

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA



## AUDIT SLAMS PRIVATE CLINICS

# LOTS TO TALK ABOUT



LIKE THOSE OF YOU WHO ATTEND A LOT OF MEETINGS, I NOTICE THAT SOME OF THEM AREN'T THAT PRODUCTIVE.

But that's not how I feel about the regional meetings we hold annually. With more than 16,000 members working in over 75 professions at 250 facilities in communities all over the province, I look forward to the regional meetings as an opportunity to connect with you and hear what you have to say about the work you do and the challenges we face as an organization.

This fall is no exception.

We're several months into another extraordinarily challenging round of contract negotiations. Like last time, but using different terminology, the government is insisting on zeros unless we're willing to give up the benefits needed to pay for wage increases. Members are frustrated with this sort of penny-wise, pound foolish attitude where the government's obstinate refusal to consider a fair and reasonable salary increase is exacerbating recruitment and retention issues that grow worse each day, threatening the quality of patient care and, in some cases, the lives of the people we serve.

Our members in the community social services sector have already voted in favour of striking to support their efforts to achieve a fair collective agreement, and at many other tables in the public sector - strike

mandates are in place and strike votes are rolling out.

Our dedication to our patients and clients runs deeply. We don't take the possibility of job action lightly. But we are faced with the challenge of a government that is willing to play political games with the people who hold our health care and social services systems together every day, and we need to consider action that balances the public's need for our services and our members' need to be treated with respect. I look forward to hearing your thoughts on this.

Here's another thing: with essential service levels being hammered out, we've noticed a trend towards a growth in excluded management ranks, leaving fewer professionals involved in direct patient care. We're concerned about this, and I hope to hear about how this is affecting your workplace.

With a provincial election now just months away, and a government intent on picking fights with public employees like you in a misguided attempt to score a few votes, we're going to have a lot to talk about.

See you there.

A handwritten signature in black ink, appearing to read "Reid Johnson".

*Our dedication to our patients and clients runs deeply. We don't take the possibility of job action lightly.*

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# RUNNING FOR



# YOU



WHEN MARI MILLS, A PHYSIOTHERAPIST WHO JUST RETIRED FROM HER POSITION AT HOLY FAMILY HOSPITAL IN VANCOUVER, FIRST DECIDED TO RUN FOR THE CURE, SHE HAD NO IDEA SHE'D BE RUNNING FOR HERSELF.

Having volunteered to serve as a team captain in 2010, Mari began to wonder if she should get a mammogram herself. She did, and the results came back positive.

Thanks to early detection, her treatment for breast cancer was successful. Now Mari, seen here on the left, is running for you.



## RETRAINING FUNDS AVAILABLE

IF YOU ARE AN HSA MEMBER WHO WAS LAID OFF AFTER JANUARY 28, 2002 DUE TO RE-TENDERING, CONTRACTING OUT, OR BUMPING from a health care job in the community subsector, or if you are a current employee in a community subsector job and are interested in skills development, you may be eligible for reimbursement of training costs.

The Joint Community Health Retraining Fund provides applicants with opportunities to upgrade skills in their current job, a related job or other job classification.

To apply, download the Application Form from [hsabc.org](http://hsabc.org). If you want a copy of the printed Application form, call the Joint Community Health Retraining Fund at 604-291-9611 or 1-800-663-1674.

The retraining funds are available as a result of a settlement between health unions, health employers and the BC government related to a June, 2007 Supreme Court of Canada ruling on Bill 29.

## HSA ENCOURAGES MEMBERS TO VACCINATE

BC'S PROVINCIAL HEALTH OFFICER PERRY KENDALL HAS ANNOUNCED NEW MEASURES FOR INFLUENZA PREVENTION AMONG HEALTH CARE WORKERS AND PATIENTS.

Under the new policy, if health care workers chose not to be vaccinated they will be required to wear a surgical/procedure mask during the flu season - generally the end of November to the end of March. During an influenza outbreak, the mask-wearing policy will be suspended, and health care workers who have not been vaccinated may

be redeployed or told to stay home.

Some HSA members may have medical, religious, or other personal reasons for not getting a flu shot. In these cases, employers often attempt to find alternate work if possible. In the event that the Provincial Health Officer declares a flu outbreak at your facility, health care workers who refuse the vaccination can be sent home without pay.

HSA encourages health professionals to get immunized against seasonal influenza. Keep your immunization record current and your employee health file up to date by receiving a flu shot at an employer-run clinic.

HSA is reviewing the new mask policy with occupational health and safety and legal experts, and will investigate the implications for members. In order to encourage increased participation in the vaccination program, HSA will work to encourage employers ensure better access to on-site vaccination clinics.

## HSA ROLLS OUT ADS IN PRINT, ON LINE AND ON TV

HSA WILL BE PROMOTING THE WORK OF ITS MEMBERS WITH A HIGH-PROFILE AD CAMPAIGN THROUGHOUT SEPTEMBER AND OCTOBER.

As in previous years, HSA will be highlighting its participation with Run for the Cure with print ads in publications around BC in the weeks prior to the September 30 event. The ads will be supported by social media activity and on line ads.

HSA will also be rolling out two TV ads for province-wide viewing. The ads will run from late September to the middle of October and will continue the HSA's work of defining our members as essential to the modern health care team.

Check out [hsabc.org](http://hsabc.org) to see the ads - or just wait for them to appear during your favourite prime time TV shows.



TOGETHER AT LAST – TONIA CHERRIS AND TASHA JOHNSON ACCEPTED THE 2012 DAVID BLAND AWARD ON BEHALF OF ALL PSYCHIATRIC NURSES AT THE PSYCHIATRIC INTENSIVE CARE UNIT AT ROYAL JUBILEE HOSPITAL – BUT TASHA (RIGHT) COULDN'T ATTEND THE AWARD CEREMONY AT CONVENTION.

## ERGONOMICS REPORT FOCUSES ON RISKS IN CARDIAC ULTRASONOGRAPHY

HSA HAS RELEASED A NEW REPORT ON THE ERGONOMIC RISKS OF CARDIAC ULTRASONOGRAPHY.

The report, available at [hsabc.org](http://hsabc.org), was contracted in response to concerns that an earlier publication by HSA and WorkSafe BC – “Best Practices for Diagnostic Medical Sonographers” – included insufficient information on cardiac ultrasonography.

The original report was distributed in February following years of efforts by HSA to get WorkSafe BC to take action on the high level of work-related injuries for ultrasonographers.

Research showed that 80 per cent of these workers suffered pain and a degree of disability due to their work, and 20 per cent were unable to complete their career in the field.

In May, FORME Ergonomics was contracted by HSA to complete a brief review of ergonomic concerns in cardiac ultrasonography and determine whether additional information on this type of diagnostic sonography could be provided.

The report and associated recommendations is based on observations and interviews during FORME’s site visits with

cardiac sonographers at Peace Arch Hospital.

Taken together, these publications will not only help lower injury rates through prevention, but will also hopefully assist injured ultrasonographers receive fair treatment for their claims because WorkSafe BC itself helped produce and distribute the recommendations.

# MEMBERS VOTE TO TAKE JOB ACTION

## HSA MEMBERS IN COMMUNITY SOCIAL SERVICES GIVE STRONG MANDATE TO STRIKE WHILE COMMUNITY HEALTH WORKERS TAKE STRIKE VOTE

MEMBERS IN COMMUNITY HEALTH SERVICES AND SUPPORT ARE TAKING A STRIKE VOTE WHILE A VOTE TAKEN IN JULY SHOWS COMMUNITY SOCIAL SERVICES WORKERS AROUND THE PROVINCE OVERWHELMINGLY SUPPORT JOB ACTION TO BACK THEIR BARGAINING PROPOSALS.

Members in General Services voted 85 per cent in favour of strike action. Members in Community Living Services voted 90 per cent in favour. Strike votes are now underway in Aboriginal Services after talks broke down on August 17. All three are part of the community social services table.

"HSA members are joining with members in nine other unions who represent the 15,000 workers in this sector who have given their bargaining committee the strong strike mandate it needs. This vote sends a clear message to the provincial government that these members are prepared to stand up for a fair and reasonable settlement," said HSA president Reid Johnson.

With a strong strike mandate backing members' demands for a fair deal in General Services and Community Living Services, the Community Social Services Bargaining Association (CSSBA) will meet with employers on September 17 and 18.

Job action is likely without a

change in government's restrictive so-called "cooperative gains" bargaining approach. It dictates that all public sector workers must find "savings" in their collective agreement to fund any wage increase.

Currently, the bargaining association is pressing the last employers to complete their essential services levels, which must be in place before unions can commence any job action.

Negotiations broke down in early June between the provincial government, employers and the 10 unions representing B.C.'s 15,000 community social services workers. Community social service workers provide services to men and women, children and families, youth, people with physical or developmental disabilities and First Nations in towns across British Columbia. They are the lowest paid workers in the broad public sector.

Outstanding issues include: wages, benefits, sick leave and reimbursable expenses. The employer is also demanding concessions and wanted to remove improvements negotiated in the last round of bargaining.

As members took part in the strike vote, news broke that senior executives at Community Living BC were receiving huge bonuses of 10 per cent or more.

### COMMUNITY HEALTH TAKES STRIKE VOTE

Talks to renew the Community Health Services and Support provincial contract adjourned in

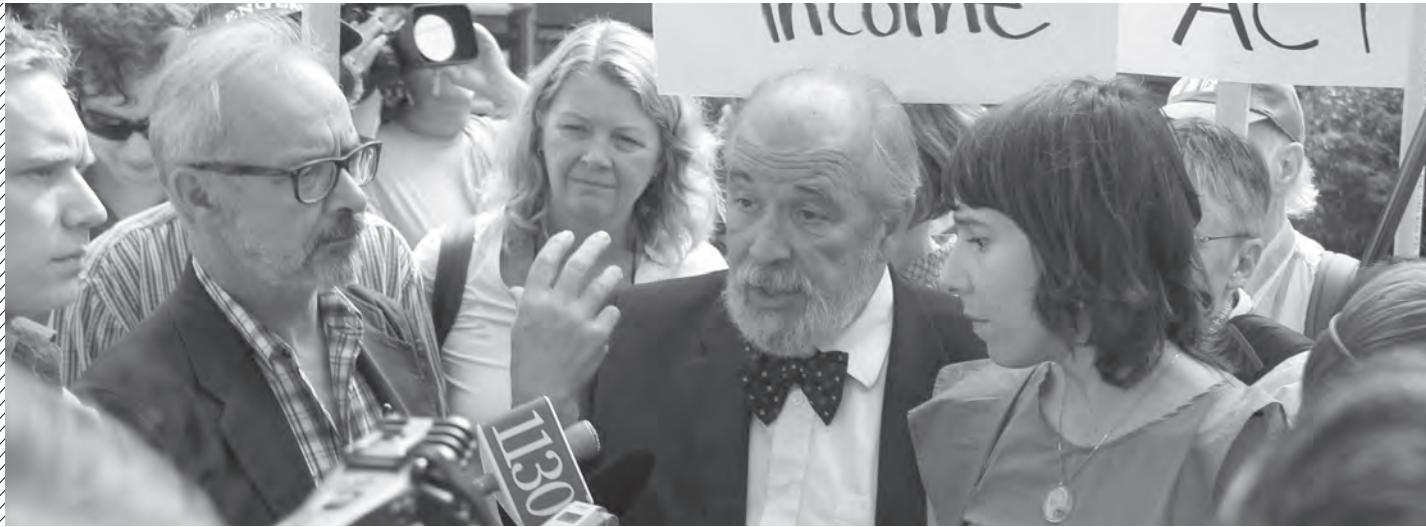
*As members took part in the strike vote, news broke that senior executives at Community Living BC were receiving huge bonuses of 10 per cent or more.*

August and the unions are currently conducting a strike vote.

Johnson said that after eight long months at the bargaining table, members in community health services and support deserve a fair and reasonable deal.

"These workers provide crucial services in many community settings," he said. "They are autism interventionists, child care assistants, and front line advocates for community health centres. They work as preschool teachers, residential care workers, in supported child care, as women's support workers at transition houses, and in mental health and addiction rehabilitation support. And much more."

Johnson urged community health services and support workers to vote yes to give the bargaining committee a strong mandate. "Voting yes will send a clear message to the government and to employers that we're prepared to stand up for fairness."



DR. BOB WOELLARD OF CANADIAN DOCTORS FOR MEDICARE SPEAKS TO MEDIA OUTSIDE THE CAMBIE SURGERY CENTRE IN AUGUST

## PRIVATE CLINICS ORDERED TO STOP ILLEGAL BILLING

THE CAMBIE SURGERY AND SPECIALIST REFERRAL CLINICS HAVE BEEN ILLEGALLY BILLING PATIENTS HUNDREDS OF THOUSANDS OF DOLLARS, SAYS AN AUDIT PERFORMED BY BC'S MEDICAL SERVICES COMMISSION.

An audit report released July 18th shows almost half the procedures performed at these for-profit clinics involved some type of billing prohibited by BC's Medicare Protection Act and the Canada Health Act.

The audit found nearly \$500,000 in extra-billing within just a small sample of the procedures at these clinics, including at least \$66,000 that appeared to involve double billing (where both the patient and BC's Medical Services Plan were billed for the same procedure). Patients were often illegally billed at rates far greater than allowed under the MSP tariff – in some cases up to 500 percent more. In one typical example, a patient was billed \$7,215.00 for services for which the tariff allows only \$1,288.04.

The Commission gave the clinics

30 days to stop their illegal billing. When the clinics refused, the Commission applied for a court injunction to compel compliance with the Medicare Protection Act. Dr. Brian Day has made it clear that the clinics will fight to protect their profits by challenging the constitutional validity of the Act. The injunction application was pending as The Report went to press.

For-profit clinics weaken public health care in several ways, including by draining scarce health professionals from the public system, leaving the vast majority of patients who can't afford private care with longer wait times in the public system. In addition, the federal government is entitled to deduct an amount equal to the clinics' illegal billing from federal funds transferred to BC to help fund public health care.

The BC Health Coalition believes the Minister of Health should act to counter the clinics' negative impact on BC patients, says HSA member and Coalition co-chair Rachel Tutte. "The Minister should impose a moratorium on any expansion of for-profit care in BC. He should cut off the

*Patients were often illegally billed at rates far greater than allowed under the MSP tariff – in some cases up to 500 percent more.*

huge public subsidy to these clinics, and demand full accountability and transparency."

In addition to seeking an injunction, the Coalition believes the MSC should exercise its extensive powers to ensure compliance with the Medicare Protection Act. "They could cancel the MSP enrollment of doctors engaged in illegal billing, and force doctors or clinics to refund illegal charges to patients," says Tutte. "The provincial government must draw the line, and protect patients from two-tier care that allows special treatment for the wealthy and leaves the rest of us with longer waits, crowded hospitals and declining care."

# BARGAINING UPDATE

CONTRACT NEGOTIATIONS HAVE CONTINUED OVER THE SUMMER AND WE EXPECT NEW DEVELOPMENTS IN SEPTEMBER – CHECK HSABC.ORG FOR THE LATEST

Almost all HSA members are represented by one of the four bargaining associations below. Jeanne Meyers, Chief Negotiator for the Health Science Professionals Bargaining Association and HSA's executive director of legal services and labour relations, said all four bargaining tables in the health and community social services sectors report slow negotiations. In some cases, the bargaining committees are not currently in direct talks, but are scheduled to return for face to face meetings in the coming weeks.

At every table the pace is glacial. Collective bargaining is all about finding common ground to move towards a contract that achieves objectives for employees as well as employers, she said.

While contract talks are slow, the union's labour relations staff and local stewards continue to work diligently to ensure essential service levels are in place in the event that negotiations do not continue to progress, and unions consider other options, including strike votes, to support the work of the bargaining committees.

## HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION

**Lead union: HSA**

**Number of HSA members: 14,300**

HSPBA represents 17,000 health science professionals working in hospitals and communities throughout BC.

Bargaining discussions between the Health Science Professionals Bargaining Association (HSPBA) and Health Employers' Association of BC (HEABC) for a new collective agreement for BC's health science professionals resumed at the end of August after the employer refused to negotiate over the summer.

HSPBA Chief Negotiator Jeanne Meyers said the delay in bargaining is disappointing. The collective agreement, like many public sector collective agreements, expired on March 31, 2011.

"Health science professionals are motivated to continue negotiating in order to achieve a fair and reasonable collective agreement for the 17,000 members of the modern health care team we represent. I am extremely disappointed that the employer has ruled out any bargaining dates before the end of the summer," she said.

However the union continues to work on behalf of members on a number of fronts. Since bargaining opened on March 6, bargaining committee members have been working to develop detailed proposals on issues important to members, including ensuring sufficient hours off between on-call and regularly scheduled shifts, detailed proposals to address workload and other workplace safety issues, including improvements to the existing harassment language. As well, the union has been working on education initiatives to promote recruitment and retention, as well as a fair competitive wage proposal.

"The employer has to understand and take responsibility for the effect that understaffing, financial uncertainty, and workload pressures have on our members. If they wonder why our members need protection during periods of illness and disability they should look to their own budget and planning process. We understand that resources have been made scarce by this government. Our members should not be asked to fund health authority deficits by accepting wages and benefits that put them behind their colleagues in other provinces. That will not lead to the quality of health care British Columbians want and need," Meyers said.

## NURSES BARGAINING ASSOCIATION

**Lead union: BC Nurses Union**

**Number of HSA members: 1100**

BCNU is the largest union in the

Nurses Bargaining Association, which also includes the Health Sciences Association and the Union of Psychiatric Nurses.

Negotiators for the Nurses Bargaining Association worked hard to resolve several issues with health employers in bargaining sessions that took place in May and June. HSA is represented at the bargaining table by member Val Barker and Pat Blomme, senior labour relations officer.

The issues discussed pertained to casual employees, health authority-wide seniority, scheduling of union time off, and improvements to the Professional Responsibility Form (PRF) process.

#### COMMUNITY SOCIAL SERVICES BARGAINING ASSOCIATION

Lead union: **BC Government and Service Employees Union**  
Number of HSA members: **700**

The Community Social Services Bargaining Association (CSSBA) is the multi-union bargaining committee for BC's unionized community social service workers. The CSSBA includes ten unions with a combined membership of about 15,000. HSA members are represented at the negotiating table by Jody Moore (parent support counsellor, Cameray Counselling Centre) and Sharon Geoghegan (labour relations officer).

Talks between the provincial government and the ten unions representing BC's 15,000 community social service workers broke down in early June. Outstanding issues include: wages, benefits, sick leave, reimbursable expenses and concessionary demands by the employer, including revisiting improvements gained in the last round of bargaining.

As a result of the breakdown

in discussions, HSA members working in community social services were invited to participate in a June 19 telephone town hall to discuss the situation and a strike vote was held at worksites around the province. Results of the vote were unambiguous: members in General Services voted 85 per cent in favour of strike action and members in Community Living Services voted 90 per cent in favour.

Planning for job action is currently underway and members should check hsabc.org for updates and ensure contact information is up to date.

#### COMMUNITY BARGAINING ASSOCIATION

Lead union: **BC Government and Service Employees Union**  
Number of HSA members: **600**

The Community Bargaining Association represents more than 14,000 community health service and support workers, the majority of whom are represented by the BCGEU. Other unions at the table are UFCW, HEU, CUPE, HSA, and USWA.

Talks to renew the Community Health Services and Support provincial contract adjourned in August and the unions are currently conducting a strike vote.

The Community Bargaining Association (CBA) and the Health Employers' Association of British Columbia (HEABC) continued negotiations for the renewal of the Community Health collective agreement in July and resumed for two weeks on August 15, but the government mandate continues to be a roadblock in reaching a fair and reasonable deal.

Although progress has been made on most non-monetary items, outstanding issues include wages and benefits.

## WHAT YOU CAN DO

### UPDATE YOUR CONTACT INFO

It's important for HSA to be able to contact you. Please make sure your contact information is current by logging into HSA's website at hsabc.org. You can view or update the contact information we have on file for you and sign up to receive news bulletins by email. You can also email your info to [memberlist@hsabc.org](mailto:memberlist@hsabc.org).

### GET THE LATEST ON LINE

For regular bargaining updates, check hsabc.org, follow us on Twitter @hsabc or visit us on Facebook at [facebook.com/HSABC](https://facebook.com/HSABC)



HSA MEMBERS-AT-LARGE HELP SORT REFERENDUM BALLOTS DURING THE COUNT

# REFERENDUM RESULTS: MEMBERS REJECT DUES INCREASE

**HSA MEMBERS HAVE REJECTED A PROPOSAL TO INCREASE UNION DUES IN ORDER TO OFFSET AN UNFUNDED LIABILITY IN A UNION LONG TERM DISABILITY PLAN.**

The proposal for a dues increase was rejected by a margin of 84 per cent to 16 per cent. More than 5,000 members – or 30 per cent of the total membership – participated in the vote.

At the union's annual convention in April 2012, delegates instructed the board of directors to consider asking HSA members for an increase in union dues to support the Trusts that fund the LTD plan. The Trusts are used to pay monthly benefits to members who, due to injury or disability, are unable to work at their own job or other gainful occupation. They are administered by Trustees

appointed from HSA's Board of Directors.

Due to a number of problems, the Trusts were headed toward bankruptcy: by as early as 2017 there would have been no money remaining to pay disability benefits to any of the almost 220 members who rely on those Trusts for their monthly income.

In February this year, after much deliberation, the Trustees changed the trust rules to reduce the number of people collecting LTD payments, and reduced benefits paid out in order to avoid bankruptcy of the Trusts, which would have occurred in as little as five years. Without those changes, the Trusts would be bankrupt and members on LTD would receive no payments at all by 2017.

The changes mean LTD recipients eligible for early retirement were moved onto retirement,

and monthly benefits paid to recipients were cut by an average of 23 per cent.

A referendum was called by the Board of Directors, and ballots were distributed by mail to HSA members' last known mail address.

While the situation is difficult the reduced benefits still provide some protection. After the reduction, the average monthly income for disabled benefits is around \$2100 tax free and pensions for disabled members of the Trusts are often larger than those retiring from the active workforce.

HSA members have previously committed significant funds to support the HSA LTD Trusts. In 1998, \$6 million was negotiated to address the shortfall and in 2006 \$17 million of the contract signing bonus was directed to the Trusts.

# SHORTAGES ARE GETTING CRITICAL

## HEART SURGERY CANCELLATIONS A CLEAR MESSAGE THAT SHORTAGES IN HEALTH SCIENCE PROFESSIONS CAN NO LONGER BE IGNORED BY BC GOVERNMENT

REPORTS OF HEART SURGERY CANCELLATIONS IN AUGUST UNFORTUNATELY DIDN'T COME AS A SURPRISE TO THE HEALTH SCIENCES ASSOCIATION OF BC, and the union is calling for action by the Ministry of Health to address the shortages responsible for a long-standing and continuing weakness in health authorities' ability to provide critical services for very ill patients.

"HSA has been sounding the alarm about critical shortages of health science professionals - including clinical perfusionists who are responsible for keeping patients alive during complex heart and lung surgeries - for several years," said HSA president Reid Johnson.

"The government has failed to address recruitment and retention challenges among clinical perfusionists. As a result, BC's pool of these very specialized health science professionals is critically low. The shortages are taking their toll. In order to meet surgery needs, many of these professionals are working huge amounts of overtime, and they are working at a rate that is simply not sustainable," he said.

"Health authorities are working with what they have, but the ability to recruit enough perfusionists to ensure the service is there when British Columbians

need it comes down to these specialized health science professionals having options elsewhere," he said.

By the end of 2013, for example, wages for staff clinical perfusionists in Alberta will be \$11 an hour greater than the hourly wage offered in British Columbia.

"Wages and working conditions are extremely important factors in recruitment of highly sought members of the modern health care team. Higher wage rates, and better staffing ratios that allow perfusionists to have days off and not constantly be on-call are factors that professionals will consider as they make career decisions," he said.

But the challenge is not just in lagging behind in competitive wages and benefits. Training spaces for clinical perfusionists are sorely needed. The two-year education program for clinical perfusionists in British Columbia is run by BCIT, which accepts six students every two years. There are no other training facilities in B.C.

There are only two other programs in Canada: a French language program at the University of Montreal, and the only other English language program at the Michener Institute of Applied Health Sciences in Toronto.

Johnson said the challenges of

*By the end of 2013, for example, wages for staff clinical perfusionists in Alberta will be \$11 an hour greater than the hourly wage offered in British Columbia.*

recruitment and retention that led to this week's cancellations are not limited to clinical perfusionists. The union lobbied government and opposition MLAs earlier this year to raise awareness of the critical shortages.

"At that time, in April, just three of the province's health authorities had an immediate need for 326 health science professionals," he said. "Each one of those vacancies represents a delay, and results in suffering for patients and increased cost to the system," he said.

"Increased training spaces, opportunities for clinical practicums, and competitive wages are three critical components for addressing these issues," Johnson said. "These issues can all begin to be addressed at the bargaining table, and health employers need a mandate from the provincial government that allows the flexibility to address these challenges," he said.



PARTICIPANTS AT THE 2011 CAMPAIGN TRAINING SCHOOL

# CAMPAIGN TRAINING

HSA SUPPORTS MEMBER INVOLVEMENT IN PROVINCIAL ELECTION

BY CAROL RIVIERE

THE MAY 14, 2013 PROVINCIAL ELECTION WILL HAVE A CRITICAL IMPACT on the wages and working conditions of HSA members, and on the health care and social services that HSA members provide.

HSA is not affiliated with any political party, but provides Political Action Fund support to members to run for office or work on election campaigns, where the candidate and the political party involved (if any), demonstrate support for: a positive role for the public sector; the principles set out in the Canada Health Act; free collective bargaining for public sector employees; and progressive occupational health and safety legislation.

Members running for office or working on campaigns can apply for up to 30 days of wage replacement to carry out campaign work before, during and after the usual 28-day "campaign period". Wage replacement for campaign work during the 90 days prior to

election day will count as an election expense against the candidate's campaign spending limits, so members must have the approval of the candidate's financial agent or other senior campaign staff before support is approved during this period.

Critical campaign work can be done throughout the fall and early months of 2013 and members are encouraged to apply for support to allow them to participate in this work.

HSA is holding an Election Campaign School on November 1 and 2. This non-partisan election campaign school will focus on opportunities for members to be involved in the 2013 provincial election, but will also touch on municipal and federal elections. The workshop is designed for members with little or no experience in electoral politics, and will discuss the various roles that members can play during the pre-election and election periods.

Members should log-in to the

"Event Registration" page of the HSA website to register on-line for this workshop.

Members may also apply for Political Action Fund support to attend other election campaign training which is either non-partisan, or is offered by labour organizations with which HSA is affiliated, or is offered by political parties that meet all of HSA's 4 criteria (see above). HSA will advertise these opportunities as they become available. Members are asked to contact HSA about election campaign training offered in their area.

## APPLICATIONS

Application forms for Political Action Fund support to run or work in the provincial election, or to attend election campaign training, are available on the HSA website. Members are encouraged to apply as soon as possible, especially for training or pre-election work. For further information, please contact HSA Communications Officer Carol Riviere ([criviere@hsabc.org](mailto:criviere@hsabc.org)).



MEMBERS ATTENDING THE 2011 MEETINGS FOR REGIONS 4 AND 6

## REGIONAL MEETINGS 2012

MEMBERS ENCOURAGED TO PARTICIPATE IN WORKSHOPS ON  
DISABILITY MANAGEMENT

HSA'S ANNUAL FALL  
REGIONAL MEETINGS  
will be held in late September  
and October 2012.

Regional meetings are an excellent forum for HSA members to review the issues and activities of the past year, and discuss the opportunities and challenges that lie ahead.

This year, the day-long regional meeting will be followed by a day-long disability management education workshop. The workshop will be relevant for HSA stewards in all sectors, and will cover a range of issues, including sick leaves, LTD, WCB, duty to accommodate, and return to work plans.

Registration forms for the regional meetings, as well as details on times and locations, can be found on HSA's website.

You must be a registered user of the website to access the regional meeting information and registration forms.

To register, follow the easy reg-

| REGION | DATE                      | LOCATION   |
|--------|---------------------------|--|
| 8      | Sept 24-25<br>8:30 - 4:00 | Coast Capri Hotel<br>1171 Harvey Avenue, Kelowna             |
| 5      | Sept 27-28<br>8:30 - 4:00 | Hilton Vancouver Metrotown<br>6083 MacKay Ave, Burnaby       |
| 10     | Oct 1-2<br>8:30 - 4:00    | Coast Inn of the North<br>770 Brunswick St,<br>Prince George |
| 3 & 7  | Oct 3-4<br>8:30 - 4:00    | Sheraton Vancouver Guildford<br>15269-104 Ave, Surrey        |
| 4 & 6  | Oct 18-19<br>8:30 - 4:00  | Hilton Vancouver Metrotown<br>6083 MacKay Ave, Burnaby       |
| 9      | Oct 22-23<br>8:30 - 4:00  | St. Eugene's Resort<br>Cranbrook                             |
| 1 & 2  | Oct 25-26<br>8:30 - 4:00  | Ti-Na-Mara Resort<br>Parksville                              |

istration steps at [hsabc.org](http://hsabc.org). If you have any questions, contact

us at 604-439-0994 or toll-free 1-800-663-2017.

# WCB CHANGES WON'T HELP VICTIMS OF MENTAL STRESS

**BILL 14 IS BEING HERALDED FOR MAKING BC A LEADER ON WORKPLACE MENTAL HEALTH AND STRESS. BUT IN PRACTICE IT WILL MAKE LIFE HARDER FOR EMPLOYEES FACING MENTAL STRESS.**

BY SARAH O'LEARY

BEFORE THE BC LIBERALS "DECONSTRUCTED" WORKERS COMPENSATION IN 2002, it was possible to be compensated for workplace bullying and harassment, as well as any other events in the workplace which may have harmed you psychologically. It was never easy to establish, but if you suffered a psychological disorder as a result of actions to which you had been exposed in the workplace, you could file a claim.

This all changed when then premier Gordon Campbell introduced the new Workers Compensation Act. That Act contained a new section (5.1) which essentially limited "mental stress claims", to events which were intensely horrific and objectively traumatic. Their object was to prevent "cumulative trauma" claims resulting from ongoing abuse at work.

Here's an example: an HSA member was relentlessly persecuted by her site manager over a couple of years. Eventually, as a result of grievances filed by the HSA, there was an independent investigation and the manager was "transferred" elsewhere. The employer compensated the member by giving her a few months off, but it was too late; she had developed severe and intractable depression.

The member filed a claim. While she was initially turned down by the WCB (also known as

WorkSafe BC), she won on appeal and was granted a 100% disability pension for life.

Today, that member could not even file a claim.

We are hearing a lot about how the government is changing the Workers Compensation Act to allow for mental stress claims and to prevent bullying and harassment. It's a good thing that harassment provisions are being introduced and we hope they will make a difference. They do not, however, help psychologically traumatized workers get their claim accepted.

Bill 14, which amends the Act and introduces coverage for "cumulative trauma" injuries, will certainly not be opening the floodgates to mental stress claims. First introduced in November 2011, in a more generous form, it was reintroduced in the spring of 2012 as a much meaner piece of legislation after employers went on a rampage.

Firstly, there was no change to the 2002 Act that said any claims resulting from "... a decision of the worker's employer relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment" will not be covered. Essentially all labour relations issues are exempted from coverage by the Workers Compensation Act.

For those instances where it is not considered a "labour relations issue" the worker must meet a stringent test: the board officer must now determine if the stressor at work was the "predominant cause" of the worker's disability. This is entirely new language in the Act. What this does is oblige the board officer adjudicating the claim to dig into the personal life of the worker, examining ALL of the stressors in her life.

This flies in the face of the historical workers' compensation system and law in this province.

The Supreme Court of BC has made it clear that a stressor needed only be "a significant cause" of the resulting psychological condition, not the most significant cause. The result is this: all actions which can be considered labour relations are automatically excluded from coverage under the Workers Compensation Act. And if you actually get to first base and file a claim, be prepared for your entire life to be subjected to scrutiny while a stranger decides which of the stressors in your life caused your psychological disability.

This is not a generous amendment from the Liberal government; it is another incursion on the lives of honest working people.

# HELP! MY HEALTH CLAIMS ARE BEING AUDITED

PENSIONS Q AND A BY DENNIS BLATCHFORD

**Q. I have received notice from Pacific Blue Cross that my claims are being audited. They are questioning claims I submitted for massage therapy from a licensed provider going back over 2 years. Can they do this?**

A. Yes they can. Pacific Blue Cross has systems in place to detect and prevent fraudulent claims. This is standard practice in the insurance industry and Pacific Blue Cross has an entire department dedicated to auditing claims for fraud and abuse. Unfortunately, insurance fraud and abuse is a fact of life and it costs all members covered under health and welfare benefit plans through higher costs and reduced coverage. In our case, most of the costs are borne by the employer, but those costs do get factored against members' total compensation – the wage bill – and find their way to the bargaining table in one form or another.

**Q. Does this mean they are questioning my honesty?**

A. They may be questioning your honesty or the honesty of your provider. Or, they may simply be doing an audit of claims that have somehow caught their attention. If for instance you have submitted a lot of these claims – well above the average for the group – your claims history may be singled out for extra scrutiny. They will want to ensure that you did in fact receive all the treatments you have submitted claims for,

and that the treatments were performed by a properly designated professional. Under your coverage for massage therapy there are no annual limits or deductibles other than the annual \$100 deductible applied across the benefit plan. So while massage therapy is an unlimited benefit under the contract, you can bet that usage that is deemed above the norm would attract extra scrutiny from the insurer.

**Q. I feel that my claims are all legitimate – at least I'm positive that I did receive the number of treatments I have made claim for. However, there may be some issues with the consistency of the actual receipts from my provider. Some of them don't have much detail. Is that a problem?**

A. It certainly could be. For instance, if the receipt didn't name the actual massage therapy provider, it may be deemed suspicious. Some businesses may have both licensed and unlicensed staff working there. To protect yourself you should always ensure that your practitioner is licensed. If in doubt you should ask. And if you are given a receipt that is incomplete, ask for a proper one. At the end of the day, you are responsible for the receipts that you submit for claim. If they are found lacking, PBC may refuse to accept them, or, you may be forced to pay restitution resulting from an audit of your claims. Not what you had in mind when you went for massage therapy.

*At the end of the day, you are responsible for the receipts you submit for claim.*



## Now That We Are Persons

By Nellie L. McClung

In 1911, passing of Oldage Bill, 1919, the women of Canada received a shock which they had hardly time to recover. They realized at once that bold black type read by the Lord of the Cabinet did not intend them to be persons after all.

Women who married men of means, Princeton, Princeton as well as Lower, and a few bold girls had the opportunity to sit in the Party Council houses without notice.

Women who were typists in Mississauga, now

had the same privileges among the others and not fully educated with the men.

"For ever day we live our mothers think  
of the brother and by the mother's side  
we stand—so we wait."

NELLIE MCLUNG LED THE CHARGE TO HAVE WOMEN DECLARED "PERSONS" UNDER THE LAW

# A CENTURY OF CANADIAN WOMEN'S HISTORY

BY ANNE DAVIS, DIRECTOR, REGION 1 AND CHAIR OF WOMEN'S COMMITTEE

**1918:** After a long struggle, Canadian women (except First Nations women) win the right to vote in federal elections.

**1921:** Canada's first woman MP, Agnes Macphail, is elected.

**1929:** Women are officially declared persons under the law in Canada.

**1943:** There is a massive influx of women into the paid labour force, taking many traditionally male jobs while men are away at war.

**1955:** Women working in the federal public service are no longer fired upon marriage.

**1960:** Aboriginal women and men obtain the federal vote.

**1971:** The federal government amends the Canada Labour Code to prohibit sex discrimination, reinforce equal pay for equal work, and establish a 17-week maternity leave.

**1972:** BC NDP MLA Rosemary Brown is the first black woman

in Canada to be elected to a legislature.

**1974:** The RCMP hires its first woman member.

**1975:** The federal government amends 11 laws in keeping with equality for women, including providing equal rights for women and men in public service pensions.

**1981:** After extensive lobbying by women, women's rights are included in Canada's new Charter of Rights.

**1983:** The Canadian Human Rights Act prohibits sexual harassment in workplaces under federal jurisdiction.

**1989:** The Montreal Massacre becomes symbolic of the fight to end violence against women.

**2000:** Chief Justice Beverley McLachlin becomes the first woman to head the Supreme Court of Canada.

**2004:** Amnesty International raises serious concerns about

the high rate of violence against aboriginal women and girls in Canada.

**2006:** The Harper government eliminates the phrase "gender equality" from the mandate of Status of Women Canada and also eliminates funding to the Court Challenges Program, which provides assistance to court cases related to equality rights guaranteed under Canada's constitution.

**2006:** Canada, which was once ranked as seventh in the world for closing the gap between women and men, is now ranked 73rd.

**2009:** The Harper government removes the right to pay equity for federal public sector workers.

# HSA MEMBERS WIN AWARDS FOR EXCELLENCE

**THE EXCELLENCE IN BC HEALTH CARE AWARDS RECOGNIZE OUTSTANDING HEALTH CARE EMPLOYEES AND REWARD INNOVATION AND BEST PRACTICES WITHIN BC'S PUBLICLY FUNDED HEALTH CARE PROVIDERS.**

Presented by the Health Employers Association of BC (HEABC), the awards celebrate the successes in our province's health care community and recognize those who are often too busy to stop and appreciate their accomplishments. This year, a number of HSA members were recognized.

## DR. SEAN SPINA

A clinical pharmacotherapeutics specialist in Internal Medicine at Royal Jubilee Hospital, Dr. Sean Spina's passion for his work is evident in every aspect of his job. He is always available to answer questions and takes many opportunities to connect with staff and patients. Sean has been involved in many initiatives that improve patient care. His innovative ideas related to medication reconciliation and the resolved drug therapy problem tracker, which measures drug related problems and uses smartphones to assist pharmacists, has interested pharmacy departments throughout Canada. The role of a hospital pharmacist is not well understood by the general public and Sean has worked hard to increase this understanding. He has presented at numerous provincial and national conferences and in two of the past three years, has led a team to a Vancouver Island Health Authority Pharmacy Awareness Week award by promoting the role of the department to the public and to other health care professional groups.

## KAREN SKARPNES

Karen Skarpnes, HSA physiotherapist at Prince Rupert Regional Hospital, puts her heart and soul into every patient she sees and every project she undertakes and in doing so, has improved the lives of many. She is a true community leader and client advocate, and has excelled in bringing experts together, seeking partners and collaborating with others in the community to improve health outcomes for patients. She strives to work with those at the source to understand the causes of injury and find solutions that prevent injuries before they happen. Over her 30-year career, Karen has remained dedicated to providing gold standard care to each individual who crosses her path. This dedication is evident in many ways, such as in the programs she has helped design for those suffering from musculoskeletal injuries and in the work she does to improve the health and safety of her coworkers and their patients.

## DR. DAN MARTINUSEN

Anemia – the condition where one's blood is low in healthy red blood cells to carry oxygen to the tissues – is common in people with kidney disease. Managing this condition in kidney failure patients is both costly and potentially harmful. Roughly 14 per cent of the Provincial Renal Agency's budget is allocated to anemia treatment, and it's a growing problem with the dialysis population increasing by three per cent each year. Traditional non-standardized prescribing by physicians has proved an inefficient use of resources and has produced inconsistent results.

Dr. Dan Martinusen, HSA pharmacist and Chair of the Renal Agency's Pharmacy and

Formulary Committee, together with hospital pharmacists specializing in kidney disease from around the province, was convinced both human and fiscal resources could better be utilized to treat this growing population. The team wanted to standardize and improve the treatment of anemia due to chronic kidney disease. Employing principles of best available and most current evidence, the team demonstrated best practice in treatment. Many championed this effort and collaborated to create change, including nephrologists, nurses, pharmacists, administrators and patients.

The project took from both the provincial and local level in developing its approach to anemia management using a centralized care approach distributed by local care teams – an idea first implemented by Fraser Health in 2006. This approach now extends to more than 90 percent of all hemodialysis patients in BC. It has produced better patient outcomes, a better utilized and more engaged workforce, and resulted in an annual cost savings of three million dollars.

## THOMPSON RIVERS UNIVERSITY FETES RAJ CHAHAL

Raj Chahal, HSA social worker at Royal Inland Hospital was given the Grace Chronister Bachelor of Social Work Award at the 2012 Thompson Rivers University Distinguished Alumni Awards.

The award, sponsored by the Faculty of Human, Social and Educational Development, recognizes TRU alumni for their outstanding community contributions and professional achievements.



# MONIKA TSIA, CLINICAL EXERCISE SPECIALIST

BY LAURA BUSHEIKIN

CLINICAL EXERCISE SPECIALIST MONIKA TSIA IS USED TO SEEING A BLANK LOOK IN PEOPLE'S EYES WHEN SHE TELLS THEM WHAT SHE DOES.

Although most people are well aware that physical exercise is one of the most important things we can do to get healthy and stay healthy, not many people know that clinical exercise specialists even exist, let alone what they do.

Luckily, Tsia, who works in cardiac rehabilitation at the Jim Pattison Outpatient Care and Surgery Centre, is passionate about her job.

"I love what I do," she says. "Just talking about it makes me smile. I naturally want to be an advocate for my profession."

"The most common questions are about the difference between a clinical exercise specialist (CES) and an occupational therapist or physiotherapist," says Tsia. "We focus on the overall physiological effects of exercise and how to use it to return the patient to better health."

Her work is clinical in nature and relies on knowledge about physiology, psychology, chronic disease, medication, and diagnostic procedures.

Tsia works as part of a large team and regularly makes referrals to, or consults with, a variety of other health care professionals.

Tsia brings extensive education to her work. She has a Bachelor of Science degree in kinesiology and biology from Simon Fraser

*The most common questions are about the difference between a clinical exercise specialist and an occupational therapist or physiotherapist. We focus on the overall physiological effects of exercise and how to use it to return the patient to better health.*



University, a Clinical Exercise Specialist certificate from the American College of Sports Medicine, and a Health and Fitness certificate from SFU. She is a certified weight trainer and group fitness leader through the BC Recreation and Parks Association.

Most of the cardiac rehabilitation clients she sees are referred to the program by their doctor after a cardiac event.

"For instance, a patient would be referred to us after a coronary artery bypass surgery. We would discuss precautions and limitations in regards to exercise. If they have had a stress test done, we would discuss the results and prescribe a safe level of exercise. As well, we factor in the medications they are taking and their affects on exercise physiology."

The exercise program consists of cardiovascular and resistance training, and stretching exercises. All clients are monitored and supervised during their exercise program by a team which includes CES.

Seeing people move towards increased health, mobility and confidence after a cardiac event

is incredibly fulfilling, says Tsia.

"For instance, I remember one lady who came in wearing her pajamas. She was so frightened of having another heart attack, she was just shuffling her feet slowly because she was scared of moving. We had a look at her results and she certainly was very decompensated. So we put her on an exercise program that was specific to her need.

"It wasn't long till she was coming into class with a big smile and asking when she could learn to use all the different machines. That's why I do what I do!"

Clinical exercise specialist is a growing profession, says Tsia, and the profession is looking forward to working with other programs helping patients with chronic disease.



BEHIND EVERY RUNNER IS A TEAM OF VOLUNTEERS AND DONORS

# GOING THE EXTRA MILE

LONG BEFORE THE RACE BEGINS, MEMBERS LIKE DAVE NOGA WORK HARD TO RAISE MONEY FOR THE RUN FOR THE CURE

A FEW MONTHS AGO, A CO-WORKER TOLD DAVE NOGA THAT SHE'D BE UNABLE TO WORK THIS SUMMER BECAUSE SHE'D BE UNDERGOING TREATMENT FOR BREAST CANCER.

Noga, a biomedical engineering technologist and chief steward at St. Paul's hospital, decided it was time to get involved.

"I know of at least three families devastated by this disease," says Noga. "You start to hear about it again and again and you realize maybe it's time to do something."

Working with HSA staff and stewards at St. Paul's, Noga helped organize one of HSA's largest Run for the Cure fundraising events scheduled for September 13.

From the outset, Noga worked to involve the hospital itself, gaining access to their powerful communications tools to

promote the event. He also approached the hospital's food management supplier and found they were very happy to provide space for the event in the cafeteria.

"It feels good to have everyone on board and do this together. They've been very supportive."

Hospital staff attending the St. Paul's event will be able to purchase a bag lunch for a minimum donation of \$5 while event volunteers will encourage people to sign up for the Run or make donations.

"The idea is to make it a fun event. We'll have people dancing around with the pink gloves and people coming in or signing up will be able to win door prizes that we received as commercial donations."

Noga expects about 100 people to attend this year, and looks forward to building on the success to make next year's event

bigger and better.

HSA members organize events like these all across BC every year. This year, large and small events are being held at Langley Hospital, Royal Inland Hospital in Kamloops, the BC Cancer Agency, Queen Alexandra Centre, Ridge Meadows Hospital, Royal Columbian Hospital, Victoria General Hospital, Eagle Ridge Hospital, GF Strong, Jim Pattison Outpatient at Surrey Memorial Hospital, St. Joseph's Hospital, University Hospital of Northern BC, Vancouver Hospital, Abbotsford Regional Hospital, Richmond Hospital, Burnaby Hospital, Nanaimo Regional General Hospital, BC Children's Hospital, 100 Mile District Hospital, St. Paul's Radiology, Saanich Peninsula Hospital, Holy Family Hospital, Mission Memorial Hospital, Penticton Regional Hospital, Vernon Jubilee Hospital, George Pearson Centre and Okanagan Child Development Association.

# LET'S GET SERIOUS

WE ARE BARGAINING WITH A GOVERNMENT THAT NO LONGER SEEKS SERIOUS ABOUT FINDING SOLUTIONS.

The first indications of this came not long before the March 31 expiration of contracts when, despite imposing "net zero" in the 2010-12 round of bargaining, they announced a "co-operative gains" mandate that is no different.

The principle of cooperative gains is that if savings can be found in one area, then they can be applied to another area (for example, if you can cut operating costs, the savings can be applied to a wage increase). However, the spirit of cooperative gains is being interpreted extremely conservatively by HEABC, which takes the position that savings must be directly attributed to collective agreement language, and not general savings in the public health care system.

As a result of this, progress in bargaining can only be described as "glacial", not just for HSA but for all the other public sector unions. Together with the BC Federation of Labour, we have been working together to co-ordinate bargaining efforts.

The BC Government and Service Employees union staged a one-day full strike in early September to apply pressure on government to do some meaningful bargaining for a fair and reasonable contract.

Similarly, HSA members and others who work in the community social services sector voted over the summer in favour of striking to back their bargaining efforts, and are now in a position to take job action. Their colleagues working in the community health sector have run into similar obstacles, and with talks having broken off are now meeting with members to seek a strike mandate.

The government seems content to sit back and let this all play out, apparently calculating that the disruption and public inconvenience of job action might give them a small boost in the upcoming elections.

This cynicism exacts a high price, polarizing relations between employers and staff, continuing to neglect public services and the people who depend on them, and ultimately seems unlikely to boost confidence in this government.

HSA continues to seek positive solutions. Bargaining dates are set through September and while there was very little movement over the summer, negotiations about essential service levels continued. With very few exceptions, the levels have been set, and the groundwork laid for escalating pressure to negotiate fair and reasonable contracts.



*The government seems content to sit back and let this all play out, apparently calculating that the disruption and public inconvenience of job action might give them a small boost in the upcoming elections.*



# HEALTH SCIENCES ASSOCIATION

## The union delivering modern health care

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

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(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald



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