

# THE Report



VOTE  
TODAY

## NEW AGREEMENT

Members frustrated with government's "net-zero" mandate vote to accept best deal under difficult circumstances

# A time for tough choices



**WHEN I BECAME PRESIDENT OF HSA IN APRIL OF 2007** I made a commitment to leadership that relies on hearing, understanding, communicating, and acting on the priorities of the community that is our membership.

I still stand by those words. Over the last few months, whether at ratification vote meetings around the province, in the virtual town hall meetings in January, on the phone or by e-mail, I've spent a lot of time listening to members talk about the new contract for health science professionals. There is no question that members are frustrated with the government's "net-zero" mandate.

I share this frustration. I don't like the mandate and I don't agree with it. It's unfair and unreasonable to give wage increases to nurses and doctors then turn around and refuse equal treatment for health professionals.

Some members have told me we should have tried to force the government to abandon the "net-zero" mandate. But after two years of bargaining, as every other union failed to break the mandate imposed after the 2009 election, it was clear we couldn't either.

Some members say we should be more like the nurses' union. I don't disagree. But the nurses' clout is rooted in their high profile in media and popular culture. That's why the government was eager to settle with them before the 2009 election. Health science professionals will never be as recognized as nurses and doctors, but I am committed to long-term efforts to raise your profile so we'll have more clout at the bargaining table. That's why we're investing in a new look, new language to describe ourselves and advertising campaigns that tell our story to as many people as possible.

Some members tell me they see no good in this con-

I'VE SPENT A LOT OF TIME LISTENING TO MEMBERS TALK ABOUT THE NEW CONTRACT FOR HEALTH SCIENCE PROFESSIONALS. THERE IS NO QUESTION THAT MEMBERS ARE FRUSTRATED WITH THE GOVERNMENT'S "NET-ZERO" MANDATE.

tract at all. I point out it protects wages and jobs in a changing health care system, which is critical when you consider the 500 nurses laid off in the last year, consolidations in the lower mainland and potential privatization of lab services. In addition, it provides significant enhancements to extended health care benefits and a professional development fund. There's much more information about these improvements and the bargaining process starting on page six of this issue of *The Report*.

These improvements were not easy to get. The employer wanted to reduce its benefits costs by making our members pay 30% of premiums. We surveyed the members and it was clear you wanted to the employer to keep paying 100% of benefit costs. Our bargaining committee did better than that and achieved a benefits package equal to the nurses'.

The board of directors and the bargaining committee recognize this is not a perfect deal. But it is a strategic one, and it allows us to uphold our responsibility to act on the priorities of our membership under difficult circumstances. **R**



“The choices before us were difficult. In the end we managed to make some significant changes that will position us well for the future.”

REID JOHNSON - PAGE 9

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HSA members had an unprecedented number of questions about the new contract. The answers to these questions were provided by e-mail, phone, at the dozens of ratification vote meetings held around BC and as part of the virtual town hall meetings held in late January. The word cloud above was generated from the 37,777 words of text from all incoming e-mail questions and comments – the words used most frequently appear largest.



Members cast their ballots at a ratification vote meeting held at Vancouver General Hospital on February 2.

# Tough situation, best possible agreement

**MEMBERS** of the Health Science Professionals Bargaining Association (HSPBA) have voted to accept the terms of the collective agreement reached in late December. The agreement passed with 57% voting in favour.

Settled after almost two years of bargaining, the two-year agreement

was negotiated under an extremely strict “net-zero” mandate imposed by the provincial government. Net-zero means all improvements in the agreement need to be cost-neutral in each year of the agreement. Under this mandate, for example, a one per cent wage increase, costing \$10 million, would require HSA to agree to

\$10 million in cuts to other areas of the agreement.

“There is no question that members are frustrated with the government’s net-zero mandate,” said HSA President Reid Johnson. “I share this frustration. I don’t like the mandate and I don’t agree with it. It’s unfair and unreasonable to give wage increas-

PHOTO: DAVID BIEBER

es to nurses and doctors then turn around and refuse equal treatment for health science professionals.”

Johnson explained that in the time since the mandate was imposed, right after the 2009 provincial election, no public sector union has been able to break the mandate. Under these tough circumstances, the bargaining committee negotiated a forward-looking deal that lays the groundwork on the key priorities identified by HSA members and sets the stage for bargaining in 2012.

The new deal protects wages and jobs in the face of sweeping changes to the health care system, provides a professional development fund, and establishes significant enhancements to health care benefits.

Depending on individual situations, under the improved benefits, members may now be able to access:

- extra \$85/year in vision care (\$170 improvement every two years)
- \$900/year for psychologist services
- potentially hundreds of dollars for the removal of the dual dental restriction
- for the first time, HSA members can access upwards of \$350 a year for contraceptive coverage
- days off without using vacation leave under the new special leave provisions
- service and seniority accrual while members take on management/supervisor responsibilities outside the bargaining unit

## HSA first to use virtual town hall technology to reach members

At about 6:30 on the evening of January 25, Aaron Wilson, an HSA member and community coordinator working at the BC Centre for Ability, sat down at a computer workstation in an office building in downtown Vancouver. Around him, HSA staff members were taking their seats and logging into their own workstations as members of the HSA board of directors and bargaining committee gathered in a conference room nearby. Communications and technology staff from some of BC's largest unions were on hand as guests, observing the process as systems checks were run and staff were linked together.

Then, at exactly 7:00, several thousand HSA members around the province were patched together for a virtual meeting.

“It was actually quite exciting,” said Wilson. “The folks I talked to really appreciated a chance to participate even from remote areas of the province,” said Wilson.

“I hope members know that the hundreds of questions they asked over the two nights really helped us put together the best possible material for informing all of our members through on line bulletins, Q and A sheets and other materials.”

HSA President Reid Johnson said

the innovative technology played a key role in making sure members had the information they needed to make an informed choice when they voted on the tentative agreement.

“It was a multi-faceted effort,” said Johnson. “We had labour relations staff talking directly to members by phone, stewards and staff taking questions at meetings around the province, bulletins and fact sheets posted on the web site and distributed by e-mail, a package mailed to all members, and even questions posed on our Facebook page.

“The telephone town hall was an unprecedented advance. It allowed us to hold a meeting with literally thousands of members, each getting to hear a report from our chief negotiator and given a chance to ask questions,” he added.

“While we didn't have time to take all the hundreds of questions posed during the virtual meeting, staff followed up to ensure that everyone's questions were dealt with.”

The meetings were held over two consecutive nights, and observers from other unions said they are making plans to use the technology to consult their own members in the near future.

The achievement of improved benefits is all the more notable given the employer's objective was to reduce their benefit costs by having members pay 30% of the benefit cost. The bargaining committee pushed back hard and brought the package up to equal the benefits enjoyed by nurses under their agreement.

The net-zero mandate, however, required the bargaining committee to find ways to pay for the improvements. With a number of options before them, the committee decided to do this by delaying the accrual of an extra day of vacation by one year, by changing the definition of general supervision on an interim basis, and by suspending the requirement to have a chief health science professional also on an interim basis.

"We knew the members would have a lot of questions about this agreement," said Johnson. "So we made every effort to make sure members had every opportunity to find out what they wanted to know.

"In addition to mailing an information package to all HSPBA members, we posted fact sheets and backrounders on the web site, ensured bargaining committee members, board members, and senior staff were on hand at every ratification vote meeting to explain the deal and take questions, used new technology to run two virtual town hall meetings for thousands of members, and responded to members' questions by phone and e-mail."

"Some members were frankly not very happy with the agreement," said



**HSA labour relations officer Sheila Vataiki takes questions from members as others cast their ballots.**

#### **Benefits have improved under the new agreement:**

- extra \$85/year in vision care (\$170 improvement every two years)
- \$900/year for psychologist services
- potentially hundreds of dollars for the removal of the dual dental restriction
- for the first time, HSA members can access upwards of \$350 a year for contraceptive coverage
- days off without using a vacation leave under the new special leave provisions
- service and seniority accrual while members take on management/supervisor responsibilities outside the bargaining unit

Johnson. "And I don't blame them for asking us tough questions.

"After two years with no progress, the bargaining committee took a hard look at the options before us."

Johnson explained that one option was to keep bargaining. The

committee rejected that option because economic circumstances in BC have not improved enough (eg, unemployment is still at high levels and the government still has a deficit) to break the net-zero mandate. In addition, the provincial political situ-



**Rick Lascelle (respiratory therapist, Ridge Meadows Hospital), Ernie Hilland (HSA staff), Larry Bryan (RPN, Haro Park Centre) and Feriba Rasool (cardiology technologist, Richmond Hospital) were part of the ballot counting process on March 1.**

ation has become more volatile; the HST has the potential to be defeated in the referendum on June 24, and the committee felt it would be unwise

contract left the bargaining association in a vulnerable position for defending jobs and benefits in the round of bargaining set to start in 2012.

**“AFTER TWO YEARS WITH NO PROGRESS,  
THE BARGAINING COMMITTEE TOOK A HARD  
LOOK AT THE OPTIONS BEFORE US.”**

to be bargaining at a time when the government is looking for ways to pay the \$1.6 billion penalty.

Another option, said Johnson, was to try to roll the existing contract over. The committee rejected this for two reasons. First, there was no guarantee the government would agree to a roll-over, and second, the existing

Going on strike was the other option, explained Johnson, but the committee saw a serious risk that members would be legislated back to work under an imposed contract with terms set by the employer, not the union bargaining committee.

“The choices before us were difficult,” says Johnson. “In the end we

managed to make some significant changes that will position us well for the future. We’re now in a better position to protect benefits and jobs, fix a classification system that’s been eroded by restructurings, and defend our members in the face of potential privatization and contracting out.”

“Still, members are angry that the government offered us so little after giving an increase to the nurses,” says Johnson. “And they’re right to feel that way.”

In the spring of 2009, as the government was preparing for the provincial election and well in advance of the expiry of the agreement, the government offered the nurses an extension of their contract and a wage increase. At the same time, HSA managed to secure a deal that included a wage increase for members but the deal was killed by the Premier’s office.

“It was a political decision,” says Johnson.

Ultimately, explains Johnson, the HSA’s success at the bargaining table in a tough political climate depends on raising the profile of our members. Along with a long-term plan for more aggressive advertising and government relations, the new agreement helps get us there through professional development that will see more of our members taking leadership positions in health care.

Check out the HSA web site at [hsabc.org](http://hsabc.org) for everything you need to know about the new agreement, or contact us directly by calling 604-439-0994, toll-free 1800-663-2017 or e-mailing [contract@hsabc.org](mailto:contract@hsabc.org). **R**



**Laurie Stone (employment services co-ordinator, Open Door Group Vancouver) expresses her appreciation for the strategic and forward thinking in negotiating and fighting to keep benefits for part-time workers.**

# Stewards' Meeting

On January 21 stewards from worksites around the province gathered in Vancouver to get a full briefing and ask questions about the agreement reached at the Health Science Professionals Bargaining Association.



**Board member Suzanne Bennett (Region 1) chats with participants during a break.**



**Wayne Guest (medical laboratory technologist, Royal Columbian Hospital) and Osita Hibbert (physiotherapist, Royal Columbian Hospital) assess details of the agreement.**



**Donna Mason (medical laboratory technologist, Golden and District General Hospital) expresses concerns at the mic.**



**Maureen Headley, Director of Labour Relations and Legal Services and Chief Negotiator and Reid Johnson, HSA President**

# Community social services: members meet to discuss next steps to secure a fair deal

**IN RECENT WEEKS**, HSA members working in community social services have attended membership meetings across the province to discuss next steps in their efforts to secure a fair collective agreement.

The multi-union Community Social Services Bargaining Association (CSSBA) held the meetings in response to an impasse at the bargaining table, where employers have refused to consider solutions to a range of problems affecting workers and the critical services they provide.

Josef Rieder represents HSA at the bargaining table, with HSA bargaining team chair Lynn Kelsey and consultant Ron Ohmart.

Rieder noted the unions have been in bargaining for more than a year. “Our members provide support services for some of the most vulnerable people in our communities. We need the employer to work with us towards real solutions,” he said.

HSA President Reid Johnson said the services provided are critical to ensuring healthy communities.

“When the court system or victim services or the health system refer people to ‘community services,’ that’s us. Community social service

**What you can do to help**

Send a message to your MLA! Bargaining association news for community social services: [cssfairdeal.ca](http://cssfairdeal.ca)

Check community social services news, and sign up to receive news and bulletins through HSA's website: [www.hsabc.org](http://www.hsabc.org)

Join us on Facebook [facebook.com/hsabc](https://facebook.com/hsabc)

Follow us on Twitter [twitter.com/hsabc](https://twitter.com/hsabc)

workers need improved working conditions to protect and stabilize the valuable services they provide,” he said.

Members attending the meetings voiced their concerns about the obstacles they face on a daily basis and were encouraged to get involved in activities to increase pressure on employers and government to achieve a fair deal at the bargaining table.

Members are encouraged to visit the unions’ website at [www.cssfairdeal.ca](http://www.cssfairdeal.ca) and send a message to their MLA.

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

**R** **UPDATE:** At press time, the bargaining association had resumed meetings to consider next steps. Check [hsabc.org](http://hsabc.org) for updates.



## Okanagan members celebrate annual OHS training day

BY KRISTEN NELSON

**ON NOVEMBER 29** the staff at the Okanagan Similkameen Neurological Society in Penticton had their annual Occupational Health and Safety training day.

Topics covered over the course of the day included infection control, workplace hazardous materials information system (WHMIS), natural disasters and safety within the workplace. A fire drill and facility safety inspection were also completed. The final agenda item was a

team building activity where staff divided into teams and completed functional activities such as cleaning the kitchen and washing down gym equipment.

Overall the day was enjoyable, informative and a nice chance for the team to reconnect and spend some time not worrying about caseloads. At the end of the day each staff member was provided with a 'wellness gift' of a small plant.

A big thank-you to HSA for financial support with assistance to provide lunch as well as the plants! **R**

## CURRENT DISPUTES

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

**United Steelworkers Local 9346 - VS - Teck Coal Ltd.**  
Major Issues: Benefits  
Commenced: Jan 30, 2011

**CMAW Local 1928 - VS - Cove Top and Flash Cove Employees**  
Major Issues: Benefits, wages  
Commenced: Dec 23, 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](http://twitter.com/hsabc)



HSA members participated in the 2011 Walk for Community Social Services. The Walk is held annually in Victoria to mark Community Social Services Month in March.

# Communities rally to halt group home closures

BY JASON SUNDER

**LAST OCTOBER**, HSA activists joined a network of community living advocates to address the provincial government's recent cuts to support services for people with developmental disabilities.

The network organized forums in Vancouver and Victoria. HSA members, local advocates, and families attended the forums, which culminated in a list of recommendations for the government. These recommendations included calls for increased government funding, more transparency and accountability, regulatory standards around home sharing, and the protection of group homes. The advocates also drafted a letter that urged the BC government to consider how these cuts would

negatively affect the people who need these services the most.

"We, as people, need to collectively raise our voices and no longer tolerate the people we care about to be auctioned off to the lowest bidder ... because it is wrong, and because it is not the way we treat our fellow human beings," said one of the panelists at the Vancouver forum.

The government's recent closure of 25 group homes in favour of home sharing was a particularly crucial issue. While a group home consists of rotating support staff, in the home share model a single provider is expected to live with and provide round-the-clock care for an adult with a developmental disability. Thirty more closures are expected by the end of March 2012.

“WE HAVE CONCERNS ABOUT THE NEW HOME SHARE MODEL BECAUSE THERE ARE NO CHECKS AND BALANCES. THERE IS NO INDEPENDENT OVERSIGHT AND THERE IS NO LICENCING. THIS IS NOT ACCEPTABLE.”

“Everyone has a right to a home,” said one parent. “With the home share model, the individual is living in someone else’s home and is at the mercy of the care provider. It all looks great at the surface, but it is not. I believe that it is a cost-saving measure placed on the backs of individuals who are vulnerable and are not able to speak for themselves.”

“Instead of person-centred services, what we have seen is budget-driven process. Everything is driven by how much it costs,” said Dawn Steele, volunteer coordinator for Moms on the Move.

“We have concerns about the new home share model because there are no checks and balances. There is no independent oversight and there is no licencing. This is not acceptable. Home share is a model that could work very well for some people if it was implemented properly, within a proper framework. But it hasn’t, and it has

tainted public perception of the whole model.”

A group home costs \$140,000 to run, while a home share costs \$29,000. This comes at a real cost; group homes provide fresh staff every eight hours, offering a significant advantage over home share arrangements, explained HSA Region 1 Director Suzanne Bennett.

“I never thought [the BC government] would cut the funding to these people. It’s put families in a horrible position,” Bennett said.

Bennett added that while research on the effectiveness of home sharing is scarce, service providers and families fear it will be inadequate for adults with complex needs.

A comprehensive report arising from the forums in Vancouver and Victoria will be published in conjunction with a campaign to promote the value of community social services. **R**

## Annual walk marks Community Social Services Month

BY JASON SUNDER

Community social services matter for everyone. To celebrate the important work of the men and women who provide them, March was declared Community Social Services Month throughout the province of British Columbia. These workers provide crucial services like child care, support for women and at-risk youth, advocacy, rehabilitation, and counselling services for the community.

The unions that represent community social service workers designed a brochure and poster to distribute throughout local communities. Union members also participated in local activities like the annual Walk for Community Social Services held in Victoria on March 26.

“Community social services are crucial for helping BC’s most vulnerable people, and HSA members know that,” said HSA president Reid Johnson. “Aside from their intrinsic value, community social services prevent sharp rises in health care costs.

“For example, an autistic child who is diagnosed early in life and given sufficient behavioural intervention and support has a much better chance to lead a happy life as a productive citizen. To cut these essential services, as the provincial government recently has, is short-sighted and will cost the province in the long term.”

Johnson has signed a letter on behalf of the HSA that asks mayors and municipal councils to declare March as community social services month.



Becky Packer (physiotherapist, Cumberland Health Centre) and Adesh Kahlon (diagnostic medical sonographer, CML) attend an HSA workshop for members considering running in provincial, federal or civic elections.

# Are you ready to run?

WITH ELECTIONS LIKELY AT THREE LEVELS OF GOVERNMENT THIS YEAR, NOW IS THE TIME

BY CAROL RIVIERE

**THE FEDERAL GOVERNMENT** is currently considering drastically reducing transfer payments to the provinces for health care and social services, and weakening the federal role in upholding medicare. At the same time, our provincial government is promoting the privatization of health care and social services on a massive scale. Meanwhile, both levels of government continue a reckless program

of cutting taxes for the wealthiest individuals and profitable corporations and then using this loss of revenue to

public sector workers.

President Reid Johnson urges HSA members to get involved in the

“CLEARLY THERE HAS NEVER BEEN A MORE CRITICAL TIME TO ELECT REPRESENTATIVES AT ALL LEVELS OF GOVERNMENT WHO SUPPORT PUBLIC HEALTH CARE AND COMMUNITY SOCIAL SERVICES”

justify slashing public services and the wages and working conditions of

upcoming elections in BC. “Clearly there has never been a more critical

**R**

Members planning to run for public office this fall are also encouraged to apply to their local labour council for endorsement. Contact information for labour councils is available at [www.canadianlabour.ca](http://www.canadianlabour.ca)

PHOTO: DAVID BIEBER

time to elect representatives at all levels of government who support public health care and community social services, and who recognize the value of the people who provide them,” says Johnson.

BC is facing the likely prospect of elections at all three levels of government in the next few months, and HSA is working to support members’ involvement in these elections. HSA delivered a non-partisan election campaign school to members in February and will be advertising future training opportunities for members who want to run for office or work in the upcoming elections.

Members can also apply for wage

replacement from HSA’s Political Action Fund to run or work in approved election campaigns, or to attend campaign training. To qualify for support, the candidate and political party that a member is working with must meet all of the following criteria, set by members at convention:

- a positive role for the public sector;
- the principles set out in the Canada Health Act;
- progressive legislation on occupational health and safety regulations; and

- free collective bargaining for public sector employees.

Members can apply for up to 20 days of wage replacement to run or work in an approved provincial election campaign; up to five days to run; or one day to work in a local government election campaign. Electoral financing rules prevent HSA providing such support in federal elections. Members interested in applying for Political Action Fund support to participate in election campaigns are encouraged to contact Carol Riviere at the HSA office for more information. **R**



## Members welcome new contract at CML

Lower Mainland CML stewards met last month with Senior Labour Relations Officer Dani Demetlika to discuss provisions of their new contract. HSA represents approximately 200 CML members on Vancouver Island and in the Lower Mainland. HSA’s members at CML work in medical diagnostic imaging, as well as support services such as transcription and reception. Pictured from left are x-ray technologists Lori Anilao, Orlando Robles, and Romy Malu-Ay.

# WorkSafeBC orders Vancouver Island Health Authority to protect employees

NINE SEPARATE ORDERS AT TWO FACILITIES FOLLOW HSA CALL TO PREVENT VIOLENCE

HSA NEWS

**IN AUGUST OF 2009**, a violent patient at Eric Martin Pavillion punched a psychiatric nurse. Then he kicked her. Then he beat her head repeatedly against the hard floor. The nurse was so severely injured she may never work again.

After another violent incident just a few months later, in March, the patient was removed from the Eric Martin Pavilion and transferred to a corrections facility – where he then assaulted a corrections officer.

Early in 2010, HSA called on WorkSafeBC to take action.

“Unstable psychiatric patients are often unable to restrain their violent behaviour,” said HSA President Reid Johnson, who has experience working psychiatric wards as a social worker. “Hospital management has to take responsibility for the safety of the staff as well as the patient.”

After a thorough inspection, WorkSafeBC issued orders compelling Vancouver Island Health Authority (VIHA) to protect employees from violence in the workplace. A total of nine separate or-

ders affect two Victoria-area mental health facilities and amount to a sharp condemnation of VIHA’s failure to protect the safety of staff.

“This is a staggering number of WorkSafeBC orders issued against

JOHNSON: “THIS IS A STAGGERING NUMBER OF WORKSAFEBC ORDERS ISSUED AGAINST ONE EMPLOYER.”

one employer,” said Johnson. HSA is demanding the VIHA immediately comply with all legal requirements.

“The includes regular risk assessments,” Johnson added. “It also means improving hospital intake protocols to ensure that care can be provided safely. We have also been calling on VIHA to increase security support,

“With proper safety precautions and systems in place, incidents like these are preventable. when patients are known to be violent and unstable, VIHA must make sure health workers are informed of past violent behaviour, and the potential for more. Hospital security and safety is a seri-

ous issue. I hope no one dies before VIHA acts on their responsibility.”

In recent years, WorkSafeBC has fined VIHA a total of \$225,000 for failure to take measures to prevent violence at Nanaimo Regional,

West Coast General and Campbell River Hospitals.

“For the first set of violations at Nanaimo General and West Coast General, VIHA was fined \$75,000,” Johnson said. “For the second set – at Campbell River – the fine doubled because the violations were so similar.”

WorkSafeBC has said the fines related to the violations at Eric Martin Pavilion and Adanac will be even more severe.

“Is this where our precious health care dollars should be going? Fines because of safety violations?” asked Johnson. **R**

**R**

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

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# A victory for common sense at Mission Memorial Hospital

EMPLOYER ADMITS CANCER CLUSTER EXISTS AFTER YEARS OF DENIED CLAIMS – THEN APPEALS

**IT'S BEEN A LONG EIGHT YEARS**, but for HSA members at Mission Memorial Hospital, a recent decision from the Workers Compensation Appeal Tribunal marked a major victory for the tireless work done by members who work in the lab at that hospital.

In 2002, several HSA members who work in the lab started officially raising concerns and questions about the incidence of cancer in the lab which had been a concern for a number of years. Seven of the people who worked there had cancer, and the incidence had climbed to 11 by 2005. Seven of those 11 had breast cancer.

After years of persistent work by members and HSA, the now-defunct Occupational Health and Safety Agency for Health Care (OHSAH) conducted an investigation, concluding that there was an identifiable cancer cluster – or a higher than normal rate of cancer – at the workplace.

While the employer, Fraser Health Authority, steadfastly stuck to a message saying there was no connection between the workplace and the cancer cluster, HSA members stuck to their commitment to find answers to the issues – and to find support for members who were suffering from cancer.

A number of WorkSafe BC claims were filed in 2006. In 2007, WorkSafe

BC denied the claims, saying that the workers did not get cancer at work. In 2008, six of the workers who had

sense.' Our decision does not mean we consider the workers' employment exposure was the only cause or

HSA WILL CONTINUE TO REPRESENT ITS MEMBERS TO FIGHT THE HEALTH AUTHORITY'S APPEAL, AND ENSURE MEMBERS WHO CONTRACTED CANCER IN AN IDENTIFIED CANCER CLUSTER AT MISSION MEMORIAL HOSPITAL RECEIVE THE COMPENSATION SUPPORT THEY NEED.

been denied claims appealed the decision to the Workers Compensation Appeals Tribunal.

On December 29 the tribunal released its decision, accepting three of the six claims that had been appealed.

The tribunal agreed that those workers' employment had some connection to their disease, citing a section of the Workers Compensation Act that states decisions must be made in favour of the worker where evidence supporting different findings is evenly weighted.

"We find the breast cancers of the three workers whose appeals are before us are occupational diseases due to the nature of their employment. We find that an inference in favour of causation for the three breast cancer cases is in keeping with 'ordinary common

even the predominant cause of their breast cancers. We are however satisfied their employment exposure satisfies the "deminimis" test. We say that, even though we acknowledge that the amount of exposure is not known and the specific carcinogens which contributed to their development of breast cancer are not known as part of that exercise of "ordinary common sense..."

Unfortunately, the work is not finished. Fraser Health Authority recently appealed the decision to the BC Supreme Court. HSA will continue to represent its members to fight the health authority's appeal, and ensure members who contracted cancer in an identified cancer cluster at Mission Memorial Hospital receive the compensation support they need. **R**

# Inspiring the next generation

HSA IS RAISING PROFILE OF HEALTH SCIENCE PROFESSIONS BY MEETING WITH STUDENTS

BY JASON SUNDER

A CAREER IN RESPIRATORY THERAPY felt like the perfect fit for a self-professed adrenaline junkie like Trevor Whyte.

“I love that there is no typical day. It can be an exciting day in critical care or a one-on-one moment with a patient that you may never have again,” he stated.

Whyte and fellow HSA activists spent the morning of February 11 talking to high school students about what drew them to their careers at the Surrey School District’s “Careers in Health – Connecting with Our Community” forum at Queen Elizabeth Secondary.

The forum provided HSA members with the opportunity to show young people that careers in health care don’t stop at the traditional role of doctor or nurse. In a climate where HSA professions continue to suffer staff shortages, initiatives like the “Careers in Health” forum are a great way for HSA members to reach out to young people and raise the profile of their professions, said Whyte.

“It’s important that people know what we do,” stated Whyte. “Respiratory therapy is a fairly obscure profession. We’re expected to be experts in our field. Doctors recognize that, and they’ll look to us to see our input into a particular situation. They’re very aware that respiratory therapists are respected members of the team.

“It’s interesting to see how inquisitive young people can be about career life,” Whyte added. “Students are definitely conscious about the considerations involved in choosing their future careers.”

Raising young people’s awareness about health care professions is especially important in a field that continues to suffer from staff shortages and an aging workforce,

said hospital dietitian Marg Beddis.

“I think we always have to think of who’s going to replace us when we retire, and make sure we have enough people to provide the information that’s required to a patient,” Bettis said.

Medical radiologist Charmaine Nathan engaged students with an interactive slide show that included pictures of ultrasounds and x-rays. In addition to her infectious enthusiasm for her work, Nathan emphasized the important role that health science professionals play in the health care team.

“IT’S INTERESTING TO SEE HOW INQUISITIVE YOUNG PEOPLE CAN BE ABOUT CAREER LIFE. STUDENTS ARE DEFINITELY CONSCIOUS ABOUT THE CONSIDERATIONS INVOLVED IN CHOOSING THEIR FUTURE CAREERS.”

“From the OR to healing, medical radiologists are a big part of the patient’s care. The doctors cannot do their job accurately without us. They really depend on us to help provide the care for the patient,” she said.

Nathan added that programs like the “Careers in Health” forum also help HSA members to build the public’s awareness about educational programs for health care careers.

HSA member and community mental health worker Gale Bell saw the forum as a way to give young people the knowledge that she didn't have as a student.

"If I'd known about this job in high school I could have saved myself about 20 years of a really unsatisfying career," said Bell. "This employer, the team I work with, the work I do, I love it. I'm so proud of it. I'm such an advocate for this profession."

An overwhelming majority of the participants shared Bell's passion for working closely with people. Health care workers love to help, said registered psychiatric nurse Larry Bryan.

"I want to give the students some information about where they can get their degrees, and talk about what sort of programs are available, but I also want to leave the script and talk about some personal things that have happened and what that means to me as a psych nurse. People are able to relate to that," he said. "That personal connection with the patients – that's the really good stuff."

"When people tell you how much your work means to them, it grounds you as far as why you do what you do. I love it. I get to work with people and hopefully make a positive influence," stated Bryan.

Surrey School District Career Education Coordinator Brad Tait emphasized how important it is to connect young people with health care professions other than that of the typical doctor or nurse.

"It's building connections with the community. In the Surrey School District, we're lucky that we're supported by the school board and senior management to promote career programs and to build these connections with the health care community," he said.

HSA activists are vital advocates for raising the profile of these professions, said Tait.

"The HSA professionals are invaluable. People were friendly and enthusiastic, and the students really appreciate that. We're trying to get people to see that there's a variety of careers in health care, that it may not be the traditional doctor or nurse." **R**



**Health professionals met with over 4000 students at a career fair held at Selkirk College in Castlegar**

## HSA participating in career fairs across BC

BY JASON SUNDER

HSA's student outreach plan isn't limited to the Lower Mainland. On February 23, more than 4000 area high school students were invited to the Selkirk Colleges Career Fair in Castlegar where HSA professionals were given the opportunity to showcase their professions and tell students why they love their jobs.

"If we can get young people interested in the sciences and the kind of work that we do, people like myself can look forward to retiring," said physiotherapist Janice Morrison.

Morrison added that a rewarding and well paying career doesn't always mean years of post-secondary schooling. For example, an in-demand profession like ultrasonography only requires 26 months of training, she said.

Morrison added that recruitment and retention were a major motivator for participating.

"Career fairs really help with this stuff. I just wish there were more of these when I was in high school. Sometimes you get put on a path and you don't realize what other opportunities are out there," said Morrison.

Additional career fairs will be held this spring in Cranbrook, Nelson, Surrey and Delta.

# The steady decline of BC's rehabilitation services

FEW NOW ABLE TO ACCESS COST-EFFECTIVE THERAPIES THAT CAN CHANGE LIVES

BY COLLEEN FULLER

**CUTS TO OUTPATIENT PHYSIOTHERAPY AND HIGH COSTS** in the private physio market are having a dramatic impact on patients who need effective rehabilitation therapy. Just ask Val Avery, a physiotherapist with 26 years experience at Royal Jubilee Hospital in Victoria.

“If you had a sprained ankle or chronic lung problems or back pain, you used to come to Royal Jubilee,” Avery said. “But not now.”

Some people with respiratory problems, Avery reports, are being prescribed antibiotics instead of physiotherapy, and orthopedic physiotherapy is only provided to people after an operation. Her department sees 12-15 patients a day, and these post-op clients are only eligible for a maximum of five days after they are discharged from hospital. But physiotherapy services for amputees, most of whom are older patients, as well as those with breast cancer and a range of serious chronic conditions are being pushed in to the private sector, Avery said.

Avery's experience is not unusual; increasingly, ordinary people in BC are having a harder time getting the rehabilitation services they need.

## THE LONG FALL

BC was once a worldwide leader in the field of rehabilitation services, but in the last few decades the system has fragmented seriously in terms of both provision and funding. The imposition of user fees for physiotherapy in 1987 was a serious blow to public access, and in the last decade the situation has only become worse. Access to physiotherapy services has fallen by between 20% and 43% since 2001 alone.

Rehabilitation is cost-effective and can significantly improve the quality of life among people with impairments

and disabilities. Providers like Avery say a lack of vision, commitment and accountability within the Ministry of Health is making it harder for people to access the services they need, undermining an important part of our health care system.

Physiotherapists, in particular, have seen the closure of hospital outpatient departments as well as a reduction in both the scope of services provided and the number of patients receiving care. Like a pebble dropped into a pond, the ripple effects of delisting and reduced public provision have caused hardship, pain and frustration for patients and their families.

## ACCESS DENIED

If you ask Scott Brolin, the Rehabilitation Project Leader at Royal Columbian Hospital, he'll tell you the Fraser Health Region doesn't have a huge wait list for rehab services. That's because a lot of patients just aren't seen.

Where you happen to be discharged, he explains, makes all the difference in your ability to access physiotherapy. “If you were hospitalized at Eagle Ridge but you live in Surrey, you won't make it on to Surrey Memorial Hospital's wait list [for outpatient physiotherapy]. Surrey Memorial only puts [its own] discharged patients on its wait list. No access equals no wait list.”

While geography often determines whether people are able to obtain physiotherapy and other therapy services in a timely fashion, economic barriers are a more serious impediment to access. Brolin says that in 2003, the Ministry of Health told hospitals they were allowed to cut outpatient services delivered by health science professionals if there were not generating revenue. More recently, some hospitals have instructed outpatient rehab providers to ask every client whether they have extended health care benefits and to consider this before placing them on the

## Physiotherapists like Val Avery are seeing patients being given antibiotics instead of the rehabilitation they need.



hospital's public wait list. Fraser Health Authority's Rehab Planning Department is reviewing all outpatient rehab services and developing a strategy to address the needs of ambulatory patients, but Brolin says that's not enough."

"We need to look at financial barriers as well as geographic ones," he emphasizes.

### NOT ALL PATIENTS WELCOME

Hospital stays in Vancouver have been reduced drastically, says Rachel Tutte, a physiotherapist at Holy Family Hospital. On the other hand, wait times for outpatient physiotherapy have increased significantly.

"Public outpatient departments are flooded with referrals," she says, but the patients being accepted are the ones with the least number of diagnoses.

"That's happening everywhere," Tutte said. "Most hospital outpatient departments have huge wait lists and they've cut back on the types of [patients] they will see." Tutte has been practicing for 20 years, and she says this is the biggest change she's ever seen in public outpatients physiotherapy services.

### GOING WITHOUT

Where do people turn when hospitals eliminate or reduce outpatient physiotherapy? Patients are forced to seek care from community-based providers, and most of these are private. Starting in 2001, when the Campbell government delisted physiotherapy from the Medical Services Plan for all but the poorest British Columbians, many people

have cut down on the number of visits, or stopped seeking required services altogether. A study by HSA shows that the average number of physiotherapy visits per person per year in BC declined by almost 50% among those still eligible for MSP coverage. The pattern is similar for those with extended health benefits, which usually cap the number of visits and require high co-payments. With the exception of a two-week window in post-acute home care, the number of barriers confronted by patients who need physiotherapy is increasing across the board.

In just two years, the Health Accord negotiated by the federal government in 2003 will expire. The Accord designated federal cash transfers to support two weeks of post-acute care, including rehabilitation services. However, the Accord did not include funding for long term home care or rehab services provided by community-based professionals. Nor did it establish national standards for home care; for example, many provinces, including BC, do not include speech language pathology in publicly-funded home care programs.

With a federal election on the horizon, this is an issue that Canadians will have to put on the table to ensure that those who are discharged early from hospital are able to receive the physiotherapy and occupational therapy they need. **R**

*Colleen Fuller is an author on health care policy and independent health researcher with the Parkland Institute. She conducted research for HSA on the state of rehabilitation services in BC.*

# Growing inequality corrodes future for all

CHILD POVERTY REPORT CARD MAKES RECOMMENDATIONS FOR CHANGE

BY ADRIENNE MONTANI

**ANOTHER YEAR, ANOTHER REPORT CARD** for BC showing too many children growing up in poverty. The latest available figures (2008) show 121,000, or one in seven, BC children living in poverty. Alarming, the poverty rate for children under age six was even higher at 20%, or one in five. As in previous years the risk of poverty was higher for children in female lone-parent families (31%), more than twice the risk for children in two-parent families. The majority of poor children (67%) lived in two-parent families.

The vast majority of BC's poor children lived in families with some income from paid work, evidence of low wages and inadequate hours or weeks of work. Low wages were clearly the problem for the more than one third of BC's poor children who had at least one adult working full-time, full-year.

And take note: these 2008 numbers may well be the lowest poverty figures of the decade. The recession that started in late 2008 is almost certain to produce higher poverty figures in 2009 and 2010.

These statistics illustrate our failure to address the growing inequity in income distribution in our province and country. The gap between the incomes of the richest 10% and poorest 10% of families with children grew from a ratio of 11 to one in 2007 to 14 to one in 2008. Families in the three lowest income deciles saw an actual decline in their incomes between 1989 and 2008.

Such a high level of inequality is creating a dysfunc-

tional society. It is correlated with a host of social ills, such as higher rates of mental and physical illness and higher levels of violence. Growing up in poverty in a rich society corrodes children's health and future prospects. These are not trends we want to continue.

So what can we do? Inequality and poverty are socially constructed through the labour market and our public policies. Other countries do better through fairer taxation, stronger investments in supports for families and early childhood development, higher rates of unionization or worker control, and more robust human services.

The Child Poverty Report Card makes a number of recommendations for change, not least of which is a government commitment to a BC poverty reduction plan with legislated timelines and targets. HSA members have repeatedly expressed concern about child poverty through resolutions. First Call encourages HSA members to continue to press for systemic solutions by communicating with your elected representatives, and others in your circle of influence – family, friends and co-workers, and, of course, through union activism.

We can do better and the need for change is urgent. The window of opportunity for healthy development for each child is short, and those growing up in poverty cannot be asked to wait any longer. **R**

*Adrienne Montani is the Provincial Coordinator at First Call: BC Child and Youth Advocacy Coalition.*

**R**

The 2010 Child Poverty Report Card is available from the First Call office in Vancouver and can be downloaded from the First Call web site at [www.firstcallbc.org](http://www.firstcallbc.org)

## NEED HELP?

HSA's experts are available to assist

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

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

> contact

> find your steward

2. For regional labour relations issues, or if your steward can't help, contact the HSA office and speak to a labour relations officer: toll free 1.800/663.2017, or 604/439.0994 in the Lower Mainland.

3. For all provincial, national, or union policy issues, contact your elected regional director (listed on the back cover).

We're the glue that holds modern health care together.

And without us, health care would be set back 100 years.



HEALTH SCIENCES ASSOCIATION  
The union delivering modern health care

### MOVING?

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

#### RETURN TO:

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

#### OR EMAIL:

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

MEMBER # (AT TOP LEFT OF MAILING LABEL)

### CHANGE OF ADDRESS

SURNAME

GIVEN NAMES

FACILITY / WORKSITE(S)

NEW HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TEL.

( )

WORK TEL. & LOCAL

( )

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

# All together now

GET INVOLVED IN NUPGE'S CAMPAIGN TO PROTECT PUBLIC SERVICES THROUGH TAX FAIRNESS

**IN SEPTEMBER 2008**, the world's financial system was in freefall. Fortunately, the bottom didn't entirely fall out of the global economy. It didn't because governments around the world – the public sector, we the taxpayers – spent trillions of dollars collectively to save the private sector from a more catastrophic crash. However, the recession, stimulus spending and tax cuts have hit government finances hard and public debt has grown. Some governments and business groups are now arguing that we'll have to cut the amount the government spends on public services and public employees and turn over some public services to the private sector.

Families rely on quality public services every day and when times are tough they need these services more than ever. Cutting public spending on services provided in our local hospitals, or the schools in our community, or the home care that helps frail seniors, or the programs that protect our food and water safety, or the early learning centres that give our children the best start in life would be irresponsible and damage the quality of life for families.

Many economists are warning that large scale cuts in public spending and job losses in the public sector could push our economy back into recession. Getting people back to work in the private sector and keeping people working in the public sector is the best way to strengthen both the economy and government finances.

Big spending cuts are not inevitable; they are a political choice that can be prevented. The National Union of Public and General Employees (NUPGE) is speaking up for public services and for the people who provide them. We are campaigning at a national, provincial and local community level to make the case for properly-funded, high quality public services.

By speaking out now we can also encourage politicians to consider real alternatives to deep cuts and privatisation

of public services. For example, taxing the banks and financial institutions that caused the economic crisis in the first place is one example. And our politicians could take many steps to make our tax system fairer – ending ineffective tax cuts for corporations like WalMart, ending tax loopholes for CEO stock options, and ensuring the very wealthy pay their fair share are three good examples.

By working together we can apply political pressure and influence public policy. Strengthening public services and ensuring tax fairness is the right thing and smart thing to do. The task has never been more formidable. The need has never been greater. **R**

## Here's how you can get involved at [www.alltogethernow.nupge.ca](http://www.alltogethernow.nupge.ca):

- Join our email list so you can stay up to date on the campaign
- Book a presentation with one of our Champions for Change
- Take the Equality Pledge
- Add your voice to thousands of others who are speaking out by uploading a photo with your own personal message
- Sign on our proclamation for quality public services and tax fairness
- Use our online calculator to determine how many jobs will be lost if your government cuts public spending
- Read about The Fairness Test and find out if your provincial government budget passes or not
- Use our Words That Work resources to ensure we're all using the same persuasive messages

# How stable is your pension?

## MPP IS DESIGNED FOR THE LONG HAUL

BY DENNIS BLATCHFORD

**I'm hearing – and reading – a lot of bad news on the pension front these days. As someone planning to retire in the next few years, what assurances do I have that the Municipal Pension Plan (MPP) won't be forced to cut benefits to retirees in the years ahead as is currently happening with some US state and private sector pension plans?**

In many jurisdictions there is a lot of turmoil about the sustainability of pension plans. In fact, if you read some of the business press you might be convinced that defined benefit pension plans, like the MPP, will go the way of the dodo bird sooner or later. And certainly there is a lot of pressure on pension plans that were seriously damaged by the financial meltdown in 2008, and now having to live with the aftermath of steep investment losses. Further, some pension plans were lulled into assuming that financial markets would continue to provide significant value to their plans and structured their retiree benefits accordingly. Now the party is over.

However, despite the dire warnings you may read in the press, pension plans can be well managed, can derive long-term value from their investments, can be affordable for plan members and plan sponsors, and can keep their promises to retirees despite the ups and downs in the markets. And I'm happy to report that the MPP is one of those pension plans.

**What makes you so confident that the MPP can continue to meet the pension promise for retirees? I'm sure the retirees at Nortel thought their retirement was secure as well and look what happened.**

Unlike private industry pension plans which can be affected by the health of the sponsoring enterprise, the MPP is structured on the basis of the continued need for public services to the citizens of BC. Whether it is health care, education, municipal works, or other vital community services, the demand for services is not likely to abate in a growing province like ours. So for the purposes of designing a solid pension arrangement, the activities that contribute to the pension plan can be considered a 'going concern' and thus the pension plan can be designed for the long-term. It also helps that we live in a very desirable region and have a relatively solid economic base. People want to live here and that means increased demands for the types of services members of the MPP provide.

So while there may be ups and downs in the economy, and public policies and practices may vary from time to time, there is a high level of certainty that these services will remain a vital part of the social and economic fabric of our province well into the future. These are the ideal conditions on which to build a comprehensive and stable pension plan that can conduct its affairs with a view of the long-term and build the capacity to weather the downturns in the economy when those conditions inevitably arise. Pension plans are a vital part of a modern economy from both a social policy and an economic perspective; and nobody should apologize for having earned a decent and secure pension for their life's work.

**So I can count on that pension check in the mail when I turn 100?**

Or 101, or 102..the MPP has got you covered. **R**

**R**

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



## A perfect fit

**MEDICAL RADIATION TECHNOLOGIST** Christin Lumsden credits an innovative school program for pointing her in the direction of a job she loves.

She considers herself lucky to have found a profession that perfectly fits her interests: it's varied, offers meaningful human relationships, lets her use sophisticated technology, and provides many opportunities for continual learning and career growth. As well, jobs are plentiful.

She had never contemplated medical radiation technology when she entered a grade ten job-shadowing program.

"I had thought I wanted to be a dental hygienist, but when I went to see what they did, I thought, 'no way.' I went to the nursing ward and shadowed an acute care nurse and a pediatric nurse and felt that no, that's not really for me either. But when I shadowed the medical radiation technologist, I got really interested," she says.

PHOTO: DAVID BIEBER

Lumsden redirected her high school studies to include the physics and biology she needed, and enrolled in what is now a two-year program at BCIT. She graduated as a general radiation technologist and has worked at Surrey Memorial Hospital for eight years, doing diagnostic imaging with a specialty in interventional procedures.

Interventional work, for a medical radiation technologist, means using imaging to direct procedures, both diagnostic and therapeutic. The images provide the road maps that allow the radiologist to guide instruments such as needles and catheters through the body.

"Mostly I am working with cancer patients, but also those with liver disease and renal failure. I assist with procedures like chest-tube insertions, abscess drainages, biopsies, percutaneous nephrostomies (draining urine from the kidneys when there is a blockage due to cancer or kidney stones, for example) and gastric tube (short term feeding tube) insertions. A lot of the things that used to be done in the operating room we now can do in medical imaging, using minimally invasive procedures, which is great," she says. This reduces physical trauma and infection rates, and shortens recovery time.

Lumsden loves learning about and using advanced technology, but she also really enjoys developing relationships with patients. Specializing in interventional work gives her this opportunity. "We get to spend more time with patients, compared to performing general radiography, and so I really feel I am making a difference in the patient's experience" she explains.

This side of her work demands patience, knowledge and a positive or sometimes objective attitude, says Lumsden. She works hard to bring these qualities to every single encounter.

"We will spend up to an hour with a client, and some we see frequently because they are coming back regularly for the same procedure, or follow-ups. I answer their questions, and respond to their concerns, and hopefully make the procedure more

comfortable for them.

“Everyone says I’m happy and pleasant to be around, and they say that helps them. It’s better than seeing someone who is tired and overworked – which of course I am but I would never tell them!” says Lumsden with a laugh.

Indeed, the heavy workload, due to an underfunded health care system, is the only dark cloud in an otherwise sunny work situation for Lumsden.

“We’re all really happy with our jobs, but we’re frustrated with the government. Everyone else – employers, patients, and co-workers – appreciates us, but the government does not recognize how hard we work and how sensible it is to fund public health care,” she says.

Lumsden recently witnessed the effect of a 10% cut in medical imaging funding across British Columbia. “This has meant consolidation of workplaces, changes in job descriptions, and a loss of supervisory and technologist positions. We are lucky here at Surrey Memorial because we were reaching our benchmarks and are opening a new outpatient facility in June which created new jobs, but I see how it has impacted other sites.”

Lumsden praises her employer for keeping workloads manageable by setting a benchmark total of exams she and each of her colleagues can perform. “We are still achieving higher than the benchmark but this will hopefully improve with the opening of the outpatient facility,” she says. “We definitely work full out when we are on duty.”

In this pressured environment, the union’s work to protect employees really stands out.

“I know I work really hard, but I also appreciate my personal time. If overtime is required I communicate with my management to make sure I get paid for it. And I advocate to my co-workers that they don’t have to work for free, either. That’s one of the reasons why I’m a steward.”

Lumsden became an HSA steward four years ago after discovering for herself how helpful the union can be when needed.

“I had some workplace concerns and spoke with our chief steward about them. I was really impressed by the way I got my questions answered. My steward encouraged me to become a more active participant with HSA. So I went to steward training provided by HSA and attended the annual convention to see our union’s democracy first hand.

It really helped me feel confident to speak out,” she says. As well as her stewardship position, Lumsden was elected as a member-at-large (MAL)

two years ago, a position which got her more involved with activism and the HSA committees such as the resolutions committee.

Lumsden says that for her, the ability to stand up and defend workers’ rights is a learned skill. “It takes experience, knowledge and confidence. I really credit the training and support I’ve received from HSA, and I’m always learning and trying to gain more knowledge so I can be more effective.”

Although Lumsden is a busy person, she doesn’t see “not enough time” as a reason to avoid union activism. “It’s a small time commitment, really. There is no obligation to do more than I can manage. That’s how I promote involvement: do as much or as little as you can. Any amount helps. Everyone can make a difference by putting in a bit of effort and work.”

After all, she points out, the rewards are tremendous. “It’s been so great meeting HSA members from all professions, and from all over the province, and working with the staff at HSA. I really appreciate all the hard work and experience and knowledge that they bring. I feel very comfortable knowing that’s where my union dues are going.” **R**

LUMSDEN LOVES LEARNING ABOUT AND USING ADVANCED TECHNOLOGY, BUT SHE ALSO REALLY ENJOYS DEVELOPING RELATIONSHIPS WITH PATIENTS.



**Committee on Equality and Social Action members attending IWD celebrations this year: (L-R) Kimball Finigan, Colette Barker, Irene Lanzinger (BC Federation of Labour Secretary-Treasurer) Suzanne Bennett, Irene Hobbins, Wendy Reilly.**

## Much accomplished, so much more to do

OUTGOING BOARD MEMBER SUZANNE BENNETT REFLECTS ON IWD AT 100

BY CAROLE PEARSON

**THE FIRST INTERNATIONAL WOMEN'S DAY** was commemorated on March 8, 1911. It was hoped that on this day, each year, women could join together to further their goals of universal suffrage and basic political and economic rights.

"In 1911, Canadian women did not have the right to vote and had few employment options outside the home," says Suzanne Bennett, chair of HSA's Committee on Equality and Social Action and Director for Region 1. "Working women were

limited to jobs in clothing and textile factories or professions like teaching and nursing. In return, they were paid up to 80 per cent less than men and expected to quit their jobs – or be fired – once they married or became pregnant."

After 100 years, Bennett explains, much has been achieved and this leads some younger women to assume there is nothing more to accomplish.

"People ask how International Women's Day is still relevant after 100 years," says Bennett. "It's not just about celebrating past victories. It's about planning for the work that remains to be done."

There are many issues confronting women in the 21st century, says Bennett. One of the most important facing women of the baby boom generation is retirement.

"Women who earned less than their male counterparts for much of their working lives are now finding their pensions are lower as a result," says Bennett. Those who temporarily left the workplace to raise a family face even greater challenges.

Overall, retired women receive only 60 per cent the pension income of men. That's why, 100 years later, improvements to women's pension rights remains high on the agenda.

"The BC Federation of Labour has a slogan: 'what we desire for ourselves we wish for all,' says Bennett. "If you are not in a place where you have to struggle, I believe we all have an obligation to help our sisters who are. With HSA, we have a lot of amazing women and we can take a leadership role in making things happen."

Bennett, a youth addictions counsellor, is stepping down after years of service on HSA's board of directors and in other key roles.

"Suzanne has been a tireless advocate for women in our union and in society," says Reid Johnson, president of HSA. "She's achieved a lot over the years as a member of our Board and through her work with members in so many roles. She deserves a rest and we wish her well." **R**



## Get involved and help tackle the issues you've identified

**WITH THE HSPBA COLLECTIVE AGREEMENT CONCLUDED**, the labour relations team at HSA has turned its focus to getting the negotiated committees down to work.

These committees were a commitment from the unions and the employer to work through the difficult issues in a focused way with time and opportunity for a thorough canvass of options, including the opportunity to trial solutions.

At information meetings throughout the province since the fall of 2010, members have expressed interest in these issues, and HSA will be looking to members for participation in the work of these committees.

**Insufficient Off-Duty Hours Working Group:** This group is a concerted effort to finally find creative and effective solutions to the quality of life issues related to call. The group will review practices and provide recommendations to reduce the need for overtime and call-back, and will report by September 30, 2011.

There are no easy or cookie-cutter solutions to the challenges with on-call and call-backs. Even within the union bargaining committee, there was no consensus on solutions.

This will be an active working group, and HSA members are encouraged to provide feedback, ideas, and proposed solutions. The union will be forming a members' committee to act as a representational focus group. The objective is to run pilot projects before the end of September, and to have solid proposals to take forward to 2012 bargaining.

**Joint Classification Committee:** HSA has already done considerable work on the modernization of the classification system. Last year a series of profession-specific focus groups identified issues in the classification system that pose problems, and explored solutions to those issues.

Both parties agree that a priority of a changed classifi-

cation system is to create a full scope working level professional, which ultimately sees the existing Grade II rate of pay at the entry-level.

In preparing for the work of the committee, the union wants to hear from you about the challenges you face with the current classification system, and the challenges we face in bumping the entry-level rate from Grade I to Grade II, including how this affects professional practice teams. This committee will reporting out October 31, 2011.

**Benefits Joint Working Group:** this group will review the terms of the extended health and dental benefit plans with a focus on identifying benefit plan changes that will maximize the value of benefits while reducing benefit costs. The group will explore a wide range of alternatives, and will submit a final report by September 30, 2011.

**Professional Development Fund:** Administration of a \$450,000 fund will be determined by a joint committee, which must meet within 60 days of ratification to develop priorities and terms of reference. The funds will be accessible by HSPBA members.

This collective agreement is your collective agreement. Members' acceptance of this agreement brought with it a responsibility to work together to find solutions to long-standing challenges that we will be able to take back to the bargaining table in less than a year.

To members interested in participating in any of these committees, or who have suggestions for the committees to consider, I welcome your feedback through email sent to [contract@hsabc.org](mailto:contract@hsabc.org). **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.

**President** [webpres@hsabc.org]  
Reid Johnson, MSW  
Centre for Ability

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

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

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

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Richmond Hospital

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Surrey Memorial Hospital

**Region 8** [REGION08@hsabc.org]  
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