THE Report

RUN FOR THE CURE

HSA members help achieve record turnout across BC

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A sad anniversary

THIS PAST SEPTEMBER 16 marked a sad anniversary for children with special needs in this province. Last year on this date, BC's Children and Family Development Minister Mary Polak announced funding cuts of more than $3 million for autism services for children under age six.

As a result of this decision, Victoria's Queen Alexandra Centre for Child Health laid off 40 highly-trained behavioural interventionists and closed its autism behaviour intervention program.

This was a program that made breakthroughs with autistic children, releasing kids from a lifelong sentence of isolation and costly supported living. Intensive behavioural interventionists collaborated with the centre's occupational therapists, physiotherapists, speech language pathologists, and other staff to make a successful, long-term experience for autistic children.

The program cost about $70,000 for three or four years of intensive treatment. That investment may seem steep, but compare this to the alternative: studies estimate that if left untreated, caring for autistic individuals over the course of their lives costs about $2 million per person.

In her announcement last September, Minister Polak tried to disguise this cut as an improvement in service, claiming that eliminating Queen Alexandra's $5 million intensive therapy program allows the government to increase funding for all autistic children under age 6 from $20,000 to $22,000. Given the number of autistic children in the province, this actually reduced overall funding to the under 6 group by more than $3 million.

PUTTING ASIDE THE HUMAN IMPACT OF GIVING CHILDREN AND THEIR FAMILIES A SHOT AT LIFE LIVED TO ITS FULL POTENTIAL, FUNDING EARLY AUTISM INTERVENTION SAVES MONEY. WHY IS THE GOVERNMENT IGNORING THAT?

Meanwhile, the $2,000 per child increase barely covers the new HST charged on the service costs that families must now pay.

It's disheartening that Minister Polak is still trying to mislead the public with the same faulty arguments claiming autistic children still receive adequate services. Parents of autistic children know better – they say the program closure has been devastating. Families are reporting almost universal regression in the children who were cut from the program.

Putting aside the human impact of giving children and their families a shot at life lived to its full potential, funding early autism intervention programs saves money. Why is the government ignoring that?

If Health Minister Kevin Falcon were really serious about saving money in the health care system, he'd take a look at the fiscal impact of this and other short-sighted cuts announced all over the province. R

Reid Johnson is President of HSA.

"Most of our people will say they see violence on a weekly basis."

- SHANNON BREEZE, PSYCHIATRIC NURSE

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THE FRONT COVER

HSA members took part in Run for the Cure events across BC on October 3

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A family of Tamil migrants peer from the MV Sun Sea as officials assess the passengers.

"WHAT KINDS OF MEDICAL EMERGENCIES COULD BE EXPECTED AMONG THESE PATIENTS? WOULD THE PATIENTS BE CARRYING COMMUNICABLE DISEASES? WOULD THEY BE MALNOURISHED OR DEHYDRATED? WE WANTED MEMBERS TO BE AS PREPARED AS POSSIBLE, EVEN THOUGH THE SITUATION WAS UNCERTAIN."

HSA on front line of response to migrant ship emergency

BY YUKIE KURAHASHI

For a few tense days in August, HSA members were among those preparing to treat an unknown number of refugees headed to the BC coast aboard a tiny vessel.

The MV Sun Sea was rumoured to have been at sea for two months, with approximately 200 people aboard. When it landed, officials found that there were 492 people on board. They estimated they had been at sea for three to five months. Officials also told health workers that there had been one death aboard the ship during the journey.

Before the vessel's arrival, HSA senior labour relations officer Benson Ho took part in repeated conference calls with officials from the Vancouver Island Health Authority and federal immigration.

"The unions were working proactively to do anything we could to assist with preparations," he said.

"What kinds of medical emergencies could be expected among these patients? Would the patients be carrying communicable diseases? Would they be malnourished or dehydrated? We wanted members to be as prepared as possible, even though the situation was uncertain – and sometimes changed by the minute. We worked with the authorities to send out as much information as we could, as quickly as possible.

"In addition, a paramount consideration was the health and safety precautions for our members preparing to work with these patients," Ho said. "We worked to confirm that full universal protective precautions would be in place, including fit-testing for N95 respirators. HSA members in diagnostic imaging, lab, and pharmacy were going to be called in to work with an unknown number of potential patients, and we made sure our members would be fully protected as they worked," he said.

VIHA prepared for the emergency by temporarily re-opening the old emergency department at Victoria General Hospital for screening, triage, assessment, and diagnostic care. Ward 7-North was also re-opened to treat refugees requiring hospital admission.

In the end, the triage centre processed more than twice the number of refugee claimants as initially expected, but VIHA officials were surprised by the smoothness of the screening and treatment procedures.

Ho said the response from HSA members was exemplary. "HSA joins VIHA in commending our members for their calm professionalism," he said. R

PHOTO: THE CANADIAN PRESS

PHOTO: DAVID BIEBER

HSA President Reid Johnson, joined by Region 5 Director Kimball Finigan and HSA Executive Director for Labour Relations and Legal Services Maureen Headley, spoke with members from Region 5 at the first of a series of regional meetings around the province.

New evidence of Canada Health Act violations by private clinics

COURT RULING AFFIRMS GOVERNMENT AUTHORITY TO AUDIT FOR-PROFIT CLINICS

BC HEALTH COALITION NEWS RELEASE

NEW RESEARCH conducted by the BC Health Coalition has revealed evidence that for-profit clinics across the province continue to openly charge patients additional fees to jump the queue for health services already covered by Medicare.

The report, entitled Eroding Public Medicare: BC Update 2010, is an update of a groundbreaking 2008 national report that documented an explosion of private for-profit health facilities across the country that are jeopardizing the equality and fairness of our health care system.

"This latest report confirms that Health Minister Falcon must take a leadership role in protecting BC from private investors who are charging unlawful user fees and billing patients for health services already covered by Medicare," said Health Coalition Co-chair Rachel Tutte.

"The need for action has also been made clear by recent court decisions," she said, referring to a BC Court of Appeal ruling that confirms the Medical Services Commission has the authority to audit for-profit clinics in BC, including Dr. Brian Day's Cambie Surgery Centre. Cambie is the largest for-profit clinic in BC and is leading a legal attack on BC's Medicare laws that protect patients from being charged user fees for publicly insured, medically necessary health care. R

HSA says cuts will put women at risk

MUCH-USED DOMESTIC VIOLENCE PROGRAM CANCELLED AFTER 18 YEARS

BY YUKIE KURAHASHI

IN A SUDDEN ANNOUNCEMENT at the end of July, Vancouver General Hospital told emergency staff that the hospital was closing its outpatient Domestic Violence Program. The social worker for the program received notice of layoff the very next day.

Despite immediate, wide-ranging public outcry, the program closed its doors three weeks later.

"The outpatient Domestic Violence Program served 20-25 clients per week, providing counselling for patients experiencing violent relationships," said HSA President Reid Johnson. "The program also provided support, education and referrals for child protection and safety planning. This surprise move was a blow to clients of the program, as well as professional and community groups who relied on the program's expertise."

Johnson is concerned that there was no consultation. "A hospital spokesperson has said community groups will be expected to offer the cancelled services, but those groups have been suffering a series of cuts, too," he said. "For example, the Battered Women's Services Society – which may be among the community groups to whom VCH plans to transfer current clients – are saying they don't have the capacity to absorb any new clients. In fact, BWSS currently has a 100-woman waiting list for counselling.

"We are told the closure of the outpatient program is to free up funding for a full-time social work in inpatient care. While we applaud the increase of inpatient care, this does not warrant the dismantling of the highly-successful outpatient program, with no consultation.

"Inpatient care is very different from the outpatient care provided through the outpatient Domestic Violence Program at VGH. Inpatient means they were battered badly enough to have to be admitted to hospital. The outpatient program seeks to prevent such incidents."

Johnson said that in addition to human costs in suffering, pain, and trauma, cutting the outpatient program will result in higher medical costs overall.

Johnson said he is moved by the women who came forward with their stories about how the program was a critical step towards safety and strength. "We heard from a woman who told us that without the program, she would likely be dead," he said. "We have also spoken to another who emphasized the key support provided by the social worker, an award-winning specialist in her field.

> WE HEARD FROM A WOMEN WHO TOLD US THAT WITHOUT THE PROGRAM SHE WOULD LIKELY BE DEAD.

HSA is also working with Vancouver City Councillor Ellen Woodsworth, who is bringing forward a motion to Vancouver City Council protesting the closure and calling for the maintenance of the outpatient Domestic Violence Program at VGH.

If you would like to add your voice to the campaign to reverse the closure of the outpatient Domestic Violence Program at Vancouver General Hospital, contact Yukie Kurahashi at ykurahashi@hsabc.org. R

Actors and crew shooting the HSA ad in October

HSA launches TV ad campaign

FOR THE FIRST TIME in its 40-year history, HSA has launched a major advertising campaign on TV.

The campaign builds on radio and on line ads launched earlier this year. While the earlier campaign achieved recognition of HSA's role in reducing wait lists, the current campaign widens the focus to HSA's role as an essential part of the modern health care system.

"The public knows there's more to the health care system than doctors and nurses," says HSA President Reid Johnson. "They know about physiotherapists, MRI technologists, pharmacists, social workers and dietitians because they or someone they know has required the expertist of our members. They just don't know what to call us, how we fit into the health care system, and what ties us all together.

"This campaign will help the public – along with the media and the government – understand that HSA is the union delivering modern health care in BC."

The campaign, which is running ads on prime time TV from October to late November, is being supported by a targeted social media push that includes an on line video profiling HSA members talking about the work they do and how HSA advances modern health care and community social services.

PHOTO: DAVID BIEBER

HSA CAMPAIGN WINS AWARD

The on line campaign site launched by HSA earlier this year has been awarded the Outstanding Achievement Award from Interactive Media. The site, www.stopthewait.ca, used humour to highlight the wait list issue and was selected by an international range of judges from companies including American Express, Deutsche Bank, Microsoft, Cadbury Schweppes and Time Inc. R

Bargaining update

HSA IN THE NEWS
Get the latest on bargaining and see your union and fellow members speak out. Visit hsabc.org and select "In the News".

BARGAINING FOR the community social services sector contract resumed in late September but quickly stalled.

Josef Rieder represents HSA at the bargaining table, with HSA bargaining team chair Lynn Kelsey. In the absence of significant discussion at press time, the Community Social Services Bargaining Association has asked the employer for dates to begin discussion on essential service levels, he said.

The bargaining team has been working towards a fair contract since last October last year.

"Although some progress had been made on minor issues, efforts to secure any real gains for members have not materialized," Rieder said.

Community social services workers are among the lowest paid public sector employees. Over the last two agreements, members have experienced substantial cuts in compensation and benefits, including sick time and long term disability.

"At the outset of this round of bargaining, members provided the bargaining committee with a clear mandate to move forward on a number of issues," Rieder said. "We're serious about reaching a fair settlement that improves the working life and conditions of our members. Without real improvements, the sector will continue to suffer high staff turnover.

"These are the jobs that support the most vulnerable people in our communities, but many agencies are experiencing problems with recruitment and retention."

The bargaining team will meet again with employers for three days of negotiations in late October.

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.

HSPBA

At press time, the HSPBA bargaining committee was set to return to contract negotiations with the Health Employers' Association of BC.

Negotiations, in a tough bargaining climate where government has refused any wage increase in the public sector, have been focused on complex collective agreement issues including the HSPBA classifications system. R

CURRENT DISPUTES

For more information and updates, please check the BC Federation of Labour web site at: www.bcfed.com.

United Mineworkers of America (UMWA) Local 7292 - VS - Teck Coal Corporation
Major Issues: Benefits, wages
Commenced: August 6, 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 16ll - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)
Major Issues: Seniority, Benefits, Concessions
Commenced: July 25, 2001

VIHA reverses microbiology lab consolidation plan – for now

BY YUKIE KURAHASHI

THIS SUMMER, residents of Campbell River and Nanaimo were horrified to learn that their local hospitals were losing microbiology laboratory services.

In addition, the Vancouver Island Health Authority served notice about other lab service changes to be implemented at Nanaimo, Campbell River, Cowichan, and West Coast General Hospitals. Microbiology services would be centralized in Victoria, hours away by transport – critical hours that could make a difference in laboratory diagnosis and resulting treatment.

Residents of Central and North Island began speaking out. Spearheaded by hospital laboratory specialists and physicians, the public outcry was immediate and widespread – TV, radio, and newspapers all reported on the community's concerns about the loss of lab services.

The media interviewed concerned HSA laboratory technologists as well as union president Reid Johnson.

"Accurate and timely diagnosis is critical for effective treatment," Johnson told interviewers. "We were told that up to 18 laboratory technologists would be affected by the elimination of microbiology services. No matter how you slice it, lay-offs and elimination of services in a community can only result in reduced health care for patients who need it.

"HSA's health science professionals – including laboratory technologists – are critical members of the modern health care team," he said. "Without us, doctors are only guessing."

A week later, VIHA withdrew the plans.

VIHA insists that plans to convert to a core lab model will proceed. But, for the time being at least, microbiology services have been saved at Nanaimo and Campbell River Hospitals.

HSA stewards and labour relations staff will continue to monitor VIHA's plans and programs being pursued to meet budget pressures imposed by the provincial Ministry of Health, and to protect the community's right to timely and accurate diagnostic testing. R

Agreement reached in consolidation of diagnostic imaging

HSA has completed negotiations with Lower Mainland health authorities for a transition to a region-wide consolidation of diagnostic imaging services. The agreement allows for the significant restructuring of services without displacements and layoffs of diagnostic imaging staff.

Highlights of the Section 54 agreement include:

- Provisions for seamless employment transfer
- Expanded opportunities in job postings and bumping rights
- Increased opportunities for clinical specialization, and
- Options for job share arrangements, voluntary transfers, early retirement options, and phase-in retirement initiatives.

HSA has been assured that the consolidation plan will not result in reduction of services when waiting lists for diagnostic tests are already a severe bottleneck in the health care system.

VIHA adds 6000 more MRI scans - but invites private bids

HSA REMINDS VIHA THAT PUBLIC SCANS ARE CHEAPER

IN A SURPRISE MOVE IN AUGUST, the Vancouver Island Health Authority quietly posted a request for bids to perform 6000 MRI scans over the next 18 months.

Approximately 3000 of the scans are to be performed in the next year – which is, coincidentally, the exact number of MRIs cut by VIHA in the fall due to shortfalls resulting from the provincial government's elimination of an innovations fund. The bids were open to both public hospitals and private, for-profit MRI clinics.

HSA President Reid Johnson urged VIHA not to waste time conducting experiments in ideology when they could be taking action to reduce MRI wait times immediately.

He told media outlets that MRI machines and staff on Vancouver Island are already underused. The bid made clear that the process will be scrapped if private suppliers do not offer improved effectiveness compared to existing facilities in the public system.

"This is all very interesting, but British Columbians need faster access to MRIs right now, today," Johnson said. "And we already know the public system is more efficient that the private system. An MRI scan in the public system costs a fraction of what private suppliers are charging for the same thing."

Private clinics offering MRIs charge about $800, while health authorities have established a cost about one-quarter that amount.

"Right now, while thousands of British Columbians wait for access to MRIs, the machines and the staff who run them are underutilized," said Johnson. "So let's get on with the job. Instead of waiting for the bid process to prove once again that the public system is cost-effective and efficient, the HSA believes it's more important to reduce wait times for sick and injured British Columbians by adding capacity to facilities in the public system."

PATIENT FOCUSED FUNDING STARTS

At press time, Health Minister Kevin Falcon had just announced his intention to push through with his plan for Patient Focused Funding, which included provisions for increased MRI scans across the province.

HSA is monitoring the initative, which provides incentive for hospitals to treat a greater volume of patients. "There's no question our health care system needs to be innovative and responsive," said Johnson. "But if hospitals are forced to compete for funding based solely on their ability to push patients out the door, that's not good health care." R

More health cuts

The BC Liberal government continues to announce serious cuts to health services in BC.

- Fraser Health Authority extended and long-term care facilities: 68 nurses – including 10 Registered Psychiatric Nurses – being displaced in favour of licensed practical nurses, care aides, and nursing aides. Similar de-skilling has resulted in the elimination of all Registered Nurses at Sidney Intermediate Care on Vancouver Island.

- Elimination of the outpatient domestic violence program at Vancouver General Hospital.

- Threatened elimination of microbiology lab services at Nanaimo Regional, Cowichan, Campbell River, and West Coast General; VIHA plans to centralize microbiology lab testing in Victoria. Widespread public outcry has temporarily halted this cut.

- $5.9 million cut in transfer ambulance services. This is a 36% cut – 14 ambulances cut from the transfer fleet in the Lower Mainland and Fraser Valley. Reduced the service by 29,489 transfers per year effective July 1, 2010. Result: long waiting times.

Members gather prior to the Vancouver run. Record number of HSA members participated in this year's run.

RUN FOR THE CURE

ON SUNDAY, OCTOBER 3, HSA MEMBERS AROUND BC MADE THE FIGHT AGAINST BREAST CANCER PERSONAL.

While many HSA members are already involved daily in the frontline diagnosis, treatment and rehabiliation of breast cancer patients, a record number of members took it further by raising money and donning blue shirts for the annual Run for the Cure at ten run sites around the province.

HSA members helped make 2010 the best year yet for overall participation, and while the numbers won't be final until January, it looks like this could be a record year for fundraising.

Members from around the province are encouraged to submit your photos for display in an on line gallery. Please send your photos to jdavis@hsabc.org.

CLOCKWISE: HSA member Tanis Blomly was instrumental in mobilizing members for participation in this year's run; Alyce Hollingshead and son; a young participant stays hydrated; members approaching the finish line at the Vancouver run.

PHOTO: DAVID BIEBER

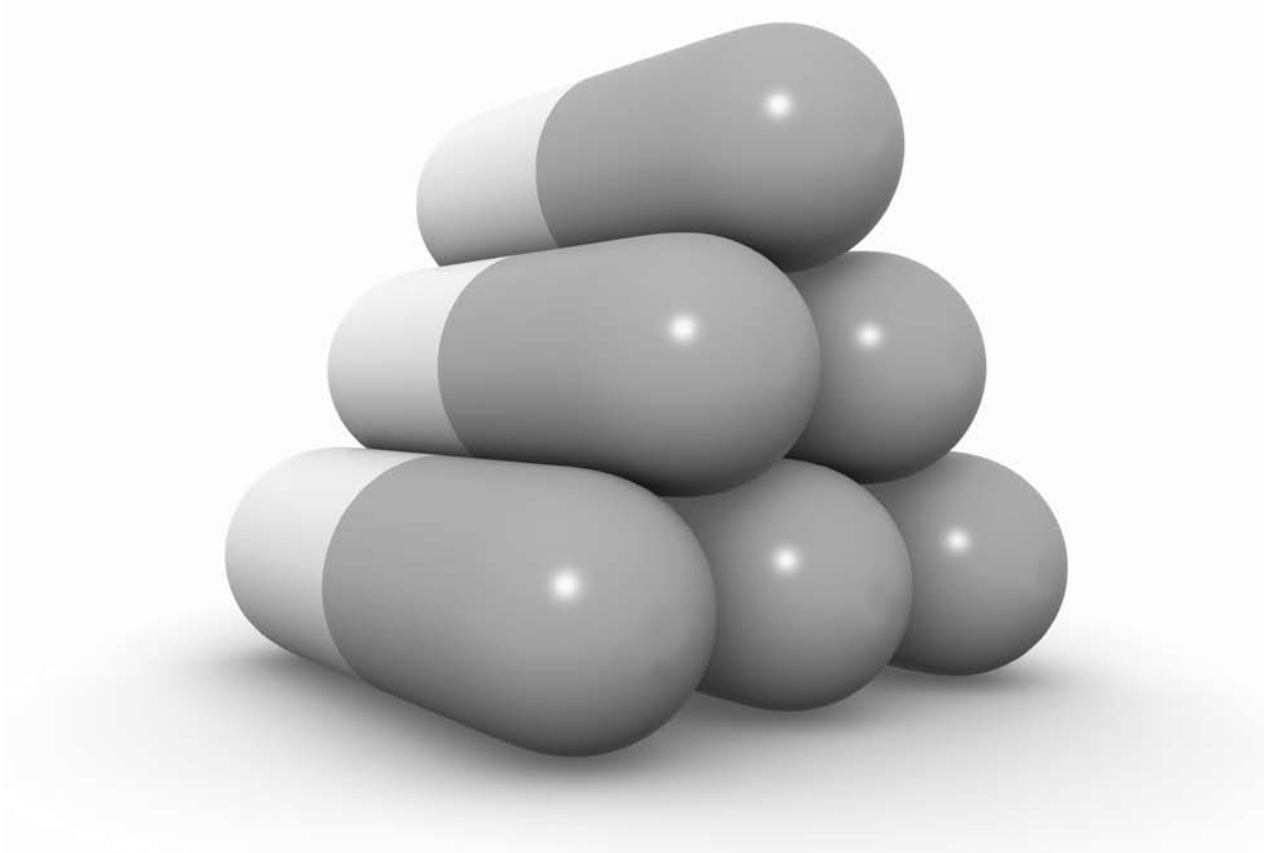

PHOTO: ISTOCKPHOTO.COM

National pharmacare program could save billions

PROGRAM WOULD COVER ALL CANADIANS AND SAVE $10.7 BILLION EVERY YEAR

NUPGE NEWS RELEASE

THE CANADIAN HEALTH COALITION (CHC) is urging the Harper government to stop stalling and start working with provincial and territorial governments to bring in a universal public Pharmacare program.

The coalition has sent a letter to Prime Minister Stephen Harper appealing for action following the release of a report laying out a formula for Pharmacare that would not only offer coverage to all Canadians but could save up to $10.7 billion annually in the process.

The report, entitled The Economic Case for Universal Pharmacare, has been authored by Professor Marc-Andre Gagnon and commissioned by the Canadian Centre for Policy Alternatives (CCPA) and the Institut de recherche et d'informations socio-économiques (IRIS).

The National Union of Public and General Employees (NUPGE) is a member of the Canadian Health Coalition, and assisted in funding this new and important study.

A letter has also been sent by the CHC to Canada's provincial health ministers urging them to work to bring the federal government back to the table to implement a national plan.

The CHC is calling on the prime minister to direct his minister of health to return to the table with provincial and territorial counter-

CANADA HAS AN AMERICAN-STYLE SYSTEM OF PAYING FOR DRUGS. IT YIELDS AMERICAN RESULTS – INEQUITY, WASTE AND HIGH COSTS.

parts and fulfill the written commitment of Canada's first ministers to secure fair and reasonable access to safe and affordable prescription drugs for all Canadians.

In the past, the federal health minister has refused to acknowledge the existence of the National Pharmaceutical Strategy agreed to in a 2004 First Ministers Accord.

The CHC says the prime minister should go back and "read this important report" and show real leadership by acknowledging the essential role of the federal government in establishing "a fair and effective drug insurance plan for all Canadians."

The new CCPA-IRIS report has been endorsed by a number of doctors, economists and researchers.

"The way we pay for prescription drugs is broken," says Dr. Joel Lexchin, a professor at the school of health policy and management at York University. "Politicians hide behind the excuse that universal public coverage is too expensive. This study exposes that excuse as a fallacy. We can save money and cover everyone in the country. Medicare works and Pharmacare is no different."

Dr. Robert Evans, a Harvard economist whose work includes comparative studies of various health care systems and funding strategies, says Canada has an American-style system of paying for drugs. "It yields American results – inequity, waste and high costs," he says.

The report says a national Pharmacare plan would enable all Canadians to enjoy equitable access to medicine while controlling the growth of drug costs.

CMC chairperson Kathleen Connors argues that Canadians have waited too long for action by government leaders at all levels.

"It is no longer credible for politicians to say we cannot afford universal public Pharmacare," she says. "The reality is Canadians cannot afford not to have Pharmacare."

Savings projected up to $10.7 billion a year

The CHC sets out two scenarios for reaching the goal of sustainable drug prices with universal public Pharmacare. These calculations already take into account an increased cost of 10 per cent for universal Pharmacare, covering all Canadians. The coalition's report also proposes additional policy measures to offset the additional cost.

Many countries, including France, the U.K., Sweden, Australia and New Zealand, have universal drug plans and pay far less than Canada. R

TWO PATHS TO SAVINGS

Scenario One

Current expenditure on prescription drugs - $25.1 billion, Cost savings with a universal Pharmacare plan:

- Administrative and federal tax subsidy savings by eliminating multiple private plans - $1.5 billion.
- Bring brand name drug prices down to the Organization for Economic Cooperation and Development (OECD) average - $1.4 billion.
- Eliminate the costly rebate system for generic drugs - $1.3 billion.
- Eliminate the monthly deductible and the 15-year patent protection for drugs in Quebec - $246 million.
- Total savings with Pharmacare - $4.5 billion

Scenario Two

Current expenditure on prescription drugs - $25.1 billion- Cost savings with a universal Pharmacare plan:

- Cost savings with Pharmacare and rigorous drug review and price negotiations (as in New Zealand) - $9.3 billion
- Administrative and federal tax subsidy savings by eliminating multiple private plans - $1.5 billion.
- Total savings with Pharmacare - $10.7 billion

PROTECT US

Mental health workers need better safety measures

BY ROBYN SMITH

FEW PEOPLE GO TO WORK AND GET SPIT ON, bitten or verbally threatened by the people they work for. You'd have to be a cop. A correctional officer. A fetishist.

But at Eric Martin Pavilion, a mental health facility on Vancouver Island, that kind of treatment is just another part of the job for the nurses and workers on the front line.

In August of last year, a patient beat a psychiatric nurse so severely she could not return to work. This March, the same patient attacked and repeatedly punched another nurse as they attempted to slide medication into the patient's room.

At Eric Martin, health care workers face the constant threat of patient violence. According to one nurse, it's gotten much worse over the past decade. She says it's a combination of provincial changes to the treatment of mental health and addictions patients, erratic security and deteriorating facilities that make working as a psychiatric nurse so dangerous.

The crisis at Eric Martin reflects a wider threat of violence against health care workers across the province, and according to some, an outdated industry tradition of tolerating violence and blaming employees for their injuries.

Unions are looking at regional health authorities to fix the problem, and the authorities say they are on the right track. Still, the assaults on health care workers continue.

"IT'S TERRIFYING"

Eric Martin Pavilion is located in a six-floor building across the street from the Royal Jubilee Hospital in Victoria. In many ways, its cement-walled ambience fits the image of a Hollywood psychiatric ward.

Psychiatric nurse Shannon Breeze began work there 28 years ago. The physical structure of the place hasn't much changed, she says, but it's the increasing threat of patient violence that she worries about now.

"It's terrifying," said Breeze. "You can't have that level of aggression and not have turnover."

Breeze estimates that the locked ward has lost about 40 staff in the last six years. She has stories of nurses being choked and pummeled by patients, their heads bashed into concrete floors. She said she frequently sees biting, kicking, punching, spitting and verbal threats.

"Most of our people will say they see violence on a weekly basis," said Breeze.

The violence is reflected in injury compensation claims of health care workers in B.C. According to WorkSafeBC statistics obtained by The Tyee, more than 350 claims were made by workers in long term or acute care after experiencing an act of violence in 2009.

To compare, that same year law enforcement claimed 31 violent injuries. Bar and nightclub workers claimed 22 injuries.

Always, there's the memory of David Bland, a rehabilitation counselor at Richmond Mental Health who was murdered by a former patient in 2005. His death is a constant reminder of the risks faced everyday by mental health workers.

VOLATILE MIX

According to Breeze, a number of factors increase the workplace danger factor.

For one, the province began integrating the treatment of mental health and addictions patients in 2002. Consequently, three different types of patients are sent to Eric Martin – mentally ill, addictions, or some combination of both – a meld she says nurses are unprepared to deal with.

"Suddenly, there's a mix of mental health clients, some with addiction, some not, but the mix is more volatile," said Breeze. "There was no extra funding, no adequate training, no safety mechanisms for the mix."

Former mental health care worker Lori Strom, now a staff representative for the B.C. Government Employees' Union, agrees that violence prevention training is inadequate. She started working for the union after one of her co-workers was beaten by a client until he was brain damaged.

"There is such a fear that if you're going to train the staff to defend themselves when they're being attacked, that they're going to go too far, but that's never been the case," Strom said.

"It's a very touchy, very difficult subject," she added.

PHOTO: ISTOCKPHOTO.COM

"Part of the problem is that health care sector employers are afraid to take a look at that, and the result is that workers are not safe."

DESIGN INCREASES DANGER

Breeze says that if patients get aggressive, the security measures that support nurses aren't always consistent.

"Some hospitals just have private security guards, guys making $10 an hour," she said. "They're not going to be the ones that are going to step between you and a thrown object."

The quality of facilities also affects violence, says Marty Lovick of the Health Sciences Association of B.C., a union that represents more than 16,000 health care workers in the province.

The risk is higher in aging buildings with nooks and crannies, and no mirrors to see what lies around the corner. Some facilities are laid out so that workers end up alone with aggressive residents, and some of the rooms lack emergency call buttons.

But it isn't just patient demographics, security, or crummy buildings that increase the threat of violence. Breeze calls it the "culture of blaming the worker" found throughout B.C.'s mental health and addiction services. Lovick calls it the "just pull up your socks and work" attitude.

Somehow, getting spit on or smacked in the face has become a regular part of the job. While there are inherent risks in mental health care, Breeze and Lovick say patient violence is something that should be taken more seriously by regional health authorities.

"People are putting up with [violence]," said Lovick, "and then when the worst case happens, it's because the tone has been to accept abuse and aggression and swearing and spitting, as opposed to having a policy that would have it dealt with at an earlier stage."

Lovick says the Vancouver Island Health Authority (VIHA) – which governs workplace safety at Eric Martin – "is involved, but isn't putting a firm action plan in place and isn't organizing audits."

"We're not confident that this health authority, or any health authority, is reporting things properly."

SAFETY SURVEY CUT

In 2009, the Occupational Health and Safety Agency for Healthcare in B.C. (OHSAH) surveyed over 2,500 health care workers in the province.

More than 80 per cent said they had experienced violence at work, but only 36 per cent said there were adequate violence prevention mechanisms at work. And less than half felt prepared to deal with violence. The survey also found that violent acts were often unreported.

"There's an unwritten rule not to report scratches, bites, threats," said Pam Piddocke, occupational health and safety officer of the BC Nurses Union. "The only time you report is if you end up leaving work because you've been beaten up so badly that you can't go back."

However, OHSAH won't be following up on the survey this year. The province cut the program's funding, and the agency is in the process of shutting down.

"It's unfortunate when you're seeing statistics like this, that they're cutting the only organization that was actually being proactive and working towards solving some of the problems in health care for worker safety," Piddocke said.

"They're making it more unsafe, at a time when it's becoming worse."

B.C. Ministry of Health spokesperson Ryan Jab stated that rather than having one central organization to deal with violence in health care, the province is transitioning to a violence prevention system "that is more reflective of the current requirements and accountabilities of the health authorities."

"It doesn't make sense to continue with a separate organization and infrastructure to do things we can do using current staff and infrastructure," wrote Jab via email. If changes are in the works, that is news to Marty Lovick at HSA.

"If the ministry is taking a leading role in directing change, any specific initiatives have not been shared by them with the unions, to the best of our knowledge," Lovick said. "We would welcome a consistent approach being fostered by the ministry."

HSA's Shannon Breeze received the David Bland Award earlier this year in recognition of her work on workplace safety.

AN EVOLVING CULTURE

While Lovick and Breeze say that health authorities could be doing much more to reduce violence and blame in the workplace, the Vancouver Island Health Authority (VIHA) disagrees.

Darren Buckler, VIHA's manager of prevention and health promotion, says that risk prevention and safety has become a "huge focus" of the health authority.

A WorkSafeBC officer is helping VIHA create violence in the workplace programming, he says. Creating a safety culture for health care workers is one of the authority's four "system-wide initiatives," and VIHA is training coaches – some of them injured workers on compensation – to teach employees about various safety issues.

Buckler adds that VIHA has "stepped up" its workplace inspections, and is "moving away from the notion of blaming workers."

"No, we haven't done everything," said Buckler. "This is an evolving culture, safety culture is evolving."

"I think we're on the right track," Buckler said, "and we keep trying to come up with strategies to do more."
Breeze plans to continue working as a psychiatric nurse for another 13 years, so long as the conditions at Eric Martin change for good. She said VIHA's initiatives are a great start, but front line workers have yet to see the impact.

"The biggest thing is actually making it work on the ground," said Breeze. "These are people who are facing violence literally on a daily basis."

"You just can't be scared going to work." R

Robyn Smith writes for The Tyee. This article was first published in The Tyee at tyee.com and appears here with permission.

Update on criminal record checks

EVERYTHING YOU NEED TO KNOW ABOUT WHO NEEDS THEM AND WHO PAYS

HEALTH SCIENCE PROFESSIONALS who work with children have been receiving employer notifications regarding the requirement for criminal records checks.

As a result of amendments to the Criminal Records Review Act which came into effect in January 2008, all employees who work with or have unsupervised access to children (under age 19) must undergo a criminal records check every five years – not just upon hire. The deadline for compliance is Dec. 31, 2010.

The issues raised through this process can be complex. In summary:

1. **Yes, you need a criminal records review if you work with children or have unsupervised access to children under age 19**
2. **Yes, you have to pay the $20 processing fee (for now)**
3. **If you feel the employer is making unreasonable demands or threats around this process, talk to your steward.**

HSA members covered by the Health Science Professionals' provincial contract fall into two main groups, as follows.

GROUP 1: HEALTH SCIENCE PROFESSIONS BELONGING TO A PROVINCIAL COLLEGE / LICENSING BODY

As regulated by the Health Professions Act, many health science professionals are required to belong to a college in order to practice in BC. Members working in these professions (and who work with children) must submit to a criminal records check through their licensing body.

If you work in one of these health professions, you fall under "Schedule B" of the Criminal Record Check consent form, and are required by legislation to undergo a criminal record check through your professional licensing body.

In your case, your licensing body is responsible for overseeing your criminal records check; your employer does not deal with the matter. Your college or licensing body should be getting in touch with you with instructions.

Occupations with a governing/licensing body include:

- Audiologists
- Chiropractors
- Dental Hygienists
- Dental Technicians
- Dentists
- Denturists
- Dietitians
- Massage Therapists
- Medical Practitioners
- Midwives
- Naturopathic Physicians
- Nurses (Licensed Practical)
- Nurses (Registered) and Nurse Practitioners
- Nurses (Registered Psychiatric)
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Psychologists
- Physical Therapists
- Speech and Hearing Health Professionals
- Traditional Chinese Medicine Practitioners and Acupuncturists

For a complete list of governing bodies covered under the Criminal Records Review Act, see www.pssg.gov.bc.ca/criminal-records-review/act/who.htm.

GROUP 2: ALL OTHER HEALTH SCIENCE PROFESSIONS

If your profession is not regulated by a governing body but you work with or have unsupervised access to children, you are also required by law to undergo a criminal record check.

You fall under "Schedule A" or "Schedule E" of the Criminal Record Check consent form.

In your case, your employer is responsible for managing your criminal records check. As such, your employer collects your consent form, as well as all applicable attachments and fees. They retain the original form and forward a copy of it along with payment to the criminal records review program.

Payment methods for $20 processing fee

The regulation stipulates specific payment methods for the criminal record check processing fee:

1. Payment by Visa or Mastercard; requires you to download and complete a form at www.pssg.gov.bc.ca
2. Certified cheque or money order made payable to the Minister of Finance

In addition, health employers are offering a one-time payroll deduction of $20.

If the process set forth by your employer doesn't resemble the process described in this bulletin, contact your steward.

The processing fee: policy grievances filed

The component unions of the Health Services and Support (Facilities) Bargaining Association and the Health Services and Support (Community) Bargaining Association have filed province-wide policy grievances asserting that the fee should be paid by the employer, as it is a condition of employment. The Health Science Professionals' Bargaining Association is filing a similar policy grievance.

However, these grievances may not be resolved before the legislative deadline of December 31, 2010. Therefore, if you do NOT belong to a licensing / governing body but require a criminal record check, the union advises you pay the $20 for now, and attach a note to the employer copy, saying: "I am paying the processing fee for this criminal record check without prejudice to any position the Health Science Professionals' Bargaining Association may take on this matter." Retain a copy of the receipt.

Depending on the outcome of the policy grievances, the union may be able to recoup these fees for you. (If you are required to belong to a licensing / governing body under "Schedule B," this does not apply; the union is not able to file a grievance on your behalf on this issue.)

Don't work with children?

If you have received a notification to undergo a check but you don't work with or have unsupervised access to children under age 19 – and you feel you do not fall into this category – inform your steward, who will work with the union labour relations officer for your facility.

Letters threatening discipline

The union is aware that in some health authorities, some members have received harshly-worded letters from their employers' human resources departments. These letters threaten discipline and/or termination. Members who have been waiting for clarification about payment and the process are also being told about letters placed on their personnel files regarding this issue.

If you have received such a letter, please advise your steward, who will file a grievance on your behalf to have the letters rescinded.

Registered psychiatric nurses

If you are an RPN, you fall under "Schedule B" as described above. The union is not filing a policy grievance on this issue.

Community social services workers

Please check hsabc.org for updates for community social services workers. R

Do you need to buy professional liability insurance?

BY JESSICA BOWERING

HSA MEMBERS SOMETIMES ASK US if they should consider purchasing liability insurance. Many professional bodies offer this kind of coverage and strongly encourage their members to purchase it.

However, most HSA members already have significant protection under their collective agreement and under their employer's insurance coverage.

The four collective agreements that cover the majority of HSA members all contain provisions requiring employers to "exempt and save harmless" an employee from liability arising from the proper performance of his or duties. (Health Science Professionals, Article 37.01; Nurses', Article 50; Health Services & Support Community Subsector, Article 27.14; Community Social Services, Article 28.04).

Most publically funded health care organizations in BC have insurance coverage through the Health Care Protection Program (HCPP) – coverage that is funded by the Ministry of Health.

The HCPP covers all health authorities as well as many affiliates and stand alone health care organizations. The HCPP provides employees of those organizations with both general liability and professional liability (malpractice) coverage.

An action commenced against a hospital will often name individual health care workers as well as the hospital. In those cases, the HCPP represents the interests of both the employee and the hospital. The first step will usually be to move to have the case dismissed against the employee because the hospital is liable for any action taken by the employee. In the event that there is a conflict between the interest of the hospital and that of the employee (which doesn't happen often) the HCPP will retain separate counsel for each.

In some of the collective agreements, the "exempt and save harmless" language only applies if there has not been negligence. However the HCPP says that they will respond on behalf of the employee anytime the claim arises in the course of employment, regardless of whether there is an allegation of negligence.

There are a few circumstances where HSA members may not be covered. The HCPP will not provide coverage for an employee who was engaged in a criminal act. This is generally true of all insurance coverage. There is no coverage for disciplinary action taken against an employee by their professional association. Again, most insurance does not cover this. And finally, the HCPP does not cover any freelance work, private practice, or work for an uninsured employer.

MOST HSA MEMBERS ALREADY HAVE SIGNIFICANT PROTECTION UNDER THEIR COLLECTIVE AGREEMENT AND UNDER THEIR EMPLOYER'S INSURANCE COVERAGE.

Before spending their money, HSA members should consider carefully whether additional coverage is really necessary. In most cases, additional coverage adds no additional protection.

HSA members who are not covered by the HCPP (or who aren't sure) should also consider asking their employer about their existing coverage before purchasing additional insurance. R

PLEASE NOTE: *The information contained in this article is provided for guidance only and should not be construed as legal advice. Individual members are advised to seek specific financial and/or legal advice where appropriate.*

Easing into retirement with part-time work?

BY DENNIS BLATCHFORD

I AM A 62 YEAR-OLD MEMBER working full-time in a job that I really enjoy. However, I am thinking about applying for a half-time position that has come available in my department. How will this half-time position affect my overall retirement benefit over the next few years?

On some levels, your question is a bit difficult to answer.

Obviously, you would have a better pension if you remained full-time right up to your retirement. However, depending on your particular circumstances, the additional free time may be of more value to you at this stage of your career.

It is not uncommon for new retirees to struggle making the adjustment from working full-time; to not working at all. You may find that working half-time could prove far more rewarding than making a sudden and abrupt shift to retirement.

If your work provides you with a lot of fulfillment and meaning in your life, but you want to cut back a bit, then a half-time position may give you best of both worlds. You could think of it as a graduated retirement plan.

In fact, if moving to part-time ends up extending your career, then you could look at this move as actually improving your pension benefit. This is because you may enjoy your new lifestyle so much that you decide to stay on even longer than planned; resulting in you taking your pension at a later age.

This would extend your overall years of participation in the Plan, while the delay in receiving the benefit would act to improve the value of your pension, as you would be that much older when you did finally decide to draw your pension benefit.

With the retirement wave beginning to hit every sector of the economy, most employers are very interested in retaining the skilled staff they have. If part-time work helps extend careers, then quite often they are willing to make opportunities available to retain the skills and abilities of their more senior staff.

In some cases, due to the demands of the job, members simply wouldn't continue to work if part-time work were unavailable.

So, you don't see going part-time having that that big an impact on my pension?

Overall, the change to part-time work shouldn't impact your pension in a big way. Again, it would depend on how long you remained working. The final calculation of your pension is in part based on your best five years of pensionable service. In most cases, your best five years would be your last five years, so going part-time would push that part of the calculation back in time where your earnings were somewhat lower.

So, your final pension calculation may be reduced based on how far back your best five years fell. In this era of low inflation and stagnant wage growth, it would be less of a factor than in years past.

You are like a lot of other members at this stage in your career. As long as you continue to enjoy your profession – and the people you work with – but would like to begin transitioning to your retirement, then going part-time might prove to be the best career decision you've ever made; regardless of whether you end up with a slightly smaller pension benefit.

If a reduced work schedule brings more balance and satisfaction to your life, it can carry you into retirement in a good frame of mind and a positive outlook on what your retirement years will bring. R

Do you have questions for HSA's pensions & benefits advocate? Contact Dennis Blatchford at dblatchford@hsabc.org

H1N1 lessons can make your workplace safer

BY MARTY LOVICK

DELEGATES TO THE 2010 HSA CONVENTION in Vancouver asked a number of questions about last year's outbreak of novel H1N1 influenza strain; why certain decisions were made, and what we've learned to help us prepare for the next outbreak.

Why weren't cardiology technologists considered front-line workers and immunized along with nurses and doctors?

Early in the response to H1N1 it became clear that employers were not consistent in determining the risk level for employees in different professions and ensuring that all high risk workers were able to get immunizations in a timely manner. HSA lobbied diligently on this matter and the employers gradually came around. In future we will demand that these concerns are considered in advance.

Does the employer have the right to send someone home with a flu-like illness if the worker has chosen not to have the flu vaccine?

Both the Health Science Professional Bargaining Association and Nurses Bargaining Association Collective agreements (Articles 6.01 and 32.02 respectively) contain a clause stating that immunizations may be required "unless the employee's physician has advised in writing that such a procedure may have an adverse effect on the employee's health." When an outbreak is declared, employers are required to ensure that clients, patients and employees are protected as much as possible. However an employee who has chosen not to be immunized can remain on the job if it is possible to obtain a protective medication like Tamiflu. Pregnant employees, or those with pre-existing conditions which preclude them from immunization, are entitled to protective re-assignment as long as the written opinion of the physician is provided.

In other words, during a declared pandemic, the employer may determine that it is unsafe for employees to remain at work if they are not immunized, are not taking preventative medication like Tamiflu, and are not under medical orders to avoid immunization. This action is not deemed discriminatory.

Any members with concerns or questions about this should talk to their local steward team or contact HSA directly for clarification.

How often should one be refitted for N95 masks?

N95 masks are the only masks providing reliable protection from H1N1. WorkSafeBC regulations state that employees who require these masks must be fitted annually to ensure that any physical changes have not affected the mask's ability to form a tight seal on the face.

Point of care risk assessments must be carried out in all cases of potential exposure. If the assessment determines the employee is at risk of exposure, N95 maks must be provided by the employer.

For more information on point of care risk assessments and N95 masks, members should talk to their local steward team or contact HSA directly.

What is HSA's position on Powered Air Purified Respirator (PAPR) Devices?

These devices have been shown to offer a higher level of protection than N95 and other masks. However, WorkSafeBC regulations and other standards indicate that N95 is an appropriate level of protection, and HSA has been lobbying for this as the minimum standard. Once we are satisfied employers have achieved compliance with N95 we may be able to advocate for even higher standards.

I work in a private clinic and two of my co-workers contracted H1N1 while at work. How can the safety committee influence the employer?

HSA has provided members and stewards with materials and education sessions focussing on the core principles of dealing with an outbreak. Check out the "News" section of the HSA web site, where you'll find information about H1N1, personal protective equipment, point of care risk assessments, and employer responsibility for an exposure control plan. Your OHS committee should be aware of this material and make any recommendations necessary for the employer to ensure compliance. R

EARLY IN THE RESPONSE TO H1N1 IT BECAME CLEAR THAT EMPLOYERS WERE NOT CONSISTENT IN DETERMINING THE RISK LEVEL FOR EMPLOYEES IN DIFFERENT PROFESSIONS

Privacy issues are everyone's business

BY JESSICA BOWERING

OVER THE PAST FEW YEARS, HSA staff and stewards have noticed a dramatic increase in discipline and professional college complaints relating to privacy and the use of personal information.

As professionals, HSA members know that they have an obligation to treat personal information in confidence and to use it only for legitimate work purposes. However, common sense and professional judgment aren't always enough. BC has detailed privacy legislation, professional colleges have standards of practice, and most HSA employers have strict policies relating to the security of personal information.

Common privacy issues include:

Accessing your own or a family member's information.

Even if you are legally entitled to have the information (your own file) you shouldn't use your employment privileges to get you the access. Similarly, you can't access information for a family member even if they have asked you to or they would want you to have the information.

MORE AND MORE, EMPLOYERS ARE APPLYING AND ENFORCING PRIVACY POLICIES STRICTLY.

The temptation to access your own information (test results, for example) often occurs when you are already under a lot of stress. It is important to keep the line between patient and employee very clear so that you don't step over the line when you're upset.

Accessing less sensitive information.

Most people are very careful about accessing detailed medical information but some are less cautious about accessing things like contact information or the location of a patient within the hospital. The fact that your friend has been moved out of the ER is personal information even if she would happily provide that information to you.

Accessing or transmitting information insecurely.

Anytime your employer's secure system is bypassed, the safeguards are lost. So, for example, copying information to a personal email account can be a breach even if is sent to an authorized person for an authorized purpose. Using your logon information to access information for another staff person can also be a breach, even if they are also an authorized user and have a legitimate reason to access the information.

Sharing information with third parties, even with good intentions.

Sometimes employees share information with other agencies or with a patient's family members because they believe it is in the best interest of the patient. Other times employees speak in front of clients or other third parties inadvertently in the ordinary course of their work. Either of these scenarios can result in a privacy breach.

More and more, employers are applying and enforcing privacy policies strictly. It may not be enough that your motives are good or that you legitimately have access to the information through some other route. HSA members should be aware of their employer's policy and be careful that their practice complies. R

NOTE: *This article provides general information only and is without prejudice to any position HSA may take in a specific case.*

Sign up for customized updates on HSA web site

LATEST UPDATES TO HSABC.ORG MAKE IT EASIER TO KEEP TRACK OF THE INFORMATION YOU NEED

FOLLOW HSA ON TWITTER
Keep up to date on news, events, bargaining and more.
twitter.com/hsabc

BY YUKIE KURAHASHI

PUBLIC HEALTH CARE. Rallies and events. Occupational health and safety. Women's equality. Child care.

These are just some of the labour and social justice fronts on which HSA members have asked the union to take action.

Now, you can sign up on HSA's website to receive email updates of the union's activities in the interest areas of your choice. For example, members interested in community social services sector bargaining can click a box that will add them to that news group.

In addition to news, these self-identified interest areas will also give HSA the ability to connect more easily with activists. As a bonus, the union will now have a mechanism to extend specific event invitation to members who are interested in the topic. For example, if the union receives an invitation to a women's conference, we can now reach out to all members signed up on the "women's issues" list – not just stewards, members at large, and other elected activists.

And if you're interested in attending rallies and events, we can send you an email directly to your own inbox, instead of your having to wait for a notice to be posted or forwarded.

HSA encourages you to sign up, keep informed, and engage in your areas of interest.

HOW TO SIGN UP FOR E-UPDATES

1. Visit HSA's website at: www.hsabc.org
2. In the box on the left hand side of the page, register using your member ID number, printed on the mailing label *The Report* magazine sent to your house (or, if you've already registered, just log in)
3. Once you are logged in, your name will appear in red at the top left of the web page (eg "Account: Kelly Lee"). Click on your name.
4. Go to "Update my preferences." Check off the boxes that are of interest to you. Click on the "Save" box. 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
   > 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).

KYLAH SORENSON

For Kylah Sorenson, being a laboratory technologist is the best way to combine her love of science and biology.

Off to a great start

MEDICAL LABORATORY TECHNOLOGIST Kylah Sorenson has got her career off to an excellent start by attaining a perfect GPA of 4.33, the highest mark in her graduating class at the College of New Caledonia in Prince George. Even more gratifying, she has been awarded a prestigious Governor General's bronze medal for academic achievement.

Sorenson, who graduated in February of this year, is now happily working as a Laboratory Technologist at the University Hospital of Northern British Columbia.

Sorenson had worked as a laboratory assistant at UHNBC for two years before deciding to return to school.

"My work had given me a good introduction to the lab technology field, but I wasn't quite fulfilled enough," she says. "I took blood for eight hours a day every day, which I enjoy, and still enjoy, but I was constantly curious as to what the results were and what they meant."

Sorenson continued working as a lab assistant part-time while attending the two-year full time program at CNC. "It was hard, because it was a very intensive course," she says.

Her outstanding performance and resulting medal came as a bit of a surprise, she says. Her perfect GPA – which means she achieved straight A-plusses – suggests an intensely ambitious, driven student, ready to sacrifice anything for her academic career. But Sorenson didn't quite fit that profile.

"I never studied past 10:00 at night and never for any crazy length of time. Sometimes before exams I'd get up early to study. Every exam I'd go into I'd feel nervous and scared and thinking I wouldn't do as well as anyone else going into it."

To some degree, her good marks reflect her enthusiasm for the program. "I knew it was what I wanted to do, so I was a lot more focused," she says.

Sorenson had always wanted to go into the medical field but didn't want to spend years of her life in academia. Previously, she'd spent three years studying science, with good but not spec-

tacular marks, at Thompson Rivers University in Kamloops, but had quit before getting her Bachelor of Science.

"I didn't know what I was going to do with an undergraduate degree. I remember my molecular genetics teacher saying you're just qualified to flip burgers unless you go further, so there was no motivation to keep studying and paying exorbitant amounts of tuition."

Instead, she did some research into other possibilities and signed up for a distance education program to become a lab assistant. "Because of my science background, I was able to finish the program in eight weeks. I did it all on the couch, then completed a six-week practicum."

A career in lab technology has proven to be the ideal path for Sorenson.

"Being a laboratory technician is the best way I can think of to combine my love of science and biology. I love what I do every day. I'm trained in four out of five departments which I really like because the work is different in every department. I use huge million dollar instruments, I use microscopes, I have contact with patients because we also go collecting – I'm doing all sorts of things, so it's never boring," she says.

Sorenson likes to think that it was her dedication to excellence as a laboratory technician that led her to achieve her perfect line-up of straight A-plusses: "When people at work ask me why it was so important for me to have that 4.33, I said it was because I had to make all the numbers look the same on the transcript. It wasn't my goal to begin with, but once it was happening I was determined that it would be uniform – that's what makes a good lab tech!" she says with a laugh.

Sorenson appreciates that her work is not only interesting but also extremely important. "One of the Canadian Society for Medical Laboratory Science slogans is 'without us, doctors would be guessing.' It's estimated that 80 to 85 per cent of doctors' decisions are based on lab results, so we're very motivated to give out accurate ones. What we do is an important part of saving lives."

She'd like to see a higher public profile for laboratory technicians. "Most people I talk to don't understand what we do, they say oh, you take blood, but that's almost a small part of what we do. There are five different departments and each is more complicated than you'd think. In transfusions, for instance, people can die if they don't receive blood that is compatible. In trauma, we are working with emergency life-threatening situations. In microbiology we don't just test to see if there is infection, we figure out what antibiotics are likely to work and make recommendations to doctors about treatment.

"IT'S ESTIMATED THAT 80 TO 85 PER CENT OF DOCTORS' DECISIONS ARE BASED ON LAB RESULTS, SO WE'RE VERY MOTIVATED TO GIVE OUT ACCURATE ONES. WHAT WE DO IS AN IMPORTANT PART OF SAVING LIVES."

"I wish I'd known more about this field when I was in high school and making decisions about my future," she says.

It may have taken Sorenson a while to find out that laboratory technology was her ideal career choice, but once that happened, her trajectory has given her, her colleagues, her school and fellow HSA members something to be proud of. R

PHOTO COURTESY PRINCE GEORGE CITIZEN

PHOTO: TANYA BEND

A Memorial for Anu Tirrul-Jones

ANU TIRRUL-JONES, an occupational therapist who specialized in pediatrics at the Prince George Child Development Centre, was memorialized at a moving ceremony held this summer.

Tirrul-Jones died in a car accident while on the job in 2008. She was 58 years old. She first became a member of HSA in 1998 and spent the latter part of her career doing community outreach work with a broad spectrum of clients including developmentally delayed toddlers and teenagers with multiple handicaps. She worked for the Queen Alexandria Centre and the Comox Valley CDC before moving to the Child Development Centre in Prince George in 2001. Co-workers said her great listening skills and years of experience provided her with a huge toolbox to assist families.

Member Tanya Bend organized the memorial tree-planting ceremony with support from HSA, which also contributed a plaque in her memory. R

Employers not holding up their end of the bargain

AS YOUR BARGAINING COMMITTEE CONTINUES the process of negotiating a collective agreement for health science professionals, an atmosphere of limited communication and consultation continues in many aspects of the union's relationship with employers.

Most frustrating about this lack of communication is that the commitment for meaningful consultation resulted directly from a negotiated agreement. This is a frustration that is increasingly putting a strain on labour-management relations.

As part of the settlement reached on Bill 29, HSA in January 2008 negotiated a commitment from employers and the government for consultation and meaningful discussion about issues important to health care and the health science professionals who work in the system.

The consultative relationship was not optional, as clearly stated in the agreement:

> *3.1. The Government, through the Deputy Minister of Health and HEABC, will arrange a meeting on an annual basis between the Leadership Council and the leadership of the HSPBA. The purpose of such an annual meeting will be to discuss, on a confidential basis, developments and potential initiatives which significantly affect the health sector and which may have an impact on the members of the HSPBA.*
> *3.2. The Government and HEABC will arrange a meeting two times a year between the leadership of each Health Authority and the leadership of the HSPBA. The purpose of such meetings will be to discuss, on a confidential basis, developments and potential initiatives which may arise within the Health Authority and which may have a significant impact on the membership of the HSPBA.*

AN ATMOSPHERE OF LIMITED COMMUNICATION AND CONSULTATION CONTINUES IN MANY ASPECTS OF THE UNION'S RELATIONSHIP WITH EMPLOYERS.

To date, while there have been some productive meetings, on issues that have a significant impact on the quality of health care delivery, the commitment is not being met.

For example, even though the deputy minister of health promised fulsome discussion on the planned consolidation of laboratory services in the Lower Mainland, several months after the consolidation plan was announced, HSA has been unsuccessful in securing meetings to have meaningful discussions.

HSA's intent in negotiating this commitment to consultation was to represent the interests of health science professionals, patients, and their families. We know that HSA members are valuable member of the modern health care team. We know that our members are problem solvers, and that you are committed to an efficient, effective public health care system. R

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

Health Sciences Association
The union delivering modern health care

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.

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THE Report

AWARD-WINNING CANADIAN ASSOCIATION OF LABOUR MEDIA CALM MEMBER PUBLICATION

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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

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