabilitation services, chances are you are not going to get the rehabilitation you need to make you better. Sending patients home without proper recovery is not the

disaster for health care. Last year, government forced health authorities to take \$360 million out of their budgets and it resulted in severe cuts to services, including cutting 10,000 MRIs, and cutting hundreds of surgeries – which resulted in driving up wait lists.” **R**

# HSA's Cathy Fix wins Excellence in BC Healthcare award

**HSA MEMBER CATHY FIX**, an ultrasound supervisor for Providence Health Care in Vancouver, has won a prestigious award recognizing her outstanding contribution to health care in BC.

Fix is a 2009 recipient of the Award of Merit at the Excellence in BC Healthcare Awards, sponsored by the Health Employers Association of BC.

Fix, who has over 25 years of experience as an ultrasonographer, created the portable ultrasound project in partnership with the Intensive Care Unit and Cardiac

Care Unit at St. Paul's Hospital, where senior volunteer sonographers went to ICU and CCU wards to conduct high quality bedside ultrasound exams. Results were sent to a staff radiologist as exams were performed, allowing for instantaneous report turnaround.

As a result of her work, the department created space to perform 400 additional out-patient appointments, resulting in a \$50,000 revenue increase and decreased out-patient waits. Providence Health Care has saved \$36,000 in labour costs and Fix's bedside model is



**Cathy Fix**

now being expanded to Emergency and other in-patient areas. **R**

## HSA members elect Anita Bardal as Region 6 Director

HSA members in Region 6 have elected Anita Bardal, a medical radiation technologist at St. Paul's Hospital, as their representative on the union's Board of Directors.

The other candidates for election were James Lyons, a medical radiation technologist at Mount St. Joseph Hospital, and Mo Norton, a program support clerk at North Shore Community Health Services.

Anita has been an HSA member

for 27 years. She has served in various capacities, including as an OH&S steward and as chief steward at St. Paul's Hospital. Anita has been a member-at-large since 2007, and has served on HSA's Occupational Health and Safety Committee, and Resolutions Committee. Anita is also a constituency liaison, and has been active with the Run for the Cure committee.

Anita assumed office at the close of the 2010 HSA convention.



**Anita Bardal**

# Modernizing the classification system

HSPBA'S CLASSIFICATION SYSTEM WAS FIRST DESIGNED SOME 40 YEARS AGO.

TODAY, MANY EMPLOYEES AND EMPLOYERS HAVE DIFFICULTY WITH A SYSTEM DESIGNED FOR A SMALLER AND LESS COMPLEX BARGAINING UNIT.

DELEGATES TO THE NOVEMBER BARGAINING PROPOSAL CONFERENCE DIRECTED HSA TO MODERNIZE THE CLASSIFICATION SYSTEM IN CURRENT CONTRACT NEGOTIATIONS.

THAT WORK HAS NOW BEGUN.

THIS IS THE FIRST OF A SERIES OF ARTICLES MEANT TO KEEP YOU UPDATED ON MATTERS RELATED TO THIS KEY BARGAINING GOAL.

BY DAVID FAIREY, KATHY McLENNAN AND JEANNE MEYERS

**HSA'S FIRST COLLECTIVE AGREEMENT IN 1971** covered just nine paramedical professional disciplines in two Lower Mainland hospitals. Since that time, the disciplines and job classifications covered by the HSPBA collective agreement have grown to many times the original number.

This has resulted in a complex and confusing classification system which leaves members at risk of being improperly compensated at the wrong rate of pay. The HSPBA has placed a high priority in the current contract negotiations on modernizing the system to ensure all members understand their rights under the collective agreement, including the rate of pay to which they are entitled.

There are many reasons for the increase in size and complexity: the expanded geographic scope of HSA's bargaining authority; the transfer of discipline groups from other unions; the development of new technologies; the restructuring of healthcare service delivery and administration in the 1990s; subsequent restructuring of health care labour relations and consolidation of union representation; and the organization and representation of new disciplines among health science professionals.

Since the 1970s there have been *some* collective agreement changes to incorporate the expanded classification criteria for the 16 job families, the Operating Instructions Miscellaneous Provisions, the Baccalaureate Note, the Wage Schedule grid level table, the pay equity grid level adjustments, and market adjusted wage rates for some disciplines.

But, throughout these many years and many changes, the fundamental features of the classification system itself have remained unchanged. Currently the collective

agreement covers the following distinct classification groupings:

- 24 Core Disciplines in 16 Job Families (Dietitians to Speech Language Pathologists)
- 93 Classifications in 22 Industry-Wide Miscellaneous Rated Disciplines
- 223+ Memoranda of Agreement
- Early Childhood Educators/Supported Childcare Consultants
- Radiation Therapists
- BCCA Cancer Research/Genomics/Bioinformatics Technologists
- Perfusionists

Only the first two groups of classifications listed above are directly referenced in the collective agreement. Members who hold positions in the other disciplines will not find their specific classification in the body of the collective agreement, and that leaves them feeling invisible.

There are other areas for improvement. While most job families have six classification grade levels, some have three or five grade levels. Some disciplines listed in the Industry-Wide Miscellaneous Rates have one grid level and others have up to seven levels. In the absence of appropriate classifications in either of these two categories, memoranda are negotiated. For example, memoranda exist for positions created outside of a facility-based department model.

In addition, although the collective agreement's Wage

IT'S BEEN APPARENT FOR SOME TIME THAT THE CLASSIFICATION SYSTEM AND STRUCTURES CONTAINED IN THE COLLECTIVE AGREEMENT NO LONGER IDENTIFY COMMON STANDARDS AND CRITERIA FOR THE EVALUATION AND CLASSIFICATION OF BARGAINING UNIT WORK.

OUR OBJECTIVE IS TO HAVE ALL JOBS CLASSIFIED ACCORDING TO ONE SET OF RULES.

Schedule contains 20 Grid Levels (Grid Levels 2 to 21), there are actually a total of 43 different wage levels covering all of the above classification groupings.

It's no wonder many members, and their employers, have great difficulty determining the appropriate classification and rate of pay on the basis of what is, or is not, in the collective agreement. This is a serious problem; com-

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## Want to get involved? Participate in the focus groups

Focus Groups will be convened to validate data about specific disciplines. These will include representative members from the discipline, Curriculum representatives and Professional Association/ College representatives.

If you would like to participate in a focus group for your discipline, please send your expression of interest to [focusgroups@hsabc.org](mailto:focusgroups@hsabc.org).

Be sure to include your contact information and a brief description of your professional history.



Jeanne Meyers



David Fairey

## Your HSPBA classifications specialists

Jeanne Meyers is a former executive director of legal services for the Health Sciences Association of BC. She was instrumental in the Bill 29 legal case that went to the Supreme Court of Canada where the country's highest court found that the freedom of association guaranteed by Section 2 of the Canadian Charter of Rights and Freedoms includes the procedural right to engage in collective bargaining in an attempt to achieve workplace related goals. The court found that legislation which substantially interferes with the rights of workers and their union to engage in collective bargaining is unconstitutional.

As an HSA lawyer for more than 15 years, Jeanne is intimately acquainted with the complex classifications system in place in the Health Science Professionals collective agreement, and brings a wealth of institutional history to the current review. She has represented HSA members in grievances, and served in a consultative role on several HSA bargaining committees.

Jeanne is currently a lawyer in private practice in the Fraser Valley, specializing in employment and family law.

David Fairey has been a Labour Economist and Labour Relations Consultant with Trade Union Research Bureau in Vancouver for 35 years.

He is a graduate of York University (Honours B.A. 1972) and the University of British Columbia (M.A. 1973), and has been Director of the Bureau since 1989.

Throughout his career he has provided consulting economic, labour policy, collective bargaining, labour relations, pay equity and organizational research and advocacy for public and private sector unions in Ontario, Saskatchewan, Alberta, and British Columbia.

David has collaborated in publishing research papers and submissions on a wide variety of labour and employment law issues such as labour standards, labour relations, pay equity, construction safety, and migrant labour. He is a Research Associate of the Canadian Centre for Policy Alternatives and has assisted Health Sciences Association as a classifications expert on a number of major health science professional classification projects, including joint reviews, since 1982.

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pensation rights and obligations must be clear.

It's been apparent for some time that the classification system and structures contained in the collective agreement no longer identify common standards and criteria for the evaluation and classification of bargaining unit work. The system was designed some 40 years ago, modified from time to time, and now requires modernization.

### **PRINCIPLE OF EQUITY**

Disciplines covered by job family language typically have provisions for student instruction, additional procedures, working without general supervision, shift responsibility, clinical specialty/special procedures, teaching, computer program responsibility, research and development, regional responsibility, section responsibility, supervisory responsibility and a Chief Health Science Professional.

In contrast, disciplines covered by the Industry-Wide Miscellaneous Rates or separate memoranda may have some of these provisions, but none have all of these provisions. The reason for every inequity is rooted in negotiations or bargaining history. HEABC has long resisted creating new job families with comprehensive classification provisions.

For example, the Respiratory Therapist job family lists 34 classification criteria; the Industry-Wide Miscellaneous Rates' listing for Child Life Specialist has two grid levels. This comparison is illustrative of the systemic inequity found in the current system.

There needs to be a more equitable system of classification and compensation, built upon applying common classification standards and criteria to all disciplines. Our objective is to have all jobs classified according to one set of rules.

### **ADEQUACY OF CLASSIFICATION CRITERIA**

There is a need to improve certain classification criteria.

For example, to qualify for a Grade III "regional serv-

ice" classification, a member must demonstrate that she/he provides an off-site service to other agencies/facilities under a service contract. Since this criterion was originally negotiated, the restructuring of health care administration and employment relations has rendered it virtually inapplicable and therefore possibly redundant.

We need to better define, update and broaden the application of classification criteria so that they are more relevant and applicable to all disciplines.

### **A MODERNIZED APPROACH TO CLASSIFICATIONS**

A modernized classification system should contemplate a range of health care delivery models, whether that be department-based, program managed, multi-site, Health Authority-wide, geographic consolidation, or any other model.

The parties should be able to classify and place all jobs on the wage schedule using a modernized classification system.

Standard descriptions could be created to define the scope of work, standard duties and responsibilities, and qualification requirements for every discipline at the entry level and above. In so doing, the parties could compare changes in the workplace to the agreed-upon profiles and determine whether a corresponding change in compensation is warranted.

### **THE NEXT STEPS**

The HSPBA has been at the bargaining table since March 17, where proposals on principles and procedures to modernize the Classification System have been exchanged and are under on-going discussion.

The HSPBA is seeking improvements to the system, but will also propose wage protection, should any position warrant it because of changes agreed during bargaining.

In due course, any changes to the classification system agreed at the bargaining table will be subject to voting as part of the ratification process for the 2010 Provincial Agreement. **R**



**HSA President Reid Johnson**

# CONVENTION 2010

STRONG. MODERN. CARING.

**WITH A TOUGH ROUND OF BARGAINING ONLY JUST BEGUN,** and in the face of short-sighted provincial cuts, delegates gathered at the Hotel Vancouver to grapple with the issues underlying this year's theme: a strong union, its members an essential part of the changing and modern health care system, standing up for the patients they care for every day.

## **PLENARY - THURSDAY, APRIL 15**

Following a welcome by HSA President Reid Johnson, the plenary session kicked off early Friday afternoon with two discussion papers.

The first, presented by HSA's Dennis Blatchford in response to a resolution passed by delegates to the 2009 convention, examined the feasibility of providing addictions treatment for members and surveyed the addiction treatment resources other health care unions provide. The paper looked at five different programs: four in the health industry and one in the construction industry.

As supported by the Board of Directors, the paper recommended that HSA not undertake an addiction treatment program for HSA members based on the Drug and



**Trina Nguyen, Surrey Memorial Hospital**

Alcohol Rehabilitation model at the BC Nurses Union. Rather, it recommended learning from the BCNU experience and continuing HSA's work in improving initiatives like the EIP (Early Intervention Program) and PEARS (Prevention Early Active Return to Work Safely) so members get in the appropriate treatment queues in a timely manner; continuing to pursue alternate sick leave provisions like STIIP (Short Term Illness and Injury Plans) that are proven better at identifying and subsequently treating underlying health conditions caused by drug and alcohol addictions, and creating more awareness about drug and alcohol addictions in the workplace

The second discussion paper, presented by HSA's Julio Trujillo, examined the need to update the seniority system to keep pace with amalgamations and other changes in the delivery of BC's health care and social services. The paper surveyed the history of challenges and updates to the seniority system, and reported that in the current round of bargaining, HSA will be making several proposals designed to enhance members' job security and mobility.

The business then turned to the progress of bargain-

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**MADHU MAHARAJ**

Cardiologist technologist,  
Vancouver General Hospital

"I wanted to know about what actually goes on inside the union, and I wanted to become actively involved. It gets me all pumped up. It makes me feel like I'm not the only one, there are others as well."



**Deanna DeCosta and Terri Bublitz, Vernon Jubilee Hospital**



**ADESH KAHLON**

Diagnostic medical sonographer,  
CML Healthcare

“Things are really changing in healthcare, and I’m learning so much new here. What we do is important and it should be paid for by the government...the convention has really opened my eyes to many things I wasn’t aware of, and now it empowers me to go out in the community and talk about this.”

ing, with reports from senior HSA staff. Jessica Bowering reported on the Nurses’ Bargaining Association, which was included in the two-year extension deal made with the government last year. Josef Reider addressed the Community Social Services Bargaining Association, which at press time is still stalled. Dani Demetlika spoke on the Community Health and Support Bargaining Association, where HSA members largely voted against a tentative agreement that was accepted by the majority of bargaining association members. On behalf of the bargaining committee, Bargaining Committee Chair Val Avery addressed progress at the Health Science Professionals Bargaining Association which represents the largest portion of HSA’s membership.

Maureen Headley, HSA’s chief negotiator and executive director for labour relations and legal services, then spoke about context, principles and objectives for the HSPBA negotiations.

Recent public opinion research shows that the public is growing more aware of health science professionals as an essential part of a changing health care system, explained Headley. Furthermore, the public trusts these professionals almost as much as they trust the other



**Bill McKeown, Royal Columbia Hospital**

members of the modern health care team: doctors and nurses. This growing visibility and trust will serve us well at the bargaining table, and we aim to build on these with media and advertising campaigns, she said.

Negotiations are guided by key principles discussed at November's bargaining proposal conference: delivering quality health care, achieving fair wage increases, modernizing the classification system, addressing recruitment and retention problems, enhancing the quality of work life, improving benefits, developing a seamless and integrated sick leave and disability management scheme, developing job security and seniority initiatives and improving administration of the collective agreement.

"Our members told us to go and get the best deal possible, and that's what we're going to do," said Headley. "We're going to be vocal on the issues that matter to the public. We're going to be thoughtful and deliberate throughout the process. And we're going to be consistent with our values about protecting and strengthening public health care."

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**PETER HAMILTON**

Polysomnographic technologist,  
Surrey Memorial Hospital

"I believe in the whole system of HSA. I'm very impressed by how professional everything at the convention is and how respectful. It's really a well-run and well-organized system, and I think that says a lot because it improves our credibility. It's all done by the rules."



**BC Federation of Labour President Jim Sinclair**



**COREY DEMERS**

Medical radiation technologist,  
University Hospital of Northern BC,  
Prince George

"I'm here to get a better understanding of the union and see what's out there. I'm down here more for the experience, and probably next year I'll have more to get up and say...Jim Sinclair was really great. He got your attention definitely."

**CONVENTION - FRIDAY, APRIL 16**

HSA President Reid Johnson started the day with a report touching on all aspects of the union's activity in the last year.

"As the HSA grows and our work becomes more complex, I wanted to give a more detailed report than has been the tradition," explained Johnson as he surveyed a review of the HSA's strategic plan, progress at the bargaining tables, labour relations, occupational health and safety, defending public health by helping fund the BC Health Coalition's legal work on private clinics, participation in Run for the Cure, media relations, work with professional associations and support for activists.

Later in the morning, delegates heard from Ron Stipp, of the Canadian Labour Congress, who spoke about the campaign to improve retirement security for everyone in Canada by doubling the benefit of the Canada Pension Plan.

Stipp dismissed proposals for inferior defined contribution plans, noting that only one in four Canadians contributed to an RRSP in 2008.

"The CPP already covers 93 per cent of Canadians," said



**David Bland Memorial Award winner Shannon Breeze**

Stipp. “It’s portable and covers you no matter where you work or where you live. It’s the simplest and most effective way to reform pension benefits to make life better for ordinary people.”

“Under our seven-year plan, CPP contributions would gradually increase by only two percent,” added Stipp. These increases would double average benefits.”

Jim Sinclair, president of the BC Federation of Labour, took the podium in the afternoon to congratulate all health care workers for their dedication and to urge them to speak out on behalf of a public health care system under attack almost every day.

“We need you. We need you to speak out loud,” he said. “Your union has been speaking out about this and you need to do more of that. We need you to talk about what’s wrong and we need to talk about what’s right because I want a better public system. Not a better private one only some folks can use.”

One of the highlights of the afternoon was the announcement of this year’s recipient of the David Bland Memorial Award. The award, named after an HSA member who was



**AIMEE MINOR**

Residential/community support worker,  
Future Focus, Campbell River

“I am a new chief steward for the company that I work for, and I wanted to better grasp the issues that are at the forefront right now politically, especially with healthcare. Although I work in social services, we support a lot people with healthcare issues.”

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**Sharon van Volkingburgh, Vancouver Community Mental Health Services**



**NAOMI ANDRADE**  
Respiratory therapist,  
BC Children’s Hospital

“I was very inspired by family members who were very confident union activists, and I grew up knowing that I wanted to be a part of a union. As a new delegate and young worker, I was very curious. I came here to learn more about what HSA does.”

killed in the workplace five years ago, recognizes individual members who advocate for a safe work environment.

This year, the award was presented to Shannon Breeze, a registered psychiatric nurse at the Eric Martin Pavilion in Victoria. According to Workers Compensation Board data, the Eric Martin Pavilion is one of the most dangerous worksites in the province, and Shannon has been calling attention to the need for better measure to protect against violent incidents there.

“Shannon’s positive attitude, tenacity and spirit– along with her tireless work to support and encourage all co-workers, even those represented by other unions – has helped begin the process towards change at our workplace,” said Johanna Lisakowski, a colleague whose words were read during the ceremony. “Whenever a violent incident occurred, Shannon would give us the courage to fill out the incident reports, and then would follow up to make sure investigations were happening. Many times, we got negative reactions from managers, but Shannon would always keep in touch with the member, accompany them to all the necessary meetings, and advocate on their behalf, at times even coming under fire herself from bullying managers.”



**David Ko, BC Cancer Agency**

#### **CONVENTION - SATURDAY, APRIL 17**

On Saturday morning, President Reid Johnson delivered an impassioned defence of public health care in the face of short-sighted and politically-motivated cuts by the provincial government.

“While British Columbians are clear about their support of a public health care system that provides equal access and excellent services to everyone, regardless of income,” said Johnson. “And while British Columbians continue to worry about lengthening wait lists – surgeries were cancelled, support services were eliminated and 10,000 MRI tests were cut out of the system.”

“That’s just nonsensical. The longer it takes to get a diagnosis, chances are you will be sicker and require more complex and expensive treatment and rehabilitation.”

“But it wasn’t just in diagnostics and other direct health services that health authorities cut,” continued Johnson. “It was in services to the community. Services for some of the most vulnerable in our province: the mentally ill, those who suffer from substance abuse, the elderly, children.”

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#### **LINDA HARROP**

Medical lab technologist  
Arrow Lake Hospital, Nakusp

“There are only four of us in the lab, and I offered to find out what’s going on in HSA and get more involved in our little community. The experience has been awesome. People are really friendly, and the convention is so organized.”



**Cheryl Greenhalgh, Royal Columbian Hospital**



**DUANE HUBER**

Youth transition counsellor,  
Surrey Memorial Hospital

“I wanted to get involved after reading the resolutions. I wanted to see what HSA’s process was, and go back to other members who say “where do my dues go?” and let them know that there is truly a democratic process involved.”

“Cuts to children’s services in a province that for five years running has had the highest child poverty rate in the country. That’s not coincidence. That’s deliberate public policy, and it’s the policy that’s shaping our future.”

Describing the HSA’s court battle against the private clinic attack on medicare, Johnson called on delegates and members to speak out about the services we deliver – services that are getting harder to access.

“There’s nobody better than you to tell the stories,” said Johnson. “You are the people who deliver the services day in and day out. And you need to tell that story.”

Rachel Notley was the final guest speaker. A former HSA staff member and now NDP MLA for Edmonton Strathcona in Alberta, she spoke about the dramatic health care cuts in that province and about the importance of health professionals as part of the modern health care team.

“Health care has historically been attached to the doctor’s office,” she said. “Or to the hospital. But we all know good health care involves more. It involves promotion, prevention and attention to the social determinates of health. These are the services that are so often overlooked, and it is done at the peril of the whole health care system.” **R**



HSA President Reid Johnson, with Comox Valley program coordinator Anne Davis, Kelowna speech language pathologist Mary Lou Icton, Maple Ridge social worker Jim Kelly and Iglika Ivanova, an economist and public interest researcher for CCPA.

# First-hand stories about the cuts

BY TARYN HUBBARD

**A FEW YEARS AGO**, a homeless person arrived in complete distress at a North Okanagan hospital. Staff could see from his irregular breathing that something was wrong, explained Mary Lou Icton, a speech language pathologist for Kelowna General Hospital, but he was unable to speak to say he had a laryngectomy and hadn't had his voice box changed in over six years.

"There's no tracking system," Icton said, adding that six years without a change of voice box is a dangerously long amount of time to go.

Yet, because of government cuts to important health programs, it is now more possible than ever for people to slip through the cracks without getting the care they need to stay healthy, she said.

Icton told her story to a room full of HSA conven-

tion delegates during a special lunch hour panel on how government cuts affect health care. The panel, moderated by HSA President Reid Johnson, included Icton, Anne Davis, a program coordinator for the Comox Valley Transition Society, Jim Kelly, a social worker at Maple Ridge Mental Health, and Iglika Ivanova, an economist and public interest researcher for the B.C. office of the Canadian Centre for Policy Alternatives.

"Many of us are seeing the effects of these cuts," Johnson said. "It's hard on us professionally. Patient acuity directly caused by such cuts raises our workload and can result in other complications. And it's hard on us emotionally."

Equipped with years of experience on the job, panel members shared their first-hand stories of how the recent rash of government cuts to healthcare jeopardizes the care of vulnerable patients, the very people they are supposed to be helping.



## 2010 Walk for Community Social Services

PHOTO BY PATTIE GIBSON - HEU

**MARCH IS COMMUNITY SOCIAL SERVICES** Month, and several hundred people turned out to participate in the annual Walk for Community Social Services in Victoria.

Gathering at Centennial Square on the morning of Saturday, March 27, participants wore orange shirts and moved through the streets waving banners cel-

ebrating the many services and the vital role they play in our community every day. The event wrapped up with a barbeque lunch at noon. **R**

# Good reasons to join the MPP

## MEMBERS IN COMMUNITY SOCIAL SERVICE SECTOR NOW ELIGIBLE

BY DENNIS BLATCHFORD

On April 1st 2010, members in the Community Social Services sector became eligible to join the Municipal Pension Plan (MPP). HSA organized meetings around the province to speak to members about the opportunity to join the MPP. The following are some sample questions from those sessions.

**I'm 58 years old and have worked for my agency for 14 years. I'm not certain whether it will be worth it to me to join the MPP as I plan to retire in a few years. Do you think it would be worthwhile for someone in my circumstances to join the MPP?**

First off, I think it is important to understand that your employer will have no contractual obligation to continue your current Registered Retirement Saving Plan (RRSP) arrangement should you decide not to participate in the MPP. The RRSP will then be a voluntary program subject to change – if it is provided at all. You would need to understand what commitments the agency is giving to the continuation of the current RRSP, and how that would play out for the balance of your career.

If you do plan to work for a few more years then I definitely think it would be worthwhile to join the MPP; even if you only end up with a few years of service. After two years of service you are vested in the Plan. In other words, you will get a pension benefit albeit a small one. But that pension is guaranteed to you for the rest of your life and has an inflation protection component to it (on a non-guaranteed basis). Further, the Plan pro-

vides health and welfare subsidies for plan members, and access to those same benefits for spouses at very attractive rates. So, even with short service the MPP provides very good value over time. Should you decide to retire before the 2 year vesting period, your contributions will be returned with interest.

### **So you think it's a good idea to join the plan?**

The decision to join the Plan is a personal decision and may require some financial advice in some circumstances. While the union isn't in the business of giving financial advice, it is hard to imagine how anyone could go wrong by joining the MPP. Most financial planners will tell you that belonging to a defined benefit plan is a very valuable asset because it provides income security throughout your retirement. Not all retirement investments have such long term income security, nor the level of inflation protection that the MPP provides. The last thing you want to be worried about in old age is running out of money. Combined with Old Age Security and the Canada Pension Plan, your Municipal Pension Plan can provide bedrock financial security throughout your retirement years.

### **Is it true that I can use my RRSP to purchase past service with my agency?**

Yes. In fact, by using your RRSP's to buy past service you could become vested in the MPP right away. Purchases can be made with a tax free transfer to the MPP. However, since RRSP contributions are based on a much smaller portion of your total income, (typically 3%) it will take several years of RRSP contributions to purchase your 2-year vesting period. This is because as the MPP is based on a much higher contribution formula for both the employee and the employer (over 14% combined). **R**

**Do you have questions for HSA's pensions & benefits advocate? Contact Dennis Blatchford at [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org)**



**Supported Child Development Consultant Christine Ambrose is there to help children with special needs overcome the social isolation that can lead to health-related problems as they develop.**

## No child left behind

**AS ANYONE WHO HAS OBSERVED** a group child care situation knows, there are always children who don't fit in. Kids who sit alone in a corner, kids who disrupt the group, kids the others avoid or pick on, kids the supervisor doesn't know how to handle, and kids who end up getting pulled from the program, leaving their parents, and themselves, in the lurch.

HSA member Christine Ambrose is there to help these children.

As a Supported Child Development Consultant with the School Age Therapy program at Queen

Alexandra Centre for Children's Health in Victoria, Ambrose's job is to set up support, as needed, for kids aged six to 12 years old in out-of-school-care (OSC) programs. These programs provide care for children after school and during school holidays.

The children Ambrose helps have a range of support needs. "I have worked with kids who live with blindness and deafness, kids with muscular dystrophy, cerebral palsy, ADHD, FASD, language disorders, encopresis/enuresis, learning disabilities, and the whole range of the autism spectrum. Children are also referred for behaviour and mental health issues that result in challenging behaviour and possible exclusion from an OSC program."

Ambrose's goal is to allow the child to stay in the care setting and have a positive experience there.

This is something these kids really need, says Ambrose. Inclusion is a key factor for healthy development. "We keep kids with support needs connected to their community," she says. "It is critical for children to be included with their peers, and this increases as they grow older. As children become youth, and later adults, peers, friends, and future partners will play increasingly important and vital roles in their lives."

Social isolation, and the lack of opportunity to learn how to function in a group situation, puts children at risk for behavioural and health-related problems as they develop.

"Socio-emotional skill development can act as a protective factor, increasing resilience, self-efficacy and self-concept. Children need opportunities to observe and practice making, keeping and maintaining social interactions and friendships with peers through play," says Ambrose.

There are a number of things Ambrose can do to make this happen. Her first step is close observation of the child in the care setting. She also talks to the child's parents to learn their goals. Then, she can consult with the care provider to set up strategies, which may be as simple as posting a visual schedule or monitoring the noise level. If needed,

she can authorize a staff member, funded by her program, to work in the child care center one-one with the child, or several children can share this support. She will also consult with, and make referrals to, various other health care and education professionals.

“It’s fascinating and rewarding to be able to collaborate with centre staff, occupational therapists, physiotherapists, speech language pathologists, teachers, and educational assistants (EA), and others. Together we are able to make a successful, long-term OSC experience for the child,” says Ambrose.

The care providers they work with can have as little as 20 hours of training, and so the support and education is a huge help for them.

“One really important thing we do is help care providers build relationships with the children. If they don’t have a connection with the child it’s difficult to do much,” she says. To this end, she finds it very helpful to teach communication skills.

“It’s very important that staff use positive directive language,” she says. This means, for instance, saying, “We use our walking feet inside,” or “We keep our hands close to our bodies,” instead of repeatedly saying, “No, don’t do that.”

The Supported Child Development Consultants also provide a range of specific training courses ranging from philosophy of inclusion to introduction to cooperative games to sign language, and much more.

Ambrose says the hardest cases – but often the most rewarding – are those of children who spend much of their school day in self-contained classrooms, working one-on-one with education assistants, rather than in groups with their peers. After school, these children suddenly find themselves in a busy, stimulating environment full of other kids. They aren’t used to all the sensory input, the interactions, and the need to fit into a larger structure. This can be very exciting and very overwhelming, all at once.

“This could be the child’s main opportunity to be included with peers and be social, to have relationships and play with other kids,” says Ambrose. “We take it a minute at a time, helping with the transition, helping the child settle into an activity, balancing between being with the group and out of the group.” The support worker might begin by bringing the child into group play for five minutes at a time, then moving back into individual play, increasing the ratio incrementally. If things go really well, the child may end up being part of the group the whole time, says Ambrose.

There are approximately 80 supported child care programs in BC, serving an estimated 9500 children annually and funded by the Ministry of Children and Family Development.

Ambrose moved to Victoria in 2003 from Williams Lake after funding cuts eliminated her job as Coordinator of the Child Care Resource and Referral (CCRR) Program. Deprived of a job she’d loved for eight years, she decided to get more education.

“I went back to school because I wanted to find another job I could love and feel fulfilled by,” she says. In November, 2009, she completed her Masters of Education with a Special Education focus from the University of Victoria, adding this qualification to Early Childhood Education (ECE) & Infant/Toddler ECE certification, Child & Youth Care (CYC) diploma and a Bachelor Degree in CYC.

The funding cuts that eliminated her Williams Lake CCRR job were in fact reversed, but her life had already changed course – a twist of fate that she in no way regrets.

“Reversing the funding was a good decision by the government, and the good news for me is that I did find that new job that I love and feel fulfilled by,” she says with a satisfied smile. **R**

## WE KEEP KIDS WITH SUPPORT NEEDS CONNECTED TO THEIR COMMUNITY

# Looking to find the balance

## NATIONAL CONFERENCE ON WORK/LIFE BALANCE FOR WOMEN

BY YUKIE KURAHASHI

**HOW DOES A WOMAN** balance work, household responsibilities, child care, and elder care – with important volunteer work like union activism?

In April, the National Union of Public and General Employees (NUPGE) brought together 75 women from across the country to discuss solutions and share ideas. HSA's delegates included six members at large and three directors from the union's board.

Region 2 Director Suzanne Bennett said delegates learned about the key findings of a survey NUPGE undertook last year to examine the issue of work/life balance for women. HSA members were invited to participate in this survey, which underscored results from other Canadian studies showing women are under extreme stress. As a result, women are suffering from health-related issues as they juggle multiple roles, responsibilities and inequalities in an attempt to find balance. They are reporting health problems and injuries, missing work, losing sleep, missing important family events and having little time for exercise.

"This reflects the anecdotal information we hear from our activists," she said. "We are struggling to keep our best stewards and activists, as

they in turn struggle to care for aging parents and growing children – in addition to coping with the stress they are under from being understaffed and overworked," she added. "Delegates to HSA's convention have noticed this. They are asking why in a union like HSA – in which 83 per cent of the members are women –

### WORKING WOMEN ACROSS CANADA WANT THE SAME THINGS.

"DECENT JOBS, QUALITY  
DAY CARE, BENEFITS,  
DECREASED OVERALL  
WORKLOAD, QUALITY  
TIME WITH THEIR  
FAMILIES."

they don't see a commensurate representation at the activist and leadership level? We need to do more to lower the barriers to participation, and that starts with recognizing the inequalities," she said. "Delegates to last year's convention passed a resolution calling on us to examine this issue, and we need to continue generating ideas."

Joan Magee, Region 8 Director,

concurred. "It's no wonder that so many women are unable to find the time and energy to get involved in their unions or run for elected office," she said. "The result is that we are often not represented equitably. We have to step up and get involved when we are able – and encourage other women to do the same."

"Let your co-workers know that you appreciate the time they spend on union duties," she said. "Try and help them with their steward workload. We have to work together."

Region 10 Director Heather Sapergia said working women across Canada want the same things. "Decent jobs, quality day care, benefits, decreased overall workload, quality time with their families," she said. "There are also common pressures on us, including the poor economy – and the federal government's scrapping of universal day care, as well as their constant erosion of women's rights."

The conference was developed through NUPGE's Advisory Committee on Women's Issues. Bennett represents HSA on this committee. "Over the next three years, the committee will build on the discussions and results from the conference," she said. "I look forward to sharing information and creative ideas." **R**



HSA Board members Janice Morrison, President Reid Johnson, Brendan Shields, Marg Beddis, Joan Magee, Anita Bardal and Heather Sapergia attended the April 28 Day of Mourning ceremony in Vancouver.

# Day of Mourning

**HSA PRESIDENT REID JOHNSON** and several members of the Board of Directors were in downtown Vancouver on the morning of April 28 to observe International Day of Mourning for Workers Killed and Injured on the Job. Held in 100 countries around the world, it's a day to reflect on the terrible toll of people killed or injured in the workplace.

In BC alone, last year 121 people died on the job, including six young men and women. These numbers cannot begin to reflect the real im-

pact on family members left behind or on those who have to look after those seriously injured.

**IN BC ALONE, LAST YEAR 121 PEOPLE DIED ON THE JOB, INCLUDING SIX YOUNG MEN AND WOMEN.**

“Families of killed and injured workers have worked hard to find a measure of justice by demanding the government do more to make workers

safe,” said BC Federation of Labour President Jim Sinclair. “The provincial government needs to make a se-

rious commitment to worker safety through training, safety inspections and by prosecuting employers who wilfully ignore worker safety. **R**



BY SUSAN SUMMERS

**CHANTAL JOLLY PASSED AWAY PEACEFULLY** on November 13, 2009 at the age of 45, after living with breast cancer for seven years. She was surrounded by loving family, friends and music therapists who offered music, prayers and healing in her final days.

In 1990, Chantal moved from Manitoba to Vancouver to take the Capilano College music therapy program. She graduated with her Masters of Music Therapy, and had credentials in the Bonny Method of Guided Imagery and Music (GIM) as well as many sound healing and therapeutic modalities. For 15 years, her music therapy and healing practice touched thousands of people's lives: seniors, mental health consumers, and those in palliative

hospice care.

Chantal was an HSA member and served as President of Massage Therapists Association of BC and was a past BCGEU member when she worked at Riverview. Chantal and I sang at the opening of the 2003 HSA convention.

Chantal was someone who lived a life of love and who shared herself freely and generously with everyone. We celebrate her illuminating spirit, her kind and loving heart, her quick wit and infectious laughter, her beauty and her ability to light up a room just by being in it. Chantal is survived by her mother, Elin, and family, friends and colleagues from her many communities around the world.

If you'd like to see photos and videos of Chantal, please visit [chantaljolly.com](http://chantaljolly.com). 

# CURRENT DISPUTES

For more information and updates, please check the BC Federation of Labour web site at [www.bcfed.com](http://www.bcfed.com).

**Canadian Office Professional Employees Union (COPE) Local 378 - VS - Hertz Car Rental (Vancouver International Airport)**

Major Issues:  
Job Security, wages  
Commenced:  
Feb 2, 2010

**United Steelworkers (USW) Local 2009 - VS - Compass (retail food services in the Fraser Health Authority)**

Major Issues:  
Wages  
Commenced:  
Oct 5, 2009

**Canadian Union of Public Employees (CUPE) Local 873 - VS - BC Ambulance Service**

Major Issues:  
Wages, concessions, benefits  
Commenced:  
April 1, 2009

**United Food & Commercial Workers Union (UFCW), Local 1518 - VS - Extra Foods (Maple Ridge)**

Major Issues:  
Wages, job security  
Commenced:  
Dec. 15, 2008

**Construction and Specialized Workers' Union, Local 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)**

Major Issues:  
Seniority, Benefits, Concessions  
Commenced:  
July 25, 2001

## MOVING?

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### RETURN TO:

Health Sciences Association of BC  
300 - 5118 Joyce St.  
Vancouver, BC  
V5R 4H1

### OR EMAIL:

[memberlist@hsabc.org](mailto:memberlist@hsabc.org)

MEMBER # (AT TOP LEFT OF MAILING LABEL)

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Vancouver General Hospital physiotherapists Phil Sweeney, Jocelyn Ross, Sue Kwan, Lucy Simey (on the stairs), Helen Bolton and Joanna Bernat love their jobs.

## What makes physiotherapists tick?

BY LUCY SIMEY

**MAY IS NATIONAL PHYSIOTHERAPY Month** and the physiotherapists of Vancouver General Hospital used the opportunity to talk about the diversity of their role in intensive care, neurology, orthopedics, gerontology and more.

Physiotherapists get excited about movement and function. They work to help clients move and breathe effectively and efficiently in spite of limitations. Working in the acute and sub-acute hospital setting, physiotherapists are the first to try to remove any barriers that may be limiting a client's function.

We asked a few of them what working in the acute care setting is like.

### Give us a quick insight to your area of physiotherapy.

*Di:* I work in neurosciences and I try to provide a safe environment for the patient's activity and movement. That's how we encourage neuroplastic recovery.

*Phil:* I work in intensive care and I aim to maintain a patient's optimal function while helping breathe without depending on ventilators.

*Sue:* I work in orthopedics, and I see everything from bone fractures to head traumas.

### What are the challenges of a physi-

### otherapist in the acute setting?

*Di:* Things are constantly changing – everything from schedules to the set-up of the wards. It's hard to have a fully functioning unit that is not always distracted by these external changes.

*Phil:* I'd like to see the other professionals offer more appreciation and recognition for the work we do and the clients we advocate for.

*All:* We don't have enough resources and staff to continue education within the workplace, so extra learning is on your own time.

### How do you prioritize your day?

*All:* Helping people with breathing problems is our highest priority, followed by potential discharges and new admissions

### What do you love about physiotherapy?

*Jo:* Physiotherapy focuses on quality of life. I get to use my theoretical and hands-on skills to help patients achieve their personal goals.

*Di:* My patients!

*Phil:* I like the variety that each day brings, and I like having a broad base of knowledge to apply to any situation.

For more information about physiotherapy, check out [cptbc.org](http://cptbc.org) or [physiotherapy.ca](http://physiotherapy.ca). **R**

# Working to build on our progress

**SEVERAL RECENT SETTLEMENTS FOR HEALTH CARE WORKERS** show the provincial government is determined to use their economic challenges to extract concessions from the people who keep our health care system running every day, including HSA members.

However, recent surveys of British Columbians find there is some good news out there, both for our current bargaining objectives and our longer-term goals for protecting the public health care system.

The surveys, conducted by a professional firm on behalf of HSA, reveal, unsurprisingly, that British Columbians are very worried about the deterioration of the health care system. Especially the problem of waiting lists. And while many are worried about the current state of the BC economy, the vast majority believe that the problem of waiting lists has become so acute that the government must take action now, regardless of the economic situation.

The surveys also found that while the public is largely unaware of what HSA is and how this organization relates to their lives, our members and the work they do is increasingly visible. The majority believe that the health care system is changing and they understand that it is not made up of just doctors and nurses, but a team of professionals working together. They know that this team of professionals bring highly specialized skills and play a crucial role diagnosis, treatment and recovery. While they are unable to name all of the health science professions, they can identify specific roles in diagnostic imaging, cancer treatment, laboratory testing and other services.

Furthermore, the public places a great deal of trust in health sciences professionals as a source of information about the health care system – almost as much

## Maureen Headley



Headley

THE PUBLIC IS GROWING MORE AWARE OF OUR MEMBERS. THEY TRUST US TO SPEAK OUT FOR THEM AND FOR THE HEALTH CARE SYSTEM.

trust as they place in doctors and nurses, and much, much more trust than they place in Health Minister Kevin Falcon or Premier Gordon Campbell.

In other words, the public is growing more aware of our members. They know more about what you do and how you provide the solution to long wait lists. And they trust our members to speak out for them and for the health care system.

The government knows this, and they know that shortages of health care professionals in the near future will make the wait list problem much worse. They need our members, and we expect them to bargain accordingly.

In the meantime, we're going to keep working to build on this progress and increase the public profile of health science professionals and HSA.

Our latest advertising campaign, which will be rolling out province-wide as this issue of *The Report* arrives, employs a strong creative angle to make a lasting impression on the public

about wait lists, an issue they care deeply about.

This is just the beginning. In the months and years to come, we'll make sure British Columbians know that public health care professionals are an essential part of the modern health care team. **R**

*Maureen Headley is HSA's executive director of legal services and labour relations.*



# Health Sciences Association The union of caring professionals

HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

**President** [webpres@hsabc.org]  
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## THE Report



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(from left) Marg Beddis, Janice Morrison, Reid Johnson, Bruce MacDonald, Anita Bardal, Joan Magee, Suzanne Bennett, Brendan Shields, Heather Sapergia, Val Avery, Kimball Finigan.



KIM STALLKNECHT PHOTO

