

# THE Report



## MAKING A SPLASH

HSA radio and on line campaign  
on wait lists turns heads

# We're looking for a few champions

**SUMMER IS FINALLY HERE**, and while I hope that all of you have an opportunity to slow things down and spend time with family, here at HSA we're moving forward on several fronts.

Our ad campaign on waitlists, featured on the cover of this edition, wound down in June after reaching countless British Columbians across the province with the message that wait lists will get worse if health care is cut and wages for health care professionals are frozen. The campaign made use of some bold and creative ideas, and we've received great coverage in the media and a lot of positive feedback both from our members and the public.

We're already working to develop a larger and even more comprehensive campaign for the fall. Building on public concerns about the health care system, and their awareness of the vital role played by our members in health care and social services, our next campaign will continue the work of letting the public, the media and the government know more about the work you do every day.

Our health science professionals bargaining team is working tirelessly to strengthen and improve our health care system by reducing shortages of health care professionals who are essential to the modern health care team. They've delivered key proposals calling for detailed and in-depth discussions about challenges in retention and recruitment.

Work on modernizing our classification system is moving to a new stage now that focus groups with members are complete. Our team is making the most of your feedback.

Negotiations will continue through the summer, as will bargaining at the community social services table.

On the national front, HSA will be taking part in



Johnson

HSA WILL BE  
TAKING PART  
IN NUPGE'S  
UPCOMING  
CAMPAIGN  
TO PROMOTE  
PUBLIC  
SERVICES,  
DEFEND PUBLIC  
EMPLOYEES  
AND CALL FOR  
TAX FAIRNESS.

NUPGE's upcoming campaign to promote public services, defend public employees and call for tax fairness. This is a multi-faceted campaign with ambitious goals. It will include days of action in every province to demonstrate the value of public services and the creation of a national foundation to promote public services and tax fairness. The foundation will proactively spread our message in the media and in the public, and serve as a clearinghouse of evidence-based research demonstrating the value of public services and the need for tax fairness.

Every HSA member will have an opportunity to get involved. Here in BC, we'll be working to collect testimonials about the value of public services – short video clips, written messages, photos and more. And this fall we'll be looking for a number of "champions" – members who will serve as ambassadors to other members. These champions will be trained to deliver campaign presentations to HSA meetings, community groups, non-governmental organizations and other unions throughout the province.

If you'd like to serve as a champion, or submit a testimonial about public services, keep your eye on [hsabc.org](http://hsabc.org) for more information. The web site is also your best source of information and updates on bargaining, campaigns and more. Have a great summer! **R**

**“The WTA report card shows that many Canadian patients still face long waits for needed medical care, six years after governments promised to get the job done.”**

**- DR. LORNE BELLAN, CHAIR, WAIT TIME ALLIANCE**

## HSPBA UPDATE

Union tables proposals that would deal with shortages

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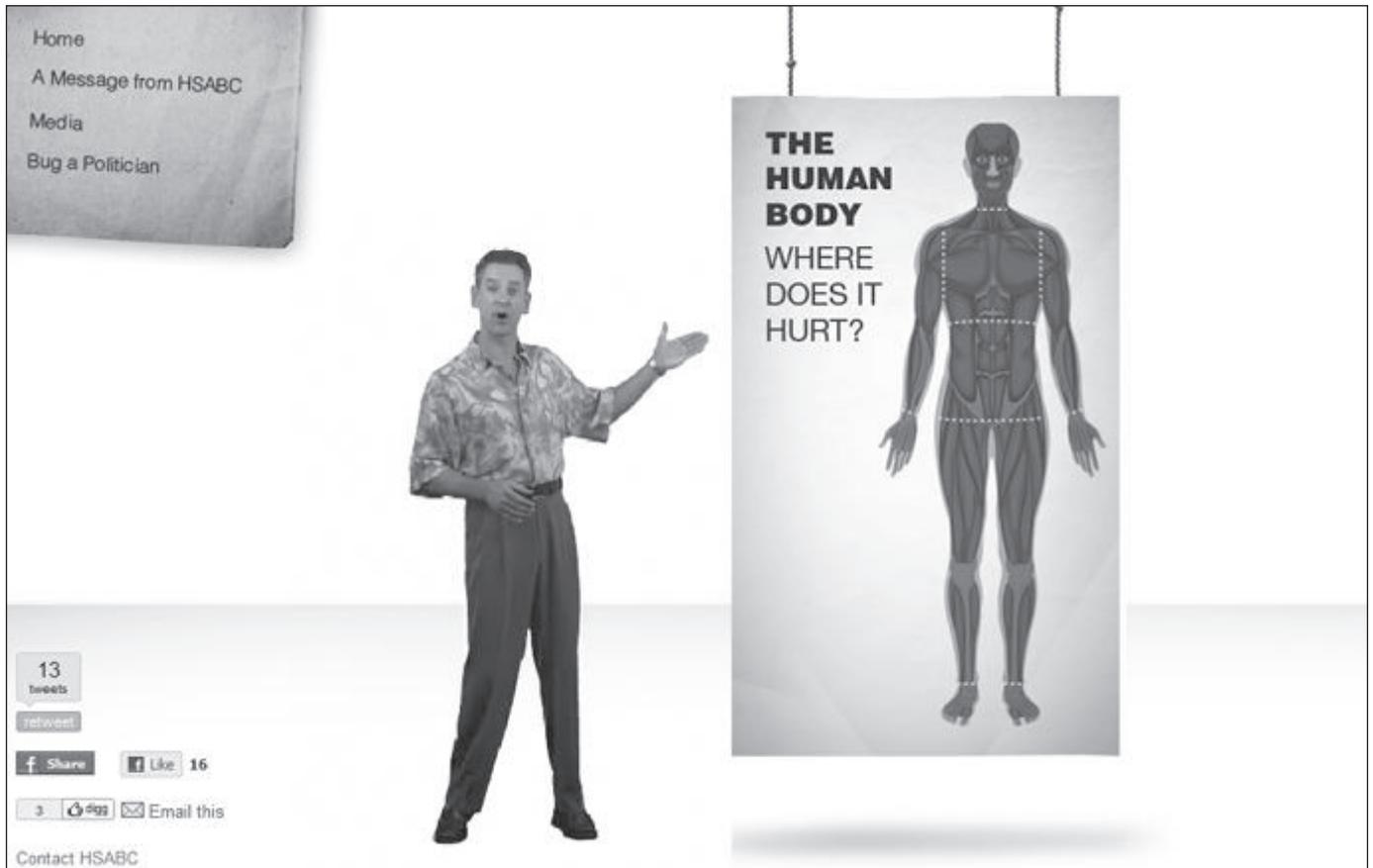
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### THE FRONT COVER

HSA's recent advertising campaign used humour to deliver a serious message about wait lists.

Publications mail agreement no. 4000 6822  
Return undeliverable Canadian addresses to database department  
Suite 300, 5118 Joyce Street  
Vancouver BC V5R 4H1



A screen shot from [www.stophewait.ca](http://www.stophewait.ca), where visitors can have fun watching an individual who is clearly not a qualified health care professional generating wildly inaccurate but highly amusing diagnoses.

# A world without health science professionals

WITH THE PROVINCIAL GOVERNMENT moving to lay off diagnostic imaging staff around the province and refusing to address shortages by offering reasonable wage increases at the bargaining table, HSA recently launched a province-wide campaign to raise awareness of how health care professionals are key to shorter

wait lists.

The campaign consists of a series of radio spots, online video, flash web banners and social media tools directing the public to [www.stophewait.ca](http://www.stophewait.ca). Using humour and absurdity, the ads evoke a world without health science professionals, leaving people waiting longer

for medical help, turning to almost anyone for diagnosis or looking for answers on fly-by-night medical web sites.

“The campaign highlights the importance of the work our members do, and the impact that the government’s choices on health care spending are having on patients,” said Reid

Johnson, president of the Health Sciences Association of BC.

“The ads have generated a lot of interest among hard-to-reach younger people and a great deal of coverage in the media,” added Johnson. “Our aim was to get people talking, and it worked.”

In May, health authorities in the Lower Mainland served lay-off notice to HSA as a result of plans to consolidate diagnostic imaging services. HSA has held several meetings with diagnostic imaging staff, including x-ray and ultrasound technologists, who report that decreased staffing will contribute to already long waiting lists.

“It is unconscionable that this

government would allow diagnostic wait lists to grow and grow, even as they tell British Columbians that

complicated treatments, longer hospital stays, and longer recovery,” he said.

“OUR AIM WAS TO GET PEOPLE TALKING,  
AND IT WORKED.”

their number one priority is patient care. How can you translate the elimination of thousands of diagnostic tests and wait lists of up to 18 months into improved patient care? You can't. It's impossible,” said Johnson.

“Without a diagnosis, patients' illnesses and injuries will get more acute. That translates into more

Bargaining for a new collective agreement for BC's health science professionals, the trusted members of the modern health care team who deliver the highly specialized diagnostic, treatment and rehabilitation services patients depend on for their good health, began in April. The collective agreement expired March 31, 2010. **R**

## HSA welcomes Fraser Health Authority decision to drop privatized physiotherapy plan

Last November, rehabilitation therapists in the Fraser Health Authority were alarmed by the health authority's announced plans to “partner” with private vendors to provide post-surgical physiotherapy. FHA has since abandoned those plans.

HSA President Reid Johnson says the health authority is making the right decision. “Currently, the FHA performs between 2,400 and 2,800

arthroplasty surgeries each year, including hip and knee replacements,” he said. “The health authority's plans included various alarming elements, including diverting patients covered by extended health plans to obtain private rehabilitation therapy,” he said.

When the union learned of the “request for expressions of interest” issued by the health authority to various for-profit rehabilitation service

corporations, HSA was immediately concerned.

“The union questioned various aspects of the process, including whether excluding service provision to patients based on their ability to pay violates the Canada Health Act,” he said. “Our members who work in rehabilitation therapy were concerned about the potential impact to patients of such a ‘partnership’ with for-profit rehab service providers,” he said.

“HSA will continue to emphasize that publicly provided rehabilitation services remains by far the most rational, cost-effective model,” Johnson said.



Royal Columbian Hospital in New Westminster

# Health cuts keep coming

HSA TRACKING FULL LIST AT [HSABC.ORG](http://HSABC.ORG)

**THE PROVINCIAL GOVERNMENT** continues to cut health care services. Recent announcements include:

- Community Living BC cuts to funding and services for developmentally challenged adults, resulting in group home closures, staff and programs cut.
- Announced closure of 18 acute care beds at St. Joseph's Hospital in Comox, equivalent to 22 per cent of the medical/surgical beds in the Comox Valley; resulting layoffs of 30-35 registered nurses, 10 licensed practical nurses, clinical nurse leaders, and support staff. A part-time physiotherapist is leaving and will not be replaced.
- Closure of the lab during weekend night shifts at Saanich Peninsular Hospital.
- Royal Columbian Hospital has laid off an MRI technologist due to budget cuts, despite an 18-month waiting list for MRI scans at the hospital.
- Closure of hospital care program at Poplar Ridge residential care, as well as layoffs of the recreation therapist and social worker.
- Announced closure of the newly installed operating room at Lady Minto Hospital on Saltspring Island.

HSA is tracking the public impact of the cuts; you can read the full, and growing, list at [hsabc.org](http://hsabc.org). **R**

# Unions seek to restore rights, make gains for community social service workers

**SINCE MID-MAY**, bargaining representatives for community social services workers have been meeting with employers in an attempt to restore rights and secure wage increases.

The union bargaining committee tabled a comprehensive package of proposals aimed at making gains and restoring rights after years of cuts and concessions. Among other demands, the unions are seeking better sick leave provisions and real wage increases.

The Community Social Services Employers' Association (CSSEA) tabled its own concessionary package

offering no monetary gains.

Josef Rieder represents HSA at the bargaining table, with HSA bargaining team chair Lynn Kelsey.

**Members can register on HSA's website for bargaining updates by email. Check updates online at [www.hsabc.org](http://www.hsabc.org) > News > Bulletins > Community Social Services.**

"We're looking forward to restoring hard-fought rights and making real gains in this round of negotiations," Rieder said. "The union bargaining team asks for the continuing support of all members in the sector." Rieder is a senior labour relations officer at

HSA. Kelsey works as a Safe Home Coordinator and Women's Support Worker at South Okanagan Women in Need Society.

The Community Social Services Bargaining Association bargains on behalf of 15,000 unionized community-based social services workers in BC, including 800 HSA members. The BCGEU is the lead union at the table. **R**

## Community Social Services members reminded to join Municipal Pension Plan

In 2006, community social services workers finally won access to the Municipal Pension Plan. Members became eligible to enrol starting April 1, 2010.

Members who enrolled should receive a 'Welcome' package confirming your enrolment in the

Municipal Pension Plan. Check to ensure you have named a beneficiary.

Members who declined to enrol in the pension plan can change their mind at any time. Simply inform your employer. Casual and part-time employees are eligible to enrol in the pension plan in most cases.

Unions representing members in the community social services sector have developed a short "Frequently Asked Questions" leaflet.

The union strongly encourages members to stick with the pension plan – a pay cheque for life.



HSA President Reid Johnson with HSA delegates to NUPGE's recent convention in Vancouver

# NUPGE convention endorses public services campaign

WILL STRESS LINK BETWEEN TAXES WE PAY AND SERVICES WE RECEIVE

BY CAROL RIVIERE

**HSA DELEGATES** to NUPGE's recent triennial convention joined in unanimously endorsing a new national campaign to build a fairer and more sustainable economy.

"The economic recession and crisis was caused by greedy financial institutions and governments that

let them do whatever they wanted," said James Clancy, NUPGE national president. "But it is working people and vulnerable families who are suffering the effects."

"People across the country and around the globe are looking to trade unions and other civil society groups to promote an alternative economic program based on the

principles of social justice, equality and sustainability," added Clancy.

The campaign will be built around three key elements:

- promoting the value of public services
- defending public employees
- fighting for tax fairness

PHOTO: CAROLE RIVIERE



**NUPGE Secretary-Treasurer Larry Brown**

“The top priority of our union in the coming months and years will be to reach out and engage our members in this campaign,” said Clancy.”

“We’ll defend them and the services they provide because they are critical to building a fair and sustainable economy.

“And our plan is to start a conversation with them – and by extension to others – about the need for tax fairness in this country,” added Clancy.

NUPGE Secretary-Treasurer Larry Brown explained how federal and provincial tax cuts over several years have weakened governments’ ability to fund the kind of strong

public services that provide the economic and social benefits needed to stabilize and equalize our economy.

“Canada is leading the race to the bottom for corporate tax rates,” said Brown. “In Canada, the wealthiest now pay a lower total tax rate than the poorest, and workers are subsidizing corporate tax cuts.”

NUPGE’s campaign will stress the link between the taxes we pay, the working conditions of public employees, and the public services we all need and desire.

More details about how HSA members can support this campaign will be made available over the next few months. **R**

## **NEED HELP?**

HSA’s experts are available to assist

1. Contact your union steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board. You can also find your steward’s contact info on HSA’s website:

[www.hsabc.org](http://www.hsabc.org)

> contact

> find your steward

2. For regional labour relations issues, or if your steward can’t help, contact the HSA office and speak to a labour relations officer: toll free 1.800/663.2017, or 604/439.0994 in the Lower Mainland.
3. For all provincial, national, or union policy issues, contact your elected regional director (listed on the back cover).



# The truth about BC health spending, made easy

BY WILL MCMARTIN

**CRITICS SAY B.C.'S HEALTH-CARE SPENDING** is out of control. They claim that health is a voracious monster, eating the budgets of all other government programs.

It is true that health, from the middle of the 1980s to the beginning of the current decade, grew from 30.2 to 39.5 percent of Victoria's annual budget.

And in the latest public accounts, for the fiscal year 2008/09, that figure was up to 44.8 percent.

But while those numbers are correct, the conclusion that B.C.'s health expenditures are sky-rocketing ever higher is false. A simple allegory exposes the fallacy.

**IT IS DINNER-TIME FOR A TYPICAL B.C. FAMILY.** They gather

at the dinner table and the father looks lovingly at his wife, teenage son and teenage daughter. But he has this one nagging thought ...

There were five participants at the evening repast until a few weeks ago, when the eldest daughter left to attend university. Now there are just four.

Suddenly, he puts down his utensils and exclaims: "Stop! We're all eating too much!"

His family coolly keeps eating and his wife manages a one word reply between bites: "Explain."

"When there were five of us," says the father, "each of us ate one-fifth of the total. But now, with just four, our individual consumption has soared to one-fourth apiece."

He continued: "We've gone from each of us eating 20

per cent of the total food budget, to each consuming 25 per cent. We're eating too much!"

**SILLY? YES, BUT IT'S THE SAME ARGUMENT** made by B.C.'s health-care critics.

Let us try the family dinner table again, but with a slight variation: the names of the family members are the same as categories of provincial spending.

The father is Finance and his wife is Social Services. Their eldest daughter (who actually hasn't gone to university) is called Interest on the Debt and their son is Transportation. The youngest daughter is Health.

Finance believes that all five family members should go on a diet.

He convinces Social Services, Interest on the Debt and Transportation to join him in reducing their caloric intake by one-quarter apiece. So, where each used to eat 20 per cent of the total dinner – one-fifth for each of five people – they now consume just 15 per cent per person.

Health, however, has refused Finance's entreaties – she's playing girls' rugby at school and wants to keep her weight up (and, besides, she's a teenager and pretty much refuses to do anything her parents ask her to do) – and continues to eat her typical dinner: no more, no less.

Finance is unhappy with this. He calculates that the four family members who have cut their consumption now eat just 60 per cent of the total dinner (four people multiplied by 15 per cent each), whereas previously it was 80 per cent (four times 20 per cent).

But Health, who used to consume 20 per cent – one-fifth – of the total (the same as her parents and siblings), now, because of their dieting, has seen her portion of the family meal climb to 40 per cent.

She hasn't changed her dietary consumption at all, of course. Yet, as the others' share of the meal decreased, Health's portion of the meal has increased significantly.

**THE ABOVE SCENARIOS EXPLAIN** what has happened to government spending in British Columbia over the last two decades.

As a proportion of the provincial economy, Victoria's expenditures have gone on a radical diet. In 1990/91, the government's expenditures from the consolidated rev-

enue fund (CRF) represented 20.9 percent of B.C.'s gross domestic product (GDP).

By 2001/02, that number had fallen to 18.5 percent, and in 2008/09, it had collapsed all the way down to just 15.7 percent of GDP.

Consider some specific categories of spending. From 1991/92 to 2008/09, Social Services expenditures dropped from 2.4 percent of GDP, to just 1.6 percent.

Transportation outlays over the same period also plummeted: from 1.5 percent of GDP, to a mere 0.4 percent. And Interest on the Debt was cut in half as a proportion of the provincial economy: from 1.3 percent to 0.6 percent.

Simply, over the last two decades, nearly every category of expenditure in Victoria's fiscal plan has been cut (and many programs completely eliminated) both as a proportion of the annual budget and the provincial economy.

All except one: Health.

**RECALL OUR FICTIONAL FAMILY DINING TABLE**, where all of the dinner-time participants – save one – went on diets. The family member who kept eating her normal meal – no more and no less than before – nonetheless saw her portion of the family repast skyrocket simply because the others had reduced their intake.

That's exactly what's happened to Victoria's health-care spending.

Health, which continues to consume no more and no less of the B.C.'s economy than before – an average of about 7.0 percent of GDP over the last twenty-five years – nonetheless looks to be eating much more of the budget, but only because the other categories of expenditure have been drastically cut.

It is a concept that a teenage, rugby-playing girl could understand, but one that evidently eludes those critics who wrongly argue that B.C.'s health-care spending is out of control. **R**

*Will McMartin is a political consultant who has been affiliated with the Conservative, Social Credit and BC Reform parties.*



# HSA supports Dignity for All

NATIONAL CAMPAIGN AIMS TO TACKLE POVERTY IN CANADA

**HSA HAS MADE A CONTRIBUTION** to support Dignity for All, a multi-year, multi-partner, non-partisan campaign. This campaign's vision is to make a poverty-free and more socially secure and cohesive Canada a reality by 2020. The conviction behind this campaign is that Canadians must respect and defend the right of every person to dignity and security.

The campaign has three goals:

1. A comprehensive, integrated federal plan for poverty elimination: Linked to and in support of current and future provincial and territorial poverty action plans, a federal plan for poverty elimination will provide a pan-

Canadian blueprint for reducing and eventually eliminating poverty. The plan will inspire other efforts to combat poverty and to promote a fair and just society. It will require transparency and accountability by the federal government, with inclusion of robust indicators of low income, material deprivation and social exclusion.

2. A federal Act to eliminate poverty, promote social inclusion and strengthen social security: Inspired by similar legislation in other jurisdictions, this Act will ensure an ongoing federal role and responsibility for social development, while demonstrating

a lasting federal commitment for leadership and for accountability to citizens for results.

3. Sufficient federal revenue to invest in social security: In order to fulfill its role and responsibility to ensure social security, generally, and to combat poverty, specifically, the federal government must have sufficient revenue, or "fiscal capacity." The Dignity for All Campaign will promote public understanding of the link between the taxes Canadians pay and the supports and services we benefit from as a result. The campaign will also advance policy proposals for sufficient and fair taxation. **R**

# Study finds wait list reporting should include more medical specialties

MANY PROCEDURES IN “BLACK HOLE” WHERE INFORMATION IS SCARCE OR NON-EXISTENT

A **WAIT TIME ALLIANCE** (WTA) report card released in June reveals troubling wait time hot spots in the five clinical areas deemed priorities by governments and more problems across a broader range of medical care.

“The WTA report card shows that many Canadian patients still face long waits for needed medical care, six years after governments promised to get the job done,” said WTA co-chair Dr. Lorne Bellan. “Canadians deserve timely access to health care and accurate information about the wait they can expect.”

The WTA’s fifth annual report card – entitled *No Time for Complacency* to highlight the fact that much more work remains to be done to cut wait times – grades provinces on wait times in the initial five priority areas set by governments in 2004 and across additional areas of specialty care. This year, the WTA has raised the bar by using its own benchmarks – rather than weaker government benchmarks – to grade performance in many areas.

The WTA found that wait time data for procedures outside of the five priority areas are a virtual

“black hole” where information is scarce or non-existent. Grades outside the priority areas are dismally low, with an average grade of ‘D,’ or nearly half of all patients waiting longer than medically acceptable.

GRADES OUTSIDE THE PRIORITY AREAS ARE DISMALLY LOW, WITH AN AVERAGE GRADE OF ‘D,’ OR NEARLY HALF OF ALL PATIENTS WAITING LONGER THAN MEDICALLY ACCEPTABLE.

“This is no time to rest, governments must work harder to eliminate unnecessary waits for all types of medical care” said Dr. Bellan. “Patients should be concerned that far too much of the wait-times picture remains clouded in mystery.”

For the first time, the report includes wait time information on pediatric surgery. In 2009, more than 17,000 Canadian children waited longer for their surgery than medical experts recommend. Delays in performing surgery on children can have a lifelong impact. Grades of ‘D’ in ophthalmology and dentistry mean nearly half of all

children wait longer than medically acceptable for these areas, jeopardizing normal vision and speech and brain development. Also new this year, the WTA has assessed provincial wait time reporting by grading

provincial wait time websites.

The Wait Time Alliance (WTA) was formed out of concern among Canada’s doctors over delayed access to care for their patients, and an interest in working collaboratively with stakeholders to improve wait times. The WTA continues to work to hold governments accountable for addressing lengthy wait times endured by patients throughout the health care system. The WTA comprises 14 national organizations whose members are directly involved in providing a wide range of specialty medical care to patients. **R**

# Unions table proposals to address shortages

HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION UPDATE

**NEGOTIATIONS** headed into the summer as the Health Science Professionals Bargaining Association tabled proposals at the bargaining table aimed at protecting and improving quality public health care in hospitals and communities across the province.

Two key proposals address continued problems health authorities have in keeping and recruiting the health science professionals critical to the modern health care team.

“We know, and employers know, that without health science professionals, the health care system cannot function to its capacity. Without the highly specialized diagnostic, clinical, and rehabilitation specialists, wait lists grow,” said Maureen Headley, chief negotiator and HSA’s Executive Director of Labour Relations and Legal Services.

“We have tabled proposals that focus on these problems, and reflect a real commitment to have an in-depth and detailed discussion about the challenges in recruitment and retention. The ultimate goal is to have a creative discussion and develop strategies that address these continuing issues,” Headley said.

The proposal addressing shortages calls for a working group to be estab-



**HSABC President Reid Johnson discusses strategy with Maureen Headley, Executive Director of Legal Services and Labour Relations, and lead negotiator for HSPBA.**

lished to collect and analyze data in order to identify the disciplines, professions, and regions where staffing shortages exist. It will also explore factors that cause the shortages, including: availability of training spaces, benefits such as vacation, scheduling, and benefit, and support for professional development.

The working group would identify best practices and appropriate solutions to improve recruitment and retention in the health science professions.

The proposal addressing retention

addresses members’ demonstrated commitment to career development. A working group is proposed to make recommendations to enhance career-laddering opportunities for health science professionals.

The working group would identify barriers to effective career laddering and leadership positions for health science professions, and make proposals to remove those barriers and include more highly specialized health science proposals in leading the modern health care team. **R**

# IT'S TIME WE HAD A DISCUSSION ABOUT HONEST AND FAIR TAXATION

## HST: NO.

## Tax fairness: YES!

### **The Liberals keep telling us that people don't like paying taxes.**

But that's only half true. People understand value for money. Most people don't mind paying fair taxes to build strong communities and a strong province.

When it comes to taxes, people really don't like being lied to and taken for fools.

### **The labour movement is not against taxes.**

We understand that taxes pay for important public services and programs that we all use.

But the labour movement is against taxes that are dishonest. We are against taxes that take money from people who can least afford it. That's what the HST is all about.

We simply cannot accept a tax that takes \$2 billion a year from the pockets of British Columbians, many of whom are having trouble making ends meet, and gives \$2 billion a year to corporations, many of which are already very profitable.

### **The HST is the wrong tax at the wrong time for the wrong reasons.**

It might be acceptable if the money generated by the HST went into health care, education and building a sustainable economy.

But it won't.

In the first years the HST will reduce government revenue because the tax cuts to corporations are larger than the revenues that will come in from the HST.

Working people will be the big losers if the Liberal government brings in the HST. The tax will be applied to many more goods and services than previously covered by the Provincial Sales Tax.

This will mean a significant cost increase for all British Columbians.

But the cruel joke of the HST is that the billions of dollars collected will not lower tuition fees for our students, fund healthcare or support other public services.

The HST will generate another massive tax break for corporations and more vague promises that the rest of us will benefit one day.



[www.bcfed.ca](http://www.bcfed.ca)

## In 2001 the BC Liberals began a long series of massive corporate tax cuts that now amount to a \$1.5 billion tax holiday for corporations. **The HST shift will add \$2 billion.**

### The BC Liberals have fed us this line before.

In 2001 the Liberals slashed income taxes by about \$2 billion a year. They told us it would make us a stronger province. But, the real winners were the people who already had high salaries and got big tax breaks they didn't even need.

In 2001 the Liberals began a long series of massive corporate tax cuts that now amount to a \$1.5 billion tax holiday for corporations. This is an annual figure. It represents the amount of reduced taxes BC's corporations pay to Victoria year after year.

### DOING THE MATH

When it comes to the BC Liberal's income tax cuts, the real winners are high income earners. \*

Annual Taxable Income	BC Income Tax Cuts (2000-08)	Tax Savings
\$15,000	0.37%	\$55
\$20,000	2.84%	\$568
\$30,000	1.94%	\$582
\$50,000	2.55%	\$1,275
\$70,000	2.94%	\$2,058
\$100,000	3.90%	\$3,900 *
\$150,000	4.27%	\$6,405 *



The Liberals told us cutting corporate taxes would boost competitiveness, increase productivity and create new jobs.

Having cut \$3.5 billion in annual provincial revenues **do you feel any richer?**

### Tax cuts haven't worked.

No matter how you measure it, the Liberal's tax slashing has failed to deliver the promised results:

- Employment growth? Lower than the 1990's.
- Investment in machinery and equipment in BC? Barely increased.
- BC's productivity? Behind Alberta and Ontario
- BC's wages? Below the Canadian average.
- Child poverty? Highest in the country.
- Even before the recession began in 2008, the forest industry lost almost 24,000 good jobs.

Tax cuts have left a legacy of chronic cuts, closed schools, underfunded healthcare facilities, angry seniors, children without proper support, declining wages, growing unemployment and increasing poverty rates.

Now the Liberals are making the same hollow promises about the HST. They want us to believe that another \$2 billion annual tax holiday for corporations will make us a stronger province.

### Who has benefitted from Liberal tax cuts? You do the math.

The Liberal government has cut tax after tax. They have eliminated about \$3.5 billion in annual revenue, year after year. That's why critical services are facing more and more cuts.

Business and the wealthy have been the real winners of these tax cuts.

As the chart at left shows, someone with a taxable income of \$30,000 has seen an income tax savings of just \$582. This small tax cut has been more than offset by the Liberal governments increases to Medical Service Plan premiums, user fees, tuition costs, hydro rates, ferry charges etc.

However, someone with a taxable income of \$150,000 will have seen their provincial income tax cut by \$6,405 each year.

British Columbians don't expect something for nothing. A poll in Gordon Campbell's own riding revealed that 75 percent of residents (including 74 percent who voted Liberal) are willing to pay more taxes for schools, hospitals and reducing homelessness.

We must reject the HST and demand a fair taxation policy which supports the public services we all need.

### Don't we need more money to pay for important public services to keep our communities safe and healthy?

In a word, YES.

Public services and programs have been cut for the last decade. More cuts being announced almost daily.

The public service has been downsized to the point where it is difficult, and in some cases impossible to provide basic government services.

Incredibly, even more public service cuts are planned. **BC needs to stop the cuts and begin building the kind of province we all want.**

"It would be nice to have the government recognize that it has responsibilities to all British Columbians and that **it takes money to fulfil those responsibilities**"

Editorial, *Times Colonist*, May 12, 2010

"**Are we being crushed** by the taxman?..."

Unfortunately, it just isn't true...In fact, we now spend less on the combination of the necessities of life and taxes than we did in 1961, giving us **more discretionary income than our parents and grandparents.**"

Craig McInnes, *The Vancouver Sun*, April 27, 2010

"**Fundamental reform has** become essential.."

tax lawyers and accountants exercise their ingenuity on behalf of the wealthy and the corporations ... Mere suggestion of the reform will again be **angrily denounced by some of the people who now ride free.**"

Tom Kent, former principal assistant to Prime Minister Lester Pearson

"We had a meeting two weeks ago, and almost **every single person said raise my taxes**"

Ed Clark, Canadian Council of Chief Executives

"**When you stand back** and look at what we pay in taxes, set against the public goods and services we provide to one another in exchange, one is hard-

pressed not to conclude **it's a pretty great deal.**"

Seth Klein, BC Director for the Canadian Centre for Policy Alternatives

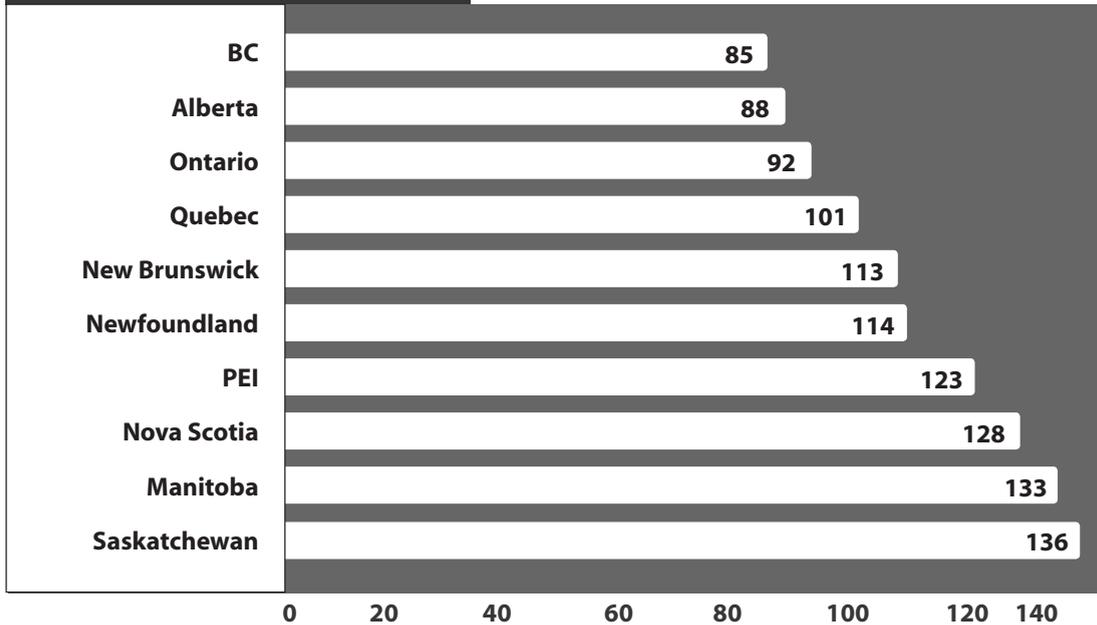
"Provincial tax policies are a key contributor to the **deepening gap between rich and poor** in BC...The combined effect of 2001-2008 income tax cuts has disproportionately advantaged those who need extra income the least."

Prof. Gillian Creese and Prof. Veronica Strong-Boag, University of BC

**HUNDREDS OF THOUSANDS OF BRITISH COLUMBIANS** are voicing their anger and opposition to the HST and sweeping service cuts. **THE LIBERALS SHOULD LISTEN.** They should cancel the HST and begin talking to British Columbians about honest and fair taxation that makes us all stronger.

### Dismantling government and public services

BC already has the smallest public sector of any province in Canada. The Liberal government plans to eliminate even more public service jobs which will lead to even more cuts to important public services.



Public sector employment per 1,000 population, 2008

### Poorer Not Richer: A dismal decade of Liberal tax cuts and lost opportunities

The Liberal government has brought in massive tax cuts over the last decade. These cuts have left the province unable to finance important public services and programs.

YEAR	TAX CUT	ANNUAL LOSS OF REVENUE	THIS REVENUE COULD FUND
2001	Personal Income Tax rate cut of 25%	\$1.5 billion	1,500 new, clean energy buses and maintenance infrastructure
2001	Corporate Income Tax rate cut from 16.5% to 13.5%	\$600 million	Fully fund K-12 public education, meet class size and composition requirements, restore specialist teaching positions lost since 2001 and restore Annual Facility Grants
2005	Corporate Income Tax rate cut from 13.5% to 12%	\$150 million	Reverse all cuts to arts and culture since 2008
2007	Personal Income Tax rate cut of 10%	\$515 million	61,300 affordable public child care spaces
2010 / 2011	Corporate Income Tax cut to 10%	\$166 million	220,000 MRI tests
2010	Industrial Property Tax cut	\$52 million	Re-open 6 regional Legal Aid offices, restore funding to 2001 levels, fill 16 vacant judge positions and hire 20 new prosecutors
2010	Provincial Sales Tax cut for corporations	\$2 billion	2 years free tuition for all public post-secondary students



# Don't waive your plan away

## READ THE FINE PRINT WHEN DOING WORK FOR A FORMER EMPLOYER

BY DENNIS BLATCHFORD

**My former employer offered some casual work and I decided to return to work to supplement my retirement income. I signed a waiver stating that I did not want to re-join the pension plan. After six months of casual work, I was unexpectedly offered full-time employment. I now want to re-join the pension plan and defer my pension; but I've been told I can't change my mind. Is there anything that can be done to undo the waiver I signed?**

No, unfortunately not. The Re-employment of a Retired Member Declaration is very specific regarding the options available, and expressly addresses the issue of whether the decision can be changed.

The form states: "Choosing this option means you will never be able to contribute to the MPP again as this decision cannot be changed and it applies to all future employments with any employer under the MPP." As you can appreciate, allowing plan members to opt in and out of the Plan would be very difficult for the Pension Corporation to administer. Hence the language is very specific regarding the importance of the decision being made.

Unfortunately for you, you made your decision based on the circumstances at the time. Had you known that full-time work was possible in future, you probably would have made a different decision.

### **Do I have any recourse with my employer?**

In these circumstances a grievance may be difficult to win, but your employer should still be made fully aware of your concerns. While your employer may not have had any way

to predict the change in circumstance, they should fully understand the loss of opportunity you've incurred in no longer being eligible to improve the value of your pension.

In the larger context, your employer needs to understand that their human resource planning needs to take into account circumstances just like yours when offering to re-employ former workers. We don't expect them to have a crystal ball, but if the offer of casual work had any chance of turning into regular employment, then you needed to understand that from the first day you re-entered the workforce.

**I'm also concerned about upcoming changes to the Canada Pension Plan. I understand that the government may be reducing the CPP benefit.**

Yes, changes to the Canada Pension Plan are expected by 2012. Rather than build on the success of the Canada Pension Plan, the Conservative government are actually planning to reduce the benefit and encourage Canadians to delay applying for these important workplace benefits.

The CPP, which began in 1966, has proven to be a very secure and effective way for Canadian workers to earn pension benefits at retirement. Combined with Old Age Security, CPP was designed to replace only about 40% of the average working income of Canadians. With the demise of both private pension plans and private savings due to the financial meltdown, more and more Canadians are facing a bleak retirement.

In response, the Canadian Labour Congress has launched a national campaign to lobby for an expanded Canada Pension Plan. The CLC wants government to build on the successes of the current model which is regarded as one of the best managed pension schemes in the world. If you are concerned about reductions in the CPP benefit, you should contact your local Member of Parliament and express your concerns. **R**

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

# What does my OHS Committee do?

BY MARTY LOVICK

**DELEGATES TO THE RECENT HSA CONVENTION** in Vancouver asked a number of questions about the role and responsibility of workplace occupational health and safety committees:

## **When should worksite inspections occur, who organizes them and how are members freed up to do them?**

The Workers Compensation Act (Division 4 Item 130) addresses this, and while it doesn't define a precise schedule it states that worksite inspections must be held "regularly" so as to ensure safety concerns are adequately recognized and dealt with to reduce risk of injury or illness. The OHS committee for each worksite should reach consensus on a schedule of inspections and set these out in their terms of reference.

The Act (Division 4 Item 134) requires employers to ensure that worker representatives are given time off work to attend meetings. They are also required to allow for "other time that is reasonably necessary to prepare for meetings for the committee, and to fulfill the other functions and duties of the committee".

If employees are being denied any of the above, the matter should be brought to the attention of their supervisor with the appropriate Act references. If no positive action occurs, the matter should be brought to the safety committee.

## **What do we do if our site is not holding regular meetings?**

The employer is obliged by law to ensure regular meetings are being held. If not, the union co-chair should meet with the management co-chair and insist that meetings take place.

## **What if the employer doesn't respond to this or any other committee recommendation or request? How long should we wait for resolution of a safety concern?**

Under the Act (Division 4 - 133), the employer is required to respond within 21 days to a written request from the committee. If the employer fails to respond in this timeframe, co-chairs should call Worksafe BC to ask for assistance from an officer.

## **My employer says that funding cuts mean we can't do safety committee training.**

The Act makes it clear that training is a legal requirement for all employers. It is not discretionary. Division 4 Item 135 states that the employer must pay for eight hours of training for committee members to attend "occupational health and safety training courses conducted by or with the approval" of Worksafebc. The absence of a budget line to cover this is irrelevant; it must be done.

## **Sometimes police are called about a dangerous client but no staff injuries actually occur. Does the employer have to notify the safety committee of such "near miss" incidents? Can the employer hold back incident reports by citing patient confidentiality?**

Incidents where a potential for injury existed – even though none occurred – must be reported as part of the employer's safety program. If a situation is dangerous enough that police are called, it is certainly dangerous enough to report. Therefore the safety committee should hear about this as part of the regular reports received.

Under Division 4 Item 130a the employer is required to provide the committee such reporting documentation so they can "identify situations that may be unhealthy

or unsafe for workers and advise on effective systems for responding to those situations” and “consider and expeditiously deal with complaints relating to the safety of workers” (Division 4 Item 130b).

Committee members are responsible for dealing with this confidential information. If an employer is not forthcoming about these incidents, the committee co-chair

should notify Worksafebc for assistance.

On these or other questions, HSA members can contact Marty Lovick, Sr. Labour Relations Officer (OHS), at HSA. Call 604-439-0994, toll-free 1-800-663-6119 or send e-mail to [mlovick@hsabc.org](mailto:mlovick@hsabc.org). **R**

## Could this happen in your workplace?

HSA members at a workplace in British Columbia have been coping with the tragic and unexpected loss of a member and fellow employee for almost two years, and the road to recovery for the co-workers left behind has been a difficult and challenging one.

This member, who worked in the community sector, was killed in a motor vehicle accident while on the job doing outreach work. The circumstances surrounding the accident have weighed heavily on the member’s co-workers, as there were some signs that the member had a medical condition that impaired the ability to drive. When co-workers reported to the employer they were concerned about some symptoms, the employer wrote to the worker’s doctor, who supplied a letter clearing the worker to continue to drive in performing the job. In spite of continued reports from co-workers about concerns, the employer stood by the medical opinion, did not enquire further, and dismissed the concerns for reasons of confidentiality. Shortly thereafter, the accident occurred and the employee was killed.

Following the accident, the coworkers left behind experienced many different emotions that helped create strained relationships in the workplace. After several months, through the continued efforts of co-workers and support from the HSA office, the employees have rebuilt a healthy work-

place that honours the memory of a colleague.

While the workplace will be forever touched by this death and the circumstances surrounding it, the circumstances are not unique to this workplace.

So what rights do you have to protect yourself and other workers in similar circumstances?

Workers have the right to refuse unsafe work under the Workers’ Compensation Act and Regulations. In this case, had the workers insisted that it was unsafe for them to travel with this employee, Worksafe BC could have assisted by investigating the concerns. This might also have spurred the employer to act in the employee’s best interests as well.

Where a hazard of this nature is identified, HSA staff can assist in dealing with employers who are not giving the concern adequate attention. In this case, HSA would support the employer and the member if the worker was denied driving duties until the medical concern had been fully addressed.

Workers have the right to participate in matters related to their workplace safety by way of reporting concerns and having safety stewards act as representatives on the joint occupational health and safety committees. HSA members are strongly urged to report their concerns to a steward. If stewards need assistance, they can draw on the expertise of the union’s labour relations officers and legal staff.

# HSA congratulates scholarship winners

**MANY SCHOLARSHIPS AND BURSARIES** are available to HSA members and their children. Applications for 2011 will be accepted beginning January 2011. See HSA's website at [hsabc.org](http://hsabc.org) for more information.

HSA scholarships are adjudicated by the union's education committee. Members of the 2010/2011 education committee are:

- Marg Beddis (chair)
- Anita Bardal
- Rick Lascelle
- Larry Brian
- Jim Christensen
- Leila Lolua (staff)

For information about the work of this committee, contact Leila Loula at 604-439-0994 or toll-free 1-800-663-2017.

## **SCHOLARSHIP AWARDS**

### **Kyle Johnson**

Son of Frances Johnson, Occupational Therapist, Langley Memorial Hospital

### **Michelle Klaver**

Administrative Assistant, Haven Society

### **Brandon Krenz**

Son of Bernadette Krenz, Respiratory Therapist, Royal Inland Hospital

### **Yin Yu Kwok**

Daughter of May Leung, Medical Laboratory Technologist, UBC Hospital

### **Thomas Lamont**

Son of Anne Lamont, Physiotherapist, Royal Columbian Hospital

### **Cara Moody**

Social Worker, BC Children's Hospital

### **Grayden Quinn**

Son of Janice Quinn, Occupational Therapist, The Centre for Child Development

### **Christine Ridenour**

Daughter of Dina Ridenour, Dietitian, Cowichan Hospital

### **Yaachna Tangri**

Daughter of Poonam Tangri, Social Worker, The Centre for Child Development

### **Yuan Zhang**

Son of Susan Liu, Medical Laboratory Technologist, Langley Memorial Hospital

## **FULL-TIME BURSARY AWARDS**

### **Paria Assadipour**

Daughter of Victoria Parand, Administrative Assistant, Open Door Group

### **Jennifer Beaupre**

Daughter of Corinne Beaupre, Medical Laboratory Technologist, Saanich Regional Hospital

**Chantelle Beelen**

Daughter of Judy Beelen, Social Worker,  
Penticton Regional Hospital

**Zachary Bowers**

Son of Karen Bowers, Medical Laboratory  
Technologist, University Hospital of Northern  
BC

**Jordan Burness**

Son of Lisa Burness, Medical Radiation  
Technologist, Ladysmith Health Care Centre

**Rachel Croy**

Support Worker, Positive Women's Network

**Amber Hieb**

Volunteer Coordinator, Haven Society

**Luke Hill**

Son of Dawn Hill, Social Worker, Penticton  
Regional Hospital

**Eben Lindsey**

Son of Barbara Koren, Dietitian, Royal Inland  
Hospital

**Melissa Lyon**

Social Worker, Surrey Memorial Hospital

**Kiersten Mackie**

Daughter of Brian Mackie, Orthotist  
Queen Alexandra Centre

**Jennifer McCord**

Daughter of Kathleen McCord, Medical  
Laboratory Technologist, G. R. Baker Memorial  
Hospital

**Vanessa Morgan**

Daughter of Judith Sloan, Social Worker,  
Mount St. Mary Hospital

**Fransisca Pasla**

Registered Psychiatric Nurse, Mount St. Joseph  
Hospital

**Murray Peck**

Son of Paula Peck, Registered Psychiatric Nurse,  
Vernon Jubilee Hospital

**Zoe Sehn**

Behaviour Interventionist, Central Okanagan,  
Child Development Association

**Hannah Smith**

Daughter of Margaret Smith, Parent Support  
Worker, The Centre for Child Development

**Sarah Smith**

Daughter of Margaret Smith, Parent Support  
Worker, The Centre for Child Development

**Pavin Takhar**

Daughter of Sukhjit Takhar, Medical Laboratory  
Technologist, BC Children's Hospital

**Ryan Vincent**

Son of Duane Vincent, Social Worker, Kelowna  
General Hospital

## **PART-TIME BURSARY AWARDS**

**Anne Marie Hansen**

Dietitian, BC Children's Hospital

**Diana Paige**

Counsellor, Comox Valley Transition Society

## **ABORIGINAL BURSARY AWARDS**

**Breeana Mussell**

**Jennifer Waldner**



COUNSELLOR JOANNE SCHWARTZ TACKLES AIDS IN AFRICA  
WHEN NOT HELPING PEOPLE OVERCOME ADDICTIONS

# Little Travellers make big impact

by LAURA BUSHEIKIN

**THE TINY BEADED FIGURE** HSA member Joanne Schwartz wears on her lanyard every day at work could be dismissed as just a colourful trinket. However, for Schwartz and for over 100 South African women infected with HIV, along with their families, this ornament has more value than the most luxurious of necklaces.

PHOTO: DAVID BIEBER

In fact, it represents survival, health, financial security, human dignity, and the power of ordinary people to make a difference in the face of the searing tragedy that is the AIDS/HIV epidemic in Africa.

The figure – she picks one every day to match her outfit – is called a Little Traveller. It is one of over 50,000 such figures that have been hand-made by women at the Hillcrest AIDS Centre in the KwaZulu-Natal province of South Africa, where over 40 per cent of adults are infected with HIV.

Little Travellers are sold around the world. 100 per cent of the funds gathered goes to AIDS relief, in the form of a decent wage for the women who make them, as well as contributions to the Hillcrest AIDS Centre, whose services include medical care, education and awareness, emergency food parcels, long term agricultural development and income-generation programs. It is no exaggeration to say the Little Travellers are saving lives.

“They may be small, but they have made a big difference to me and my family. I was dying when I started making them... and I had nothing to live for... I now have a house, my children are going to school and I have a reason to live,” writes Thandi Chamane, one of the women who makes the Travellers.

Schwartz, an addictions counsellor for patients with HIV at St. Paul’s Hospital, has been part of the Little Travellers initiative since its beginnings five years ago.

“It started out as a family project; it’s as grassroots as you can get,” explains Schwartz. It began in 2005 with her brother, who, the summer before starting medical school, volunteered at the Hillcrest AIDS centre. There, he encountered the Little Travellers, which back then didn’t do much travelling.

“The idea was to make little pins as a craft project to generate income from tourists, but



**Two of the many Little Travellers, each hand-crafted at the Hillcrest AIDS Centre in South Africa, available at "chapters" all over the world, and on line at [www.littletravellers.net](http://www.littletravellers.net).**

sorry, no tourists visit AIDS centres," says Schwartz with a laugh. "He brought 20 home and we started selling them as a family.

"When we'd sold over a hundred, my Mom said 'Wow.' It seemed like a lot. Now we've sold over 50,000 and made more than \$300,000!"

Friends joined in and the initiative grew through word-of-mouth and individual effort. People fall in love with the project, says Schwartz, and want to help. So they buy the Travellers in bulk to give away as presents, or they sell them at events or through organizations.

Part of the beaded figures' charm is their price; at \$5 - \$7 each, most people can afford them. "I tell people, it's the price of your latte," says Schwartz.

As their name promises, Little Travellers have indeed travelled around the world, raising not just funds but also awareness.

"The educational aspect is really important," says Schwartz. The Little Travellers organization regularly puts on events, and each Traveller comes with its own passport that tells the story

of its origins.

This story is a tragic one, says Schwartz. "In South Africa, about 25 per cent of the population is infected with AIDS; here it is .02 per cent. The situation there is shocking; they don't have access to anti-retrovirals, there isn't room in the hospitals...Try to imagine what it would be like, if close to half the population was affected. How do you care for those people? How do you cope with that much loss? Who can take care of the children? That's what it's like in

"WITH LITTLE TRAVELLERS, IT'S A VERY TANGIBLE AND PRACTICAL WAY THAT I AM HELPING, RIGHT AWAY, WHEREAS IN COUNSELLING IT CAN TAKE YEARS FOR PEOPLE TO GET INSIGHT INTO THEIR PROBLEMS."

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HEADING INTO RETIREMENT, DIETITIAN SANDRA HOMENUK REFLECTS ON CHANGES IN HSA

# Looking back on a distinguished career

by LAURA BUSHEIKIN

PHOTO: DAVID BIEBER

**AS DIETITIAN SANDRA HOMENUK** heads into retirement, she's pleased to see that the profession she's leaving looks very, very different than the one she entered 40 years ago.

"I started working in the fall of 1970," says Homenuk, who retired from her position as Dietetics Practice Leader at BC Women's and Children's Hospital on July 29th. "It was a time when there were kitchen maids, not kitchen aids."

Gender politics have definitely improved over the past 40 years, Homenuk says, but the biggest transformations in her field have been in its breadth – there is now a wide array of sub-specialties – and in the dietitians' relationship with other health care professionals.

"The change that means the most to me has been the inclusion of dietitians in the inter-professional team. It's much more interesting than 40 years ago, because we are part of creating the overall care plan," she says.

The other really significant development dates back to 1971 when dietitians were included in the newly formed Health Sciences Association.

"When I started, there was no union for allied health professionals. There was RNABC, which was the nurses' bargaining association, and HEU, but the dietitians, pharmacists, lab technologists, occupational therapists, social workers, etc. were not part of any kind of organized labour," she explains.

In many cases, these health science professions were formally exempt from union membership through a regulation known as negative certification, but this was not universally valid. So in some cases these professions could be recruited by other unions.

This did not work for employers, because the health sciences professions often supervised HEU members. Also, it didn't work for the health science professionals, who didn't necessarily find their interests could be upheld in other unions.

The formation of HSA ensured that health science professionals maintained their professional identities, says Homenuk. "Otherwise, we would

have gotten lost. Our draw for trainees would have been affected. Because it came down to the question, 'Do I want to be a professional or do I want to be a regular rank and file worker?'" says Homenuk.

She has watched with interest over the years as HSA has grown. "Now there are so many different disciplines within HSA, but to start with there were less than a dozen."

As well, she has seen her workplace grow. "Children's Hospital was a tiny place when I finished my internship. There was one dietitian in the Dietetics Department, as well as several who were part of other programs. Now I have a staff that includes over 40 dietitians – over 25 full-time equivalents. That translates into our ability to care for the kids better."

Another change she has seen in the past 20 years is an increasing shift to outpatient care.

"The majority of our patients are outpatients. This means more kids get to stay at home. Twenty years ago, we'd have kids who come into the hospital with chronic constipation or celiac disease, and they'd stay three weeks. Now they don't stay at all."

Similarly, diabetes education is now done in an outpatient setting, which is much more effective, she says. "When people are in hospital, that is not a good teaching moment. People tend to be stressed, which is not good for learning."

Dietetics is an increasingly varied field, says Homenuk. While paediatrics and women's health are already specialties, within them there are an increasing number of sub-specialties.

"We have staff in cystic fibrosis, eating disorders, acute brain injury and rehab, neuromotor, inborn errors of metabolism, diabetes, endocrine, the Oak Tree HIV program, oncology, renal or kidney, critical care, cardiology, solid organ transplants, nutritional outpatient counselling, neonatal intensive care, a ketogenic diet position, diabetes and pregnancy, anti- and post-

partum, women's reproductive mental health, Shapedown (a healthy weight program), a paediatric weight management program, gastroenterology, and prenatal nutritional counselling."

As dietetics evolves apace with other medical fields, new programs emerge. "We recently established a Complex Feeding and Nutrition Program that helps kids who eat by tube or IV as they graduate from the ward to going home.

And there is a new Mental Health Metabolic Clinic to treat kids on second-generation antipsychotics, which can cause extreme weight gain."

Working with children often gives dietitians the rare opportunity to follow their patients over years of development.

"Children grow. If they have a chronic condition they need a dietitian to manage their condition through all the stages of their development. So we can follow them from when they are diagnosed, through ambulatory and outpatient care, right through till they transfer to adult care, sometime between 16 and 19 years old.

"A lot of my dietitians are thrilled about that; they love the ability to form relationships. You don't get that so much in adult care – often there are few follow up appointments and then that's it. With the kids, you take them all the way to the transition from their parents managing it to them managing it. It's very rewarding."

She also finds it especially rewarding to help kids with chronic conditions manage their dietary needs without sacrificing their social lives.

"I WANT KIDS TO BE ABLE TO FIT IN WITH THEIR PEER GROUP, BE ABLE TO DO THINGS WITH OTHER KIDS AND NOT FEEL STIGMATIZED."

CONTINUED ON PAGE 28

## Joanne Schwartz

CONTINUED FROM PAGE 25

the region the Little Travellers come from.”

Support for the project has been overwhelmingly positive, says Schwartz. She’s particularly pleased with the encouraging response she has received at her workplace, St. Paul’s, where she is an addictions counsellor for people with HIV.

“Working in the HIV field, I have an amazing market of people who know and care about the issues. Colleagues at St. Paul’s have been great; my boss wears a Little Traveller on his lanyard and encouraged me when I wanted to sell them at a table outside the lunch room.”

She is thrilled by the support from HSA. While Schwartz was attending Steward training last year, Labour Relations Officer Leila Lolua noticed her Little Traveller pin and invited her to speak to the group about the project. She not only sold a bunch, but also was invited to set up a table at the 2010 convention.

“The response was incredible; we brought in about \$1000 in two and a half days! It doesn’t really surprise me because the goals of Little Travellers are totally consistent with what HSA does. These are people who care about advocacy and human rights so of course they are supportive.”

At work, Schwartz counsels people infected with HIV/AIDS who have addictions – whether to drugs, alcohol, gambling or other addictive substances and activities. It’s challenging work – just getting clients to come regularly to appointments, given that their lives are often chaotic, is hard, let alone supporting them through the complex work of understanding and managing an addiction. But it is hugely gratifying as well.

“A lot of these people are so marginalized. Many of them have never had anyone listen to them or show they care. If I can make a bit of difference, that’s a lot,” she says.

Schwartz’s volunteer work is a welcome balance to her professional life, she says.

“With Little Travellers, it’s a very tangible and practical way that I am helping, right away, whereas in counselling it can take years for people to get insight into their problems. It’s very satisfying to say, hey, we raised \$5000 and it’s all going straight to help people.”

Schwartz says working in the HIV/AIDS field, both in her professional and volunteer life, is fascinating. “There’s a very strong connection between the local and global. It’s a new disease but there is amazing research going on and work being done.”

And in fact, Schwartz is connecting the global to the local every day she goes to work, her Little Traveller accompanying her, an ambassador from a place suffused not just with tragedy, but also with hope. **R**

*If you would like to know more about Little Travellers or see the items for sale, visit [www.littletravellers.net](http://www.littletravellers.net).*

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## Sandra Homenuk

CONTINUED FROM PAGE 27

“I want kids to be able to fit in with their peer group, be able to do things with other kids and not feel stigmatized.”

Although in her position as Practice Leader Homenuk wasn’t working directly with patients, she got great satisfaction in being a resource for those who are. “If one of my staff has questions, I usually have enough experience working in the different areas that I can offer some help,” she says, adding that she takes great pride in the achievements of her staff.

Homenuk is confident, as she heads into retirement, that the field of dietetics is in good hands. **R**

# 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

**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

**CLC ANNOUNCES END TO BOYCOTT OF NON-UNION POSTAL OUTLETS**

The Canadian Union of Postal Workers has ended their long-standing boycott of non-union postal outlets. The National Executive Board of CUPW voted unanimously to end the two-decade old boycott because many communities do not have public post offices, making the boycott very difficult, and CUPW is organizing workers in private outlets.

CUPW's decision to end the boycott does not mean support for privatization of postal services but private postal offices are a reality and workers in these outlets need decent wages and basic rights.

## MOVING?

Your employer does not send us address changes. We depend on you to let us know.

**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)

## CHANGE OF ADDRESS

SURNAME

GIVEN NAMES

FACILITY / WORKSITE(S)

NEW HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TEL. ( )

WORK TEL. & LOCAL ( )

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at [www.hsabc.org](http://www.hsabc.org).



Val Avery with Christopher Mavrikos, the top Run for the Cure fundraiser in BC and the number two fundraiser in Canada.

# Getting ready to Run for the Cure

BY VAL AVERY

**ON SUNDAY OCT. 3, 2010**, for the 13th consecutive year, HSA will be an official sponsor of the Canadian Breast Cancer Foundation (CBCF) Run for the Cure which takes place in cities across Canada.

Our annual commitment to the CBCF of \$35,000 ensures our presence at the Run with a high profile display table, a guest speaker and sole rights to the distribution of the pink ribbon tattoo.

Our long relationship with the CBCF has provided us with unique opportunities to influence the future of breast cancer including a position on the CBCF BC/Yukon Division Board of Directors and chairing a CBCF Healthcare Workforce Group whose report is expected to be a guide for government in ensuring there are sufficient health science professionals in the future to care for breast cancer patients.

What can you do as an HSA member?

- Participate in Think Pink Week, Sept. 13 – 17, 2010.

This week is designated for “pink” activities that educate people about breast cancer and promote the Run. At your workplace it’s as easy as setting up an HSA table and handing out pink ribbon tattoos and encouraging people to donate or come out for the Run. For support contact Janice Davis at 604/439.0994 or 1.800/663.2017 at the HSA office.

- Register to be on the HSA team at [www.hsabc.org](http://www.hsabc.org) and click on the Run for the Cure link. It’s a 1 km/5 km walk/run and we welcome family members, friends and co-workers on the HSA team.
- Volunteer on Run day to assist with tattoos at the HSA table (contact Janice at the HSA office).

Your participation will allow for innovative research, education, and awareness programs which will bring us closer to a future where breast cancer will not be a life-threatening illness. **R**

*Val Avery is Vice-President of HSA and Director of Region 2.*

# The end of OHSAH

AS PART OF COST-CUTTING MEASURES in government, OHSAH, the Occupational Health and Safety Agency for Health Care, is closing its doors.

OHSAH was conceived in early 1998 in an accord between management and union representatives. OHSAH partners included unions, health authorities, WorkSafeBC, and university researchers. Its mandate was to reduce workplace injuries and illness in health-care workers and to return injured workers back to the job quickly and safely. From 1998 - 2005 injury rates and days lost steadily declined.

Three core programs will continue to be provided: White.net, MSDS, and OHS Connect. The cost of maintaining these systems will be off-loaded to the health authorities to pay for out of current budgets.

White.net is a web-based system that centralizes information on incident tracking and case management and helps the healthcare sector reduce and/or eliminate workplace injuries, provide prompt clinical and workplace interventions to reduce disability and time loss, and evaluate the effectiveness of health and safety programs.

The MSDS (Material Safety Data Sheet) online database contains MSDSs for more than 10,000 products relevant to healthcare facilities throughout the province.

OHS Connect is a centralized online library of important occupational health and safety resources.

In addition to the continuation of these resources, the partners have committed to completing the work of the Provincial Violence Prevention Steering Committee in creating a consistent provincial best practice violence prevention training curriculum for healthcare.

While these projects will continue, HSA is concerned that the demise of OHSAH will mean a deterioration in

## Maureen Headley



Headley

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the progress that has been made in prevention of workplace health and safety.

What is not being replaced is the important role OHSAH had as an “honest broker.” This role was vital during the H1N1 process. OHSAH pressured the Ministry of Health to speed up the planning process and stepped in to fill critical gaps in training for employers that did not have the expertise or resources to provide the training themselves. Without OHSAH, these employers would not have been able to fit test their employees or adopt practices and protocols to keep their health care workers protected from the pandemic.

OHSAH also played an important role in providing research support to provincial joint union-employer committees.

We will be monitoring carefully how members are affected by the reduction in prevention resources. Unfortunately by eliminating the collaborative model OHSAH provided, occupational health issues will inevitably become more adversarial.

A healthy and safe workplace is critical not just to HSA members, but to your patients and clients. Reduced enforcement, thanks to continuing cuts at WorksafeBC, combined with reduced emphasis on prevention and monitoring through the demise of OHSAH, could have long-lasting and negative effects on the health care workers of today and the future. **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]  
Reid Johnson, MSW  
Centre for Ability

**Region 1** [REGION01@hsabc.org]  
Suzanne Bennett, Youth Addictions  
Counsellor, John Howard Society

**Region 2** [REGION02@hsabc.org]  
Val Avery (Vice-President)  
Physiotherapist, Victoria General Hospital

**Region 3** [REGION03@hsabc.org]  
Bruce MacDonald (Secretary-Treasurer)  
Social Worker, Royal Columbian Hospital

**Region 4** [REGION04@hsabc.org]  
Brendan Shields, Music Therapist  
Richmond Hospital

**Region 5** [REGION05@hsabc.org]  
Kimball Finigan, Radiation Therapist  
BC Cancer Agency (Vancouver)

**Region 6** [REGION06@hsabc.org]  
Anita Bardal, Medical Radiation  
Technologist, St. Paul's Hospital

**Region 7** [REGION07@hsabc.org]  
Marg Beddis, Dietitian  
Surrey Memorial Hospital

**Region 8** [REGION08@hsabc.org]  
Joan Magee, Laboratory Technologist  
Cariboo Memorial Hospital

**Region 9** [REGION09@hsabc.org]  
Janice Morrison, Physiotherapist  
Kootenay Lake Hospital

**Region 10** [REGION10@hsabc.org]  
Heather Sapergia, Laboratory Technologist  
Prince George Regional Hospital

## 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.



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