

THE Report



WHO WE ARE

HSA is the union delivering
modern health care

Surprise me



LIKE MOST BRITISH COLUMBIANS, I was both surprised, and not surprised, by Gordon Campbell's resignation.

Surprised by the exact timing; only a week earlier. Mr. Campbell had re-arranged his cabinet, hired a new chief of staff and press secretary, and spent \$250,000 of your money on a prime-time TV broadcast announcing he planned to spend a further \$2 billion of your money on a tax cut he hoped would restore his popularity. Not what you'd expect from someone planning to step aside a few days later.

Not surprised by the fact of his departure; the HST was the last straw for many British Columbians, and while much of the anger directed at his government this last year focused on this hated tax its roots run deep. Governments of all stripes must make unpopular decisions, but what rankled most about Mr. Campbell's approach was a consistent tendency for high-handedness, short-sightedness and a stubborn refusal to acknowledge the suffering of British Columbia's most vulnerable people.

Perhaps the best example of this approach is the minimum wage. For nine long years Mr. Campbell refused to allow an increase even as every other province, and neighbouring state, raised their own.

Another is child poverty. For the last seven years, BC has suffered the worst rate of child poverty in Canada – currently about 87,000 BC children are living in poverty. While Ontario, Quebec, Manitoba, Nova Scotia, New Brunswick, and Newfoundland and Labrador have all committed to poverty reduction plans, Mr. Campbell's government has ignored the problem or made excuses.

MR. CAMPBELL CAME TO POWER WITH SIMPLISTIC IDEAS ABOUT HEALTH CARE AND COST CONTAINMENT. FOR NEARLY A DECADE HE THEN IGNORED ADVICE FROM OUTSIDE HIS INNER CIRCLE AND THE RESULTS OF HIS OWN PUBLIC CONSULTATIONS.

The callousness of this is one thing, the short-sightedness another; ignoring the needs of these children will cost government and society much more down the line.

The record on health care is no different. Mr. Campbell came to power with simplistic ideas about health care and cost control. For nearly a decade he then ignored advice from outside his inner circle and the results of his own public consultations. The results are hardly surprising: wait lists are still too long, facilities are still overcrowded, shortages are still unmet, and a long list (see the whole thing on our web site) of short-sighted cuts to programs protecting the vulnerable mean that costs will go up as the damage plays through the system.

Can his successor undo all of this? Can they shake off the legacy of Mr. Campbell and force the BC Liberal Party to take an honest, inclusive and long-term approach the challenges of our health care system?

Now that would be a real surprise. **R**

"If I had my way, there'd be a labour studies course in every high school. Kids should know this stuff. How did you get that statutory holiday? Someone probably died to get that for you."

- TILLY HISCOCK, CARDIOLOGY TECHNOLOGIST, PAGE 23

Regional meetings 2010

20



NEWS

Vancouver Council passes motion on violence program . . .	4
HSA adopts new slogan	6
Update on community social services bargaining	7
Consolidation of medical imaging begins	8
Champions for Change	10
News roundup	12
User fees hurt patients	14
HSA reaches out to students	19



Connie Museel
PAGE 10

MEMBERS

Special section

HSA: Who we are	15
WCB: watch for these confusing letters	22

Pension Q & A

Contributions going up	23
----------------------------------	----

OH&S

What you need to know about WorksafeBC	24
--	----

Member Profiles

Tilly Hiscocks	26
Trina Nguyen	28
NUPGE scholarships	30



Trina Nguyen
PAGE 24

COLUMNS

Message from the president Reid Johnson	2
Executive director's report Maureen Headley	31



ERRATUM

Technologist, not technician!

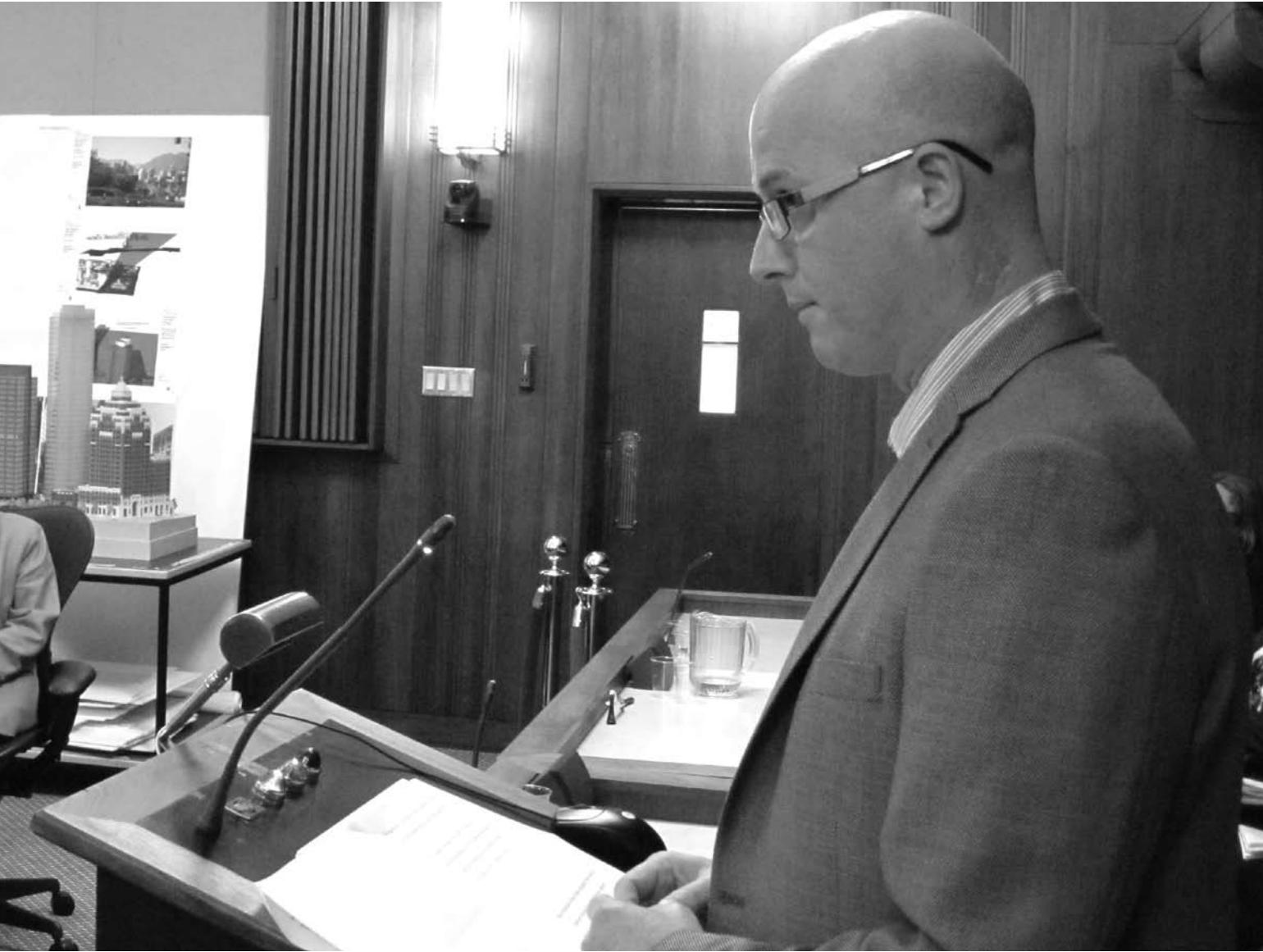
We apologize for typos which appeared in the job title of Kylah Sorenson, published in October.



THE FRONT COVER

HSA's new slogan will help highlight our unique identity.

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“WITH GREAT COURAGE, VULNERABLE WOMEN WHO HAD BENEFITED FROM THE CLINIC HAVE BEEN SPEAKING OUT TO THE MEDIA WITH THEIR STORIES. THEY HAVE BEEN TELLING US ABOUT THEIR HARROWING EXPERIENCES, AND WE JOIN WITH THEM IN URGING THAT THE CLINIC REMAIN OPEN.”

Vancouver City Council passes motion calling for the restoration of VGH domestic violence program

BY YUKIE KURAHASHI

In a unanimous vote in October, Vancouver City Council passed a motion calling for the restoration of the outpatient Domestic Violence Program at Vancouver General Hospital.

VGH closed the clinic in a surprise move this summer, with no consultation with emergency room staff or with the community.

HSA Region 4 Director, Brendan Shields spoke in support of the motion on behalf of the union.

He told councillors that on July 27, VGH suddenly announced to emergency room staff that the program was being closed. "On the next day, the social worker was already given layoff notice," he said.

"The sudden closure caused immediate and wide-spread public and media outcry – including features on CBC TV (French and English), The Georgia Straight, and The Tyee," he said.

Shields also told Vancouver City Council about the women who had benefited from the expert counselling and safety planning offered through the program.

"With great courage, vulnerable women who had benefited from the clinic have been speaking out to the media with their stories. They have been telling us about their harrowing experiences, and we join with them in urging that the clinic remain open."

HSA President Reid Johnson says the support of Vancouver City Council will carry significant weight with the Ministry of Health. "At the council meeting, Vancouver City Manager Dr. Penny Ballem was asked for her expert opinion. She told councillors that when she was Deputy Minister of Health in the Liberal government, these motions from municipal councils from all across BC were extremely influential in determining the decisions made at the ministry level," he said.

"I hope Minister Kevin Falcon will listen to Vancouver City Council.

"Vancouver has a tragic recent history – and ongoing issues – with violence against women in this city. I know city councillors are working hard to do everything they can to prevent further tragedy," he said.

"I thank Councillor Ellen Woodsworth for bringing this motion forward, and Councillor Geoff Meggs for seconding the motion," Johnson said.

Since issuing an action alert on the program closure, the BC Health Coalition has received copies of more than 600 individual letters addressed to Health Minister Kevin Falcon. "The BC Health Coalition tells us that they have not seen such an immediate and far-reaching reaction to any previous action alert," Johnson said. "This program closure is definitely resonating with British Columbians as a grave misstep." **R**

R

Send a letter to the Health Minister to restore the Vancouver General Hospital outpatient domestic violence program: bchealthcoalition.ca/content/view/262/82



HSA president Reid Johnson meets with Maureen Headley, executive director of legal services and labour relations, to discuss negotiations for the Health Science Professionals Bargaining Association. Negotiations have continued throughout the fall.

HSA adopts new slogan

‘THE UNION DELIVERING MODERN HEALTH CARE’ PART OF NEW APPROACH TO RAISING PROFILE FOR HSA MEMBERS

HSA HAS A NEW SLOGAN, and president Reid Johnson hopes it will help raise profile for an organization that’s never been easy to describe.

“With more than 16,000 members in 75 very diverse professions, all working in hundreds of facilities and agencies around the province, HSA is hard to sum up in a few words,” said Johnson. “When HSA itself has a hard time describing who we are, it’s

no wonder the public has difficulty seeing how essential we are to health care and community social services.”

Johnson says research indicated that while the public and HSA members knew a lot about some of the key HSA professions, there was little understanding of what all HSA members held in common or how they fit into the modern health care system.

“HSA members work at every

level of today’s health care; we’re the glue that holds it together. And we all share expertise in the most innovative tools and practices of health care and community social services. We’re the modern in modern health care, and without us the system would be set back 100 years.”

The new slogan was featured in recent TV ads. New ads building on this thinking will be rolled out in 2011.

For more information about the thinking behind the new slogan, read “HSA: Who we are”, the special section inserted in this issue of *The Report*. **R**

Community social services: Employment security means stability and quality services

EMPLOYMENT SECURITY will enhance stability and quality services for the people who need them in a time of tremendous change and government cuts. The Health Sciences Association and other unions representing more than 15,000 community social services workers have made employment security and continuity of services a centrepiece of the bargaining association's proposals at the bargaining table.

The unions' proposals on employment security include:

- Renewal and enhancement of the continuity of service and employment agreement;
- A workable lay-off process with an emphasis on retaining senior workers with the most experience;
- A clear job selection process that is fair and also supports retaining experienced employees.

The continuity of service and employment agreement protects both workers and the people they support when government re-tenders service contracts. Generally, under such an agreement, workers follow the work and do not see a loss of seniority, wages or benefits. The process is meant to be seamless for the people

who depend on these services.

Hundreds of frontline workers have been laid-off as the provincial government cuts the already strained budgets of community-based agencies. Community Living BC, a major funder, is driving an anti-worker agenda, seeking to privatize services and return the sector to a low wage ghetto with no health and safety protections. The Ministry for Children and Family Development has cut millions of dollars from programs, eliminating jobs and cutting services to vulnerable children, youth and families in BC. The Ministry of Public Safety and Solicitor General is preparing to re-tender dozens of contracts for programs that support women and children experiencing violence.

At a time of great uncertainty, cutbacks and lay-offs, employment security is necessary for workers. But it also supports the very people who use and need community-based social services in BC. But, after a year of talks, employers – represented by the Liberal government's Community Social Services Employers' Association – refuse to discuss employment security.

An open letter to employers has been posted at: www.cssfairdeal.ca **R**

HSA endorses letter from community living advocates

The Health Sciences Association added the union's voice to concerns raised by a group of concerned advocates for community living services and supports.

The group asked for the circulation of a letter sent late October to Jane Holland, BC's Advocate for Service Quality. It represents an unprecedented joint effort by community groups and organizations representing adults with developmental disabilities, families, employers, and sector employees, outlining grave concerns about the impacts of cuts and "redesign" of services and supports critical to the safety and wellbeing of BC's 50,000 adults with developmental disabilities.

HSA represents professionals working in the community living sector at Future Focus on Vancouver Island. Members have expressed concerns not only about announced staffing cuts at group homes, but also about threatened cuts to budgets for food. The employer has also said safety supplies for staff – such as gloves – will no longer be provided.

Consolidation of Lower Mainland medical imaging to begin in 2011

HSA NEGOTIATES AGREEMENT ALLOWING SIGNIFICANT CHANGES WITHOUT LAYOFFS

“WE WANTED TO PROTECT OUR MEMBERS AND MAINTAIN QUALITY SERVICES FOR OUR PATIENTS. BUT WE ALSO WANTED TO SHOW THAT IT’S POSSIBLE TO ACHIEVE EFFICIENCIES AND CREATE A MORE SUSTAINABLE PROGRAM WITHOUT MASSIVE LAYOFFS.”

EARLIER THIS YEAR, when Lower Mainland health authorities announced their intentions to consolidate medical imaging services, the potential for significant layoffs and disruption in patient services was a major concern.

“We wanted to protect our members and maintain quality services for our patients,” said HSA President Reid Johnson. “But we also wanted to show that it’s possible to achieve efficiencies and create a more sustainable program without massive layoffs.”

“That’s what we set out to negotiate: an agreement allowing for significant restructuring of services without displacements and layoffs of diagnostic imaging staff.

“The negotiations were very tough, and while we didn’t get all we set out to, we’re satisfied that we have achieved our main goals.”

Highlights of the 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.

“We’ve been assured that the consolidation plan will not result in reduction of services,” said HSA President Reid Johnson.

“Waiting lists for diagnostic tests are already a severe bottleneck in the health care system.”

Staff affected by the changes have been provided with information at a series of meetings held in October and through bulletins prepared by HSA in conjunction with the employer. **R**

Questions and answers about consolidation

How are HSA members' jobs being affected by the amalgamation?

In total, approximately 80 positions throughout the Lower Mainland have been affected. The restructuring will result in an overall reduction of 40 supervisory positions. In addition, the opening of the Surrey Outpatient Centre will result in 30 new positions. The Employer is pursuing the conversion of casual hours into 22 cross-site positions, which will see a reduction in the use of casuals.

What options are available for people whose jobs are impacted?

A job fair process has been put into place. Impacted employees are being given first consideration on all new and vacant positions for placement.

When will new postings be available to all employees?

After all impacted employees are placed, postings will be available to all employees. If any posting remain unfilled after the impacted employees have been placed or exercised other options, then they will be made available to MI staff across the Lower Mainland.

What is the process for selecting staff for the new roles?

Affected staff have received a list of all the current vacancies along with the new positions created as part of the new Integrated MI Services Organizational Structure. You are asked to indicate those positions that you are interested in and qualified for in numerical order of preference. The MI Directors will work with Human Resources Advisors to review each application and arrange for interviews.

The first priority is to deal with the Staff Canvass that is underway. There may be additional positions available, depending on who and how many individuals decide to go for the labour adjustment incentive options. This information will be shared with all impacted MI staff as soon as it is confirmed.

When will the interviews happen?

The interview process will take place during November and December. The interviews will be conducted by a panel of Medical Imaging directors. The interview will consist of questions that are weighted and scored. An HSA Union observer will be present during all interviews. It is expected that the first positions to be interviewed will be for the Modality Practice Lead

roles. The next set of interviews will be site coordinators, then supervisory positions and then other positions.

I've heard that there has been additional funding for medical imaging? Is this true?

Yes, the Ministry of Health has announced a patient-focused funding model which may affect the level of services required. Additionally, one-time funding for MRI testing has been added to offset growing wait lists. 9000 of the 14000 announced have been targeted for the Lower Mainland. The Provincial Breast Health program is also reviewing screening programs.

If I'm not affected by this wave of change, should I be worried about further reorganization in Medical Imaging?

Medical imaging will be reviewed further but it will not have direct impact on HSA positions.

For more information, visit hsabc.org or contact staff at 604-439-0994.



Supported child development program assistant Connie Mussel made a presentation to HSA activists in October.

Champions for Change

HSA MEMBERS TAKE PART IN NUPGE CAMPAIGN ON PUBLIC SERVICES AND FAIR TAXATION

FOUR HSA MEMBERS are among the close to 100 Champions for Change talking to union members in communities across the country about critical issues of tax fairness and the defense of strong public services as part of an ambitious National Union of Public and General Employees (NUPGE) campaign to change public thinking about fair taxation.

Connie Mussel, a supported child development program assistant at Central Okanagan Child Development Association; Rachel

Tutte, a physiotherapist at Holy Family Hospital; Anna Morton, a social worker at Queen Alexandra Centre, and Roselyn Lambert, a social workers at University Hospital of Northern BC responded to the challenge presented by NUPGE national president James Clancy.

“These 100 members are our Champions for Change because they reject the status quo position of governments who say there’s no alternative to cutting public services,” said James Clancy, NUPGE’s president.

“Our Champions for Change know there’s an alternative and it’s called tax fairness.”

At the June 2010 NUPGE convention, delegates unanimously adopted a resolution calling on the national union to organize the “All Together Now” campaign to: defend public employees, promote the value of public services, and fight for tax fairness.

“Governments are saying that the recession and deficits mean they’re going to have to make some tough financial decisions,” Clancy said. “We’re concerned about the impact of those decisions on public services and the workers who deliver them.”

At the Champions for Change conference in October, activists were trained to deliver a member-to-member conversation / presentation about public services and tax fairness.

The campaign strategy is to reach out and engage NUPGE members in promoting public services and fighting for tax fairness. The tactics for the campaign are primarily word-of-mouth, relying on member-to-member conversations and presentations to members.

Mussel kicked off HSA’s campaign activity at a presentation at the October regional meeting of HSA activists in Region 8.

To sign a pledge for quality public services and tax fairness, visit <http://alltogethernow.nupge.ca>. To book a presentation, please contact Janice Davis at the HSA office or at jdavis@hsabc.org 

OHS Conference steers clear of the predictable

“CULTURE OF SAFETY” FOCUSES ON HOLISTIC INTEGRATION

BY MARTY LOVICK

AN ENERGIZED GROUP of HSA Occupational Health and Safety stewards and advocates met in Richmond for the second bi-annual OHS Conference, held October 25-26.

Presentations focussing on this year's theme – “creating a culture of safety” – explored the issues of safety and wellness in the work-site while challenging participants, many of whom remarked that much of the information went deeper than the usual topics for an OHS conference. Participants also felt that the focus on holistic integration of safety and wellness marked the significant growth of awareness about OHS issues.

Keynote speaker Lynda Monk drew from her experience as a social worker here in BC and author of more than twenty training programs and manuals on wellness in the workplace. Her presentation explored new ways of thinking about safety at work, proposed a holistic

model for understanding employee wellness and organizational health, provided evidence-based strategies for creating a culture of health and safety, and drew the connection between staff well-being and quality patient care.

Other presenters included Dr. Ray Baker, principal author for the British Columbia standards of practice in Addiction Medicine, whose work was adopted as policy by the College of Physicians and Surgeons of B.C., representatives from WorksafeBC, Occupational Health and Safety Agency for Healthcare in BC, Vancouver Coastal Health, Hospital Employees Union, BC Nurses Union and HSA Alberta.

Participants were also engaged in workshops which provided opportunities to learn how to make a meaningful impact at their worksites. **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 1611 - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)
Major Issues: Seniority, Benefits, Concessions
Commenced: July 25, 2001



FOLLOW HSA ON TWITTER

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



Jeff Wood, social worker from Abbotsford Regional Hospital, Shauna Gagnon, social worker at Kelowna General Hospital and Stephanie Callaghan, social worker at Children’s Hospital were among the 60 people attending HSA’s wine and cheese at the BC Association of Social Workers conference on Friday, November 5.

Kully Sekhon Memorial Education Fund

In early November, HSA members joined a sold-out crowd of Victoria-area elder care activists to celebrate the life of social worker Kully Sekhon.

Sekhon was a highly-respected Victoria-area social worker who helped thousands of people during the course of her career in acute, residential, and community care.

When her life was cut short by cancer last fall, Sekhon’s colleagues came together to propose an education fund in her memory – a fund

that would offer scholarships to all professionals working with the elderly.

Together with the Greater Victoria Eldercare Foundation, the Kully Sekhon Memorial Education Fund was launched this year. HSA invites members to help this dream take shape.

More information and to donate to the memorial fund: www.gvef.org. **R**

Marking one-year anniversary of cuts to HIV / AIDS services

Last year on December 1, as local and national governments around the world reaffirmed on World AIDS Day their commitment to continue the fight against HIV and AIDS, BC’s government did the opposite.

BC’s Ministry of Health imposed funding cuts last December 1 to community-based HIV and AIDS services organizations, including AIDS Vancouver.

HSA represents members at three HIV / AIDS advocacy and service organizations: AIDS Vancouver,

PHOTOS: YUKIE KURAHASHI



Steve Carmichael and Tanya Shaw from Region 7 get down to work with Osita Hibbert of Region 3 at a regional workshop held in Vancouver on November 2.

Positive Women's Network, and the Living Positive Resource Centre in the Okanagan.

HSA President Reid Johnson said cutting HIV and AIDS services makes no sense when BC has a disproportionate number of people living with HIV and AIDS.

"Our members at AIDS Vancouver tell us that for some areas of Vancouver, the HIV infection rate is at the same level as sub-Saharan Africa," he said.

Last year, HSA members participated in a major rally calling for the BC government to restore services and funding. **R**

December 6: National Day of Remembrance and Action on Violence Against Women

HSA is grateful for the work of our members who work in transition houses and other services for women escaping violence. "I know the tremendous work you do, under increasingly difficult circumstances," HSA president Reid Johnson said. "BC is stronger for your continuing dedication and passionate work on behalf of your clients."

As in past years, HSA will compile an online list of events and vigils around BC. Email us with informa-

tion about events in your community: ykurahashi@hsabc.org. **R**

HSA supports immunization

Flu season is upon us again. Members are reminded that HSA supports the provincial initiative on immunization against seasonal influenza. Together with hand washing and cough protocols, immunization has been shown to be the most effective deterrent to influenza. If you have questions or concerns in this regard contact Marty Lovick, Sr Labour Relations Officer: mlovick@hsabc.org. **R**

Province's user fee plan penalizes BC patients

FAMILIES STRUGGLING WITH MONTHLY HIKE OF \$900

FOLLOWING A POLICY CHANGE in January of this year, BC's Ministry of Health Services quietly directed health authorities to start charging \$29.40 per day to patients who need hospital care to recover from illness or injury before returning home.

Health authorities began to charge for this so-called "convalescent care" over the spring and summer. These core hospital services, including on-going in-patient rehabilitation, had previously been provided free of charge as required by the Canada Health Act.

The BC Health Coalition has received a string of calls from patients and their families complaining about these charges. In addition to these daily fees, which total almost \$900 per month, many patients also have to pay the costs of maintaining their homes, where they hope to return after their hospital stay. The BCHC is concerned that these fees could lead to higher costs in the long-term if patients end up leaving hospitals before they have recovered, in order to avoid the fees.

"These fees unfairly penalize patients during their recovery, many

of whom are likely to be elderly and suffer from chronic health conditions," said BC Health Coalition co-chair Alice Edge. "We're hoping that British Columbians will support seniors and people with disabilities by opposing the fees and seeing them for what they are: a cash grab from the wallets of patients when they most need care."

The Coalition is working with local residents to raise the issue of these convalescent care fees at health authority board meetings around the province. The BCHC is also coordinating meetings with MLAs and a letter writing campaign, calling on the government to scrap these fees, and instead address the costs of hospital services by investing in home and community care to reduce pressure on the acute care system.

You can help by going to the BC Health Coalition website to send a letter to Health Minister Kevin Falcon, urging him to immediately put a stop to convalescent care fees. **R**

One-page contract summaries and highlights now available for download

When can you use special leave? What is your weekend shift premium? In addition to complete copies of your union contract, HSA now has one-page summaries available on our website.

See hsabc.org > Member services > Collective agreements

Sign up for union updates by email

HSA sends regular updates in various areas, including bargaining, events, and action alerts.

Sign up at hsabc.org to receive updates by email.

Retiring?

HSA offers retirement certificates, and a one-year membership to benefits through BC's Federation of Retired Union Members.

Do you know someone who is retiring? Let us know! webmaster@hsabc.org



For more information:
www.bchealthcoalition.ca



HSA: Who we are





WE MOVE HEALTH CARE FORWARD

HSA is made up of more than 16,000 health care professionals at over 250 hospitals and agencies in acute care, long-term care and community health, including workers at child development centres and transition houses.

Our story has been difficult to tell because we work in a large number of diverse and distinct professions. Our members work in 75 different professions.

What we hold in common is this: our dedication to newer treatments, better diagnostics, more information, more choices, less guessing, more preparation, fewer mistakes and better outcomes.

It is not a simple story, but the direction is easy to discern; it's forward.

THE MODERN IN MODERN HEALTH CARE

Where once health care was simply a doctor assisted by a nurse, in the last 100 years it has become a team approach, relying on the specialized expertise and skills of several, then many, now thousands of highly educated and rigorously trained experts.

The Health Sciences Association has represented these medical science professionals since its inception in 1971. Our importance and our profile have been growing steadily and will continue to grow as modern health care continues to advance.

We are the modern in modern health care.



We are dedicated to advancing modern health care with positive and practical solutions that benefit all British Columbians.

We are the glue that holds modern health care together. Our highly-trained members work at all levels as an essential part of the health care team.

We are the union delivering modern health care.



What makes HSA unique

HEALTH CARE DEPENDS ON OUR EXPERTISE

Everyone who works in health care cares deeply about patients, but HSA members stand out because our expertise, education and training improve patient care in very practical ways.

We make caring count because we make the health care system smarter.

WE ARE EVERYWHERE

We are active in every phase of health care, from diagnosis to treatment to rehabilitation and prevention. It isn't always easy to see us, but each one of us represents a vital advancement.

The very difficulty in pinpointing our distinct identity within the universe of health care reveals a larger truth: we are inseparable from it.

Wherever you look, there we are. Whatever you need, we're involved.

CREDIBILITY ROOTED IN DEDICATION

We have a reputation for fair-minded, tough and reasonable positions and an ability to address complex issues with pragmatism and an eye to what is best for the health care system as a whole.

We prefer to propose, not oppose. We prefer to be practical, not antagonistic.

That's because we're dedicated to delivering the best possible care for our patients. Better access. Better results. Better health.



Health Sciences Association
The union delivering modern health care



Great pay, jobs in demand

HSA ACTIVISTS REACH OUT TO INSPIRE HIGH SCHOOL STUDENTS

BY YUKIE KURAHASHI

WHAT MADE YOU CHOOSE your current profession in health sciences or community social services?

What do you love about your job? Can you share one event when you saved someone's life or definitely helped improve the life of one person?

As part of a series of regional workshops for union activists, several dozen members across the province spent an afternoon sharing ideas about reaching out to highschool and university students. The aim of this outreach is twofold: to raise the profile of HSA professions, and to recruit young people into HSA professions that continue to suffer staff shortages.

An overwhelming majority of participants had chosen their own careers based on one key interaction with someone recommending the profession.

"I had an interest in science, and maybe going into a medical career, but didn't want to spend seven years in university training to be a doctor," said one participant. "A friend's mom recommended pharmacy; I hadn't even considered it until then."

Others had toured their local hospital as young students. "I was fascinated by the lab," said another participant. "X-ray and ultrasound looked interesting, too, but the lab really grabbed

me. I had seen lab techs on TV – and it looked like such a cool job. And so many years later, I still love it. Every day you get to help solve medical mysteries, and help someone get better."

HSA members are the best advocates for their professions, said education officer Leila Lolua, who delivered these workshops. "Members light up when we ask them about why they love their jobs," she said. To initiate the workshop, Lolua shared with each region's workshop her own personal reasons for becoming a renal dietitian: when she was a teen, her friend's mom – living with dialysis at the time – recommended it.

"There's so much passion and dedication for patients and clients," Lolua said. "Even when we're dealing with tough workloads and difficult reorganizations, this has also been a great affirmative exercise for many of us," Lolua added.

Through the BC Teacher's Federation, an information memo offering HSA presentations to career counselling classes has been sent to approximately 500 highschool counselling and career guidance professionals. "Now, all these guidance counsellors are aware of the range of HSA professions. And they know we now have activists ready in every corner of the province to come talk to their students about health and social service professions," Lolua said. **R**

R

Do you already participate in career fairs or talk to students about your profession?

Let us know, so we can add you to our speakers' bureau: ykurahashi@hsabc.org



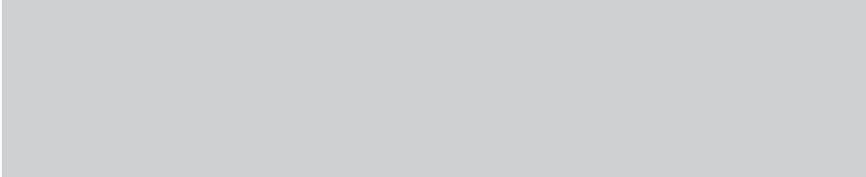
Regional Workshops

This year's regional workshops focused on ways to raise awareness about the importance of the work done by health science and community social service professionals. In brainstorming about ways to inspire high school students to choose HSA professions, workshop participants shared their own stories about choosing their careers.

THIS PAGE, TOP: Sarah Humphries (Region 1), Marcia Ebert (Region 2). **THIS PAGE, MIDDLE:** Linda Worby (Region 3), Michele MacKenzie (Region 3), Kyle Oscieny (Region 3). **THIS PAGE, LOWER:** Gwen De Rosa (Region 9), Donna Mason (Region 9), Gena Walton (Region 9).

NEXT PAGE, TOP: Dorothy Chapman (Region 2), Val Avery (Region 2). **NEXT PAGE, MIDDLE LEFT:** Chris Semrick (Region 1), Sharon Geoghegan (Region 1), Darlene Yee (Region 1), Eileen Carolan (Region 1). **NEXT PAGE, LOWER LEFT:** Adesh Kahlon (CML), Rick Lascalle (Region 3), Bruce MacDonald (Region 3), Marg Beddis (Region 7). **NEXT PAGE, RIGHT:** Christin Lumsden (Region 7).





PHOTOS: YUKIE KURAHASHI

Avoid a lifetime of regret

WATCH OUT FOR THESE CONFUSING LETTERS FROM WORKERS' COMPENSATION

BY SARAH O'LEARY

THOSE OF US WHO WORK on Workers' Compensation appeals are often accused of paranoia. But a recent series of WCB letters make it seem like they really are out to get you.

The letters, which appear to tell you one thing while embedding a "secret" decision that may cause you a lifetime of regret, prove again that you should always always talk to your representative when you get correspondence to be sure there are no "embedded decisions." Here are some examples:

WHAT IT SAYS: "Congratulations, you are now able to return to work without restrictions or limitations. We will be terminating your wage loss benefits as of [date] now that you have been able to return to your job."

WHAT IT MEANS: "We don't think you have any permanent residual impairment and we are *not* sending you to Disability Awards to be assessed for a pension."

WHAT YOU WILL MISS IF YOU DO NOT APPEAL: If you continue to have any lingering symptoms like pain, weakness, or inability to do part of your job, you will not be assessed for a pension. What's more, the next time your condition flares up, the WCB will tell you that it cannot be related to your prior compensable injury since you were completely recovered when you returned to work. If you weren't 100 per cent at that time, you would have appealed, right?

WHAT IT SAYS: "The main method of calculating any permanent impairment is under s. 23(1) as a functional pension. I find that you are entitled to a functional pension of 2.5 per cent for chronic pain (or 4 per cent for loss of range of motion etc...). Attached you will find an Long Term Disability memo which addresses your disability. This decision addresses your functional impairment only."

WHAT IT MEANS: The memo attached will have a section called "Administrative Data." Item number 11 will refer to Section 23(3), and may say something like this: "Ms. Smith has returned to work and is now fully employed. She will have no loss of earnings."

WHAT YOU WILL MISS IF YOU DON'T APPEAL: Although this letter expressly tells you it is only making one decision (on your loss of function pension) the WCB now takes the position that because "loss of earnings" is mentioned in item 11 in the LTD memo, you have been given a decision on *both* kinds of WCB pension. If you don't appeal this decision, buried at the end of the LTD memo, you may never be able to. You will likely be considered out of time when finally you realise that no one is going to compensate you for your loss of earnings.

WHAT IT SAYS: (If you have recently won an appeal.) "This letter implements the Workers Compensation Appeal Tribunal decision of [date]. We are paying you retroactive wage loss benefits for the period of xxx to xxx. A cheque in the amount of \$ xx.xx is enclosed. The WCAT decision has now been implemented."

WHAT IT MEANS: "We'll pay you lost wages for this period but nothing else, and you are *not* going to be referred to Disability Awards to be assessed for a pension."

WHAT YOU WILL MISS IF YOU DON'T APPEAL: If you have any permanent residual disability as a result of your work injury, for example lingering pain or restrictions of any kind, you should be assessed for a WCB pension. This letter means that you won't be. If you don't appeal, you will again be considered to have been 100 per cent recovered from your injury and any future problems will be found to be unrelated to this injury since you were fully recovered when you went back to work.

MPP contributions going up

FIRST INCREASE SINCE 2005 IS MODEST COMPARED TO OTHER PENSION PLANS

BY DENNIS BLATCHFORD

I recently received a notice that my contributions to the Municipal Pension Plan (MPP) will increase beginning next July. Why are these rates going up?

The decision to increase contributions was made by the MPP Board of Trustees following the results of the December 2009 valuation report received by the MPP Board on September 21st.

Under provincial legislation, valuations must be done every three years and filed with the Superintendent of Pensions, who has oversight over pension plans for the province. The role of the Superintendent is to ensure the health of pension plans through an examination of solvency and funding standards. These standards ensure the financial viability of pension plans and the benefits that are safeguarded for pension plan members.

Because the valuation found the Municipal Pension Plan in deficit, both member and employer contributions will increase by .81 per cent of salary beginning on July 1st, 2011. Your employer is matching your contribution increase as both plan members and plan employers share in both the risks and rewards under joint-trusteeship of the Municipal Pension Plan.

It is also important to remember that this is the first increase in contributions since 2005, making it a full six years without an increase once the new rates are applied in July 2011. A lot has happened since 2005 including the worst recession in a generation consequent to the 'toxic assets' financial meltdown in late 2008.

Fortunately, the MPP is a secure and well managed

pension plan with a long-term view of investments and the capacity to minimize risks through diversification and prudent management of plan assets. In fact, the MPP was one of the best performing pension plans during the financial meltdown and had none of the 'toxic assets' that plagued financial institutions the world over. Consequently, these increases are modest compared to what is happening in many pension plans today.

So what happens if the economy improves?

Will my contribution rate go down?

Probably not. There are other factors that are impacting the MPP other than the economy and financial markets.

BC has some healthiest seniors on the planet - particularly males, who may soon surpass Japanese males for longevity. Today it isn't unusual for a retiree to collect a pension longer than they contributed to the MPP. In fact, the MPP has 15 retirees over 100 years of age. The oldest is 107.

In addition to an improving life expectancy and what that means in providing pension benefits for a longer period of time; the MPP is also maturing. Since the last valuation in 2006, we have seen an 18 per cent increase in the number of retirees while actives only grew by 11 per cent. The retirement wave is upon us, and the increase in contributions is to ensure that the MPP can meet its commitments to plan members regardless of where they are on the retirement path. **R**

R

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

Here's what you need to know about WorksafeBC

BY MARTY LOVICK

DELEGATES TO THE 2010 HSA CONVENTION in Vancouver asked a number of questions about WorksafeBC.

What are the most common injuries for HSA members and are we reducing the number of time loss incidents?

The most common injuries are repetitive strain and injuries related to lifting or positing patients and clients. In most work areas slips and falls are near the top, but in healthcare and social services, injuries resulting from violent or aggressive patients and clients ranks higher. While the numbers fluctuate from year to year, it is disturbing to note that there is a trend toward an increase in the average duration of time lost per claim.

If my WorksafeBC claim is approved, what percentage of my salary will I receive?

WorksafeBC pays 90 per cent of your net pay, with a maximum insurable salary amount of \$71,200 per year.

Can I make a claim even though my injury is not the result of a specific incident?

Yes. For example, repetitive strain injuries occur over time, as can some exposures. If a worker has symptoms they attribute to work duties they should see their physician and file a claim accordingly.

Who is the first person you should see if you think your injury should be covered by WorksafeBC?

If you have a serious injury, get first aid or seek emergency medical attention. If it's not an emergency, see your doctor. Finally, report it as a workplace injury, and make sure you notify your supervisor as soon as possible.

IN MOST WORK AREAS SLIPS AND FALLS ARE NEAR THE TOP, BUT IN HEALTHCARE AND SOCIAL SERVICES, INJURIES RESULTING FROM VIOLENT OR AGGRESSIVE PATIENTS AND CLIENTS RANKS HIGHER.

To apply for WorksafeBC coverage you must fill out a "Form 6" Application for Compensation which is usually available at work or from your doctor's office. You can also find it on line at worksafeBC.com.

Try to seek any medical attention within three days; otherwise WorksafeBC may view this as an undue delay in reporting.

Can WorksafeBC prevent a worker from taking prescheduled vacation if they are on claim?

Once on a claim, workers must be available for appropri-

R

Do you have other questions relating to occupational health and safety in your workplace?
Contact Marty Lovick at mlovick@hsabc.org

ate treatment or rehabilitation. However, if a worker is not likely to be able to return to work within the time in question and isn't partaking in activities which could give the impression they are more fit than claimed, there is no reason they can't take vacation. We would advise members always to check with their WorksafeBC contact person.

What should I advise co-workers if they re-injure themselves at work after a graduated return to work?

Employees should immediately report the incident to their supervisor and seek medical attention (see previous question). It is important that you provide a very clear description of the incident as this may determine whether it will be treated as a new claim or reopened as a previous claim.

If WorksafeBC denies a claim should we contact HSA?

Yes. We provide assistance in appeals of WorksafeBC decisions. It is important to contact us early as there is a 90 day period in which appeals must be filed following a denial letter. For more information on this, please contact Jenny Fujita at jfujita@hsabc.org or 604-439-0994. **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).

<p>MOVING? Your employer does not send us address changes. We depend on you to let us know.</p> <p>RETURN TO: Health Sciences Association of BC 300 - 5118 Joyce St. Vancouver, BC V5R 4H1</p> <p>OR EMAIL: memberlist@hsabc.org</p>	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 ()		
<p>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.</p>					



Cardiology Technologist Tilly Hiscock has a deep connection with her patients.

Uncovering the secrets of the heart

BY LAURA BUSHEIKIN

TILLY HISCOCK TAKES CARE OF HEARTS – both literally and metaphorically. As a Pacemaker Technologist at Burnaby Hospital, she sees patients once or twice a year to make sure their pacemakers are functioning properly. So in a way, her job revolves around this life-saving battery-operated biomedical device that keeps hearts beating steadily.

But Hiscock says that the real meaning of her work – the part that lingers long after the appointments are over – lies in the relationships she makes with her patients.

“I got into this field because it gives me di-

rect care with my patients. I’m the one they deal with; I’m often the face of [cardiology] for them. My patients have a chronic problem with the rhythm of their hearts. They are sick; most are elderly. Every time they see me they know someone is looking after them. They take great delight in coming here; that’s the joy of the job for me.

“I have 764 patients, most of whom I see twice a year, and if they phone me I know by the sound of their voice who is on the phone. It surprises them when I say, ‘Oh, hello, Mr. M---, how are you?’” says Hiscock.

“I have my patients for life. If I lose them it means they have succumbed to their illness,” she continues. “So I get to know them on a personal level. They sometimes tell me stuff they won’t tell anyone else. For example one man lost his wife to cancer. It was misdiagnosed and by the time they figured it out, it was too late. He’d come and talk to me about his anger and grief. Sometimes he’d come in and cry. There were things he didn’t tell his children that he would tell me.”

Hiscock chose to move into her position (strictly speaking, her title is cardiology technologist with a pacemaker speciality) in 1992, precisely because she wanted this level of contact with patients. She’d been in the medical technology field for over a decade, starting out in her native Newfoundland in the late 1970s as a lab technologist.

She moved to BC in 1986 and found that her work was different in the context of a bigger hospital.

“I was in front of a machine all day and lost that patient connection,” she says. She enrolled in BCIT’s correspondence program in Cardiology Technology, wrote her provincial and then national exams and moved to cardiology in 1990. When her current position opened up in 1992 she jumped at the chance to get back to more direct patient contact.

Hiscock’s main task is to make sure the pace-

PHOTO: DAVID BIBBER

maker is working properly for the patient. To do this, she uses a machine called a programmer (she has eight different ones, each specific to a certain type of pacemaker). This has a program head about the size of a human hand that she places on the patient's skin over the pacemaker; it reads the device externally, and relays the information back to the main machine, which spits the findings out onto a piece of paper.

"It's my job to interpret that. I'm the diagnostician," says Hiscock. She also interviews the patients to find out, for instance, if they're taking their medications correctly, if changes in health or treatment might affect the pacemaker, or if there are any notable symptoms to look into. Based on what she finds, she may reset the pacemaker, educate the patient, and/or involve a doctor.

Hiscock says her biggest challenge is an ever-growing workload.

"My workload has more than doubled since I started. There are more and more people getting devices," she says. Because her department doesn't have a secretary, Hiscock takes care of bookings, entering results into the computer, and managing files. As well as seeing patients all day, she makes sure she is available for phone consultations when patients call in with concerns. This helps her keep the human touch, but makes big demands on her time.

"I don't know how I keep up, but I do," she says.

She also finds time to take an active role in her union, currently serving as a Chief Steward for her site.

"I've been in health care for 35 years and I've been a union activist right out of the gate," she says with a satisfied chuckle. "Not being active is simply not in the thread of my being."

Over the decades of her career, Hiscock has been a member of a number of unions and served a number of functions including chief steward, local president and chair. When cardi-

ology technologists were transferred from HEU to HSA in 2006, it didn't take her long to find a role in her new union.

"I like doing this; it doesn't matter what collar I'm wearing. I'm still going to be an advocate for members who don't have the fortitude to fight for themselves."

Although this side of her character is clearly well-entrenched, Hiscock says she doesn't know

where it came from. Her father was a mill worker and part of a union, but never talked about it. However, the situation is different in Hiscock's adult home. Her husband is president of a local of the International Aerospace and Machinist Union and their children grew up with lots of union talk around them.

"When there's union talk around the dinner table, they can keep up with it," she says.

Hiscock says everyone should be taught how unions work, why they are important, and what they've achieved.

"If I had my way, there'd be a labour studies course in every high school. Kids should know this stuff. How did you get that statutory holiday? Someone probably died to get that for you," she says, succinctly summing up potential course content.

Asked about future plans, Hiscock doesn't hesitate: "I plan to stay active, be an advocate for the membership and be the face of the union on the floor till I retire. I've been here 25 years now and I like being the Norma Rae on the floor." **R**

MY PATIENTS HAVE A CHRONIC PROBLEM WITH THE RYTHYM OF THEIR HEARTS. THEY ARE SICK; MOST ARE ELDERLY. EVERY TIME THEY SEE ME THEY KNOW SOMEONE IS LOOKING AFTER THEM.



Pharmacist Trina Nguyen fell in love with hospital work.

The path less travelled

BY LAURA BUSHEIKIN

WHEN TRINA NGUYEN ACCEPTED A POSITION as pharmacist at Surrey Memorial Hospital in 2006, she was definitely choosing the path less travelled – at least, less travelled by recent graduates of university pharmacy programs.

“Less than 10 per cent of pharmacy graduates go into hospitals. We are not trained for this in school; we are trained to work as retail pharmacists,” says Nguyen. “I was only introduced to hospital work in my final year of school; by then most students had signed contracts with retail outlets.”

It was lucky for Nguyen, who was finishing up a five-year program at the University of Manitoba, that she hadn’t yet committed elsewhere.

“All of a sudden I fell in love with hospital work,” she says. “I love that every day we do something to help patients. We feel very involved in the patient’s health and have a very good and active relationship with doctors and nurses. We look at the whole clinical picture. Alongside the doctors we look at the blood work. Also there are IV antibiotics which have to be dosed according to the patient’s weight and size, the function of their kidneys and other issues and that is where we are asked all the time to make sure the patients have the right doses.”

Being part of a hospital environment is hugely different than being part of a retail culture, something that was brought home to Nguyen in her initial training, which was particularly extensive due to the fact that, as she says, her education focused on retail settings. Also, at the time, there was a shortage of pharmacists, so Surrey Memorial allowed Nguyen, along with six other pharmacy graduates, to skip their residency requirement and get trained on the job.

“They really needed us and were well prepared to train us. We had three months of training – rotating around, getting oriented to the whole hospital experience, learning how the wards function, what the doctors do, what nurses do...they even took us to the lab to show us what those bugs look like,” says Nguyen.

Nguyen found the experience fascinating – and things haven’t got any less interesting since

then. “I love my work because I am always learning something new. It’s busy; it’s challenging and it keeps you very invigorated every single day.”

She also appreciates having expertise that she can share where it is needed.

“Often, drugs are something that people take, but they don’t fully understand what they do,” she says. For instance, they might not know about potential side effects, or they might not be able to recognize when they are taking duplicate drugs.

“I can help people by educating and informing them about medications,” says Nguyen. “I really enjoy teaching.” She observes that this seems to be a character trait shared by most, if not all, pharmacists.

“We enjoy informing the public about medication and making sure everyone is on the right medication, so no one should ever feel reluctant to ask a pharmacist a question.”

Nguyen’s love of informing and educating people finds another outlet in her involvement with HSA – although it was mainly her desire to be educated that drew her in.

“I decided to be a union steward about a year-and-a-half ago because there were no pharmacist stewards and I thought, ‘We work really hard and pay union dues and don’t know much about what the union does.’”

“One of the first things I did was go to a workshop and learn what HSA does and what everyone should know as a member. Since then I’ve got about six more pharmacists to be union stewards. It’s really good that we know our collective agreements and the correct terms and conditions of our contracts.”

As part of her union role, Nguyen attends a new staff orientation held by the hospital once a month. Usually about a quarter of the new staff in any given month are HSA members, so Nguyen introduces herself, explains what HSA does, presents the main points of the collective

agreement, and makes sure they know who to contact with any questions.

“As soon as they start working, they start paying union dues, so it’s important that they know what the union is for and that it isn’t just a meaningless number being taken off their paycheque.”

This is a particularly difficult time for health care professionals, says

Nguyen. “There is a big recession going on and the budget is very frustrating. I know that every single person working at the hospital is probably working at their maximum potential right now. And we are all fearful about whether or not we’ll have a job a few months down the line. It’s not a good time and a lot of people are stressed. So it’s good the union is there to clarify procedures.”

Regardless of these stresses, Nguyen’s enthusiasm for her work is palpable, and shows no signs of flagging. She is totally happy with what she does, and when she looks at the future she sees an intriguing and varied array of possibilities to keep her engaged for decades.

“Right now I’d say I’m pretty young in my career – I’ve only been working four years. I’ll probably be working another 30 years and I want to be able to experience everything. One day maybe I’d like to be a clinical specialist; it’s one of the highest levels you can be as a pharmacist. I’ve also always wanted to own my own pharmacy so maybe in the long term I can do that too.”

Clearly, Nguyen’s path-less-travelled can lead her to many others, equally interesting and rewarding, in a career that promises to keep her engaged every single day. **R**

“LESS THAN 10 PER CENT OF PHARMACY GRADUATES GO INTO HOSPITALS. WE ARE NOT TRAINED FOR THIS IN SCHOOL.”

PHOTO: DAVID BIEBER

NUPGE Scholarships for 2011-2012

HSA MEMBERS, as members of a component union of the National Union of Public and General Employees, are eligible to apply for the following NUPGE scholarships.

For more information, or to submit an application, please contact:

Scholarships, NUPGE
15 Auriga Drive
Nepean, Ontario K2E 1B7
613-228-9800 (fax 613-228-9801)
national@nupge.ca

TOMMY DOUGLAS SCHOLARSHIP - \$1500

Open to all students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2011-2012 and who are the children of, or foster children of, a member of the National Union of Public and General Employees.

Awarded to the writer of the best 750-1000 word essay on how Tommy Douglas contributed to making Canada a more just and equitable society. Application deadline is June 30, 2011.

TERRY FOX MEMORIAL SCHOLARSHIP - \$1500

Open to all students with disabilities who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2011-2012 and who are the children of, or foster children of, a member of the National Union of Public and General Employees.

Awarded to the writer of the best 750-1000 word essay on the importance of quality public services in enhancing the quality of life of people with disabilities. Application deadline is June 30, 2011.

SCHOLARSHIP FOR ABORIGINAL CANADIANS - \$1500

Open to all aboriginal Canadian students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2011-2012 and who are the children of, or foster children of, a member of the National Union of Public and General Employees.

Awarded to the writer of the best 750-1000 word essay on the importance of quality public services in enhancing the quality of life of aboriginal Canadians. Application deadline is June 30, 2011.

SCHOLARSHIP FOR VISIBLE MINORITIES - \$1500

Open to all visible minority students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2011-2012 and who are the children of, or foster children of, a member of the National Union of Public and General Employees.

Awarded to the writer of the best 750-1000 word essay on the importance of quality public services in enhancing the quality of life of visible minorities. Application deadline is June 30, 2011. **R**



Employers ignore difficult issues, ask for concessions

AFTER EIGHT MONTHS OF BARGAINING for a new collective agreement, the Health Employers Association of BC (HEABC) last month finished tabling proposals amounting to significant concessions for the province's health science professionals' collective agreement.

The package is an insult to HSA and other union members covered by the contract.

For the past several months, the union bargaining association has been working on developing and presenting proposals that address some of the most difficult issues in our health care system: waiting lists for patients, retention, and recruitment to address shortages of the highly skilled professionals the system relies on for quick and accurate diagnosis, treatment and rehabilitation.

From the outset, we have been clear that the mandate that drives our bargaining committee is to negotiate a contract that that protects quality health care and values the work of health science professionals.

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. Our ultimate goal is to have a creative discussion and develop strategies that address these continuing issues and ensure better health care for British Columbians.

Rather than agree to work collaboratively with the union, HEABC has proposed deleting provisions relating to chief paramedicals, additional procedures, sole charge, and definitions related to general supervision, as well as regional supervisory responsibilities. The employer's proposals would expand the Grade I level to include the vast majority of positions presently attracting Grade II salaries.

This response from the employer – to gut a classification system that needs to be modernized to reflect the con-

THE PACKAGE IS AN INSULT TO HSA AND OTHER UNION MEMBERS.

tribution of a complex group in health care – shows that HEABC is not committed to supporting the health science professionals who bring necessary and critical contributions to the modern health care team.

Your bargaining committee was given a clear mandate to support health science professionals at the bargaining table. Number one on the list was to reject the kinds of concessions being proposed by HEABC, and I can guarantee that I and your bargaining committee will stand firm to protect against any concessions.

I want to thank the hard work of the committee over the past several months of bargaining, and I look forward to continuing to work with them on your behalf to achieve a collective agreement that values the work that you do every day as part of the modern health care team. Bargaining was continuing as *The Report* went to print.

HSA's representatives on the bargaining committee are: Val Avery (Committee chair, HSA Vice President and Region 2 Director), Physiotherapist at Victoria General Hospital; Joan Magee (Region 8 Director), Medical Laboratory Technologist, Cariboo Memorial Hospital; Aaron Wilson, Community Coordinator, Centre for Ability; Darwin Wren, Social Worker, Tumbler Ridge Health Centre; and alternate committee members Kimball Finigan (Region 5 Director), Radiation Therapist, Vancouver Cancer Centre; John Christopherson, Counsellor, Vancouver Cancer Centre, and Cheryl Greenhalgh, Medical Radiation Technologist, Royal Columbian Hospital. **R**



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.

President [webpres@hsabc.org]
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Val Avery (Vice-President)
Physiotherapist, Victoria General Hospital

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Bruce MacDonald (Secretary-Treasurer)
Social Worker, Royal Columbian Hospital

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Brendan Shields, Music Therapist
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THE Report



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



KIM STALLKNECHT PHOTO

