

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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Respiratory Therapist  
6 Months

**SOMETHING MUST BE DONE**  
PROFESSIONAL SHORTAGES ARE  
DRIVING WAIT TIMES AND WORKLOAD  
TO THE BREAKING POINT

# NOW MORE THAN EVER

AS THIS ISSUE GOES TO PRESS, THE WORLD IS ABSORBING THE NEWS THAT DONALD TRUMP HAS BEEN ELECTED AS THE NEXT PRESIDENT OF THE UNITED STATES.

It's too early to say how this will all unfold, but I know many people are very, very uneasy about the uncertainty ahead.

Mr. Trump's policy pronouncements have been disordered and contradictory, but it seems reasonable to expect that he will appeal Obamacare, leaving millions of Americans without access to health insurance for themselves and their children. He is also likely to put up barriers to trade that will threaten Canada's export economy, affecting jobs and at a time when our economy is already slowing. He has said repeatedly that climate change is a hoax perpetrated by the Chinese, and his intent is to pull the US out of the Paris Accords – the hard-won global agreement to prevent runaway damage to our fragile atmosphere.

All this is more than enough cause for concern. But the fact that Mr. Trump campaigned openly on hateful and divisive rhetoric, attacking Muslims, Mexicans, Jews and African Americans, that he belittled women at every turn and refused to take responsibility for his serial abuse of them – and yet won election to the most powerful office on earth – this is truly frightening and difficult to comprehend on any level.

It is true, as some have said, that putting all this aside we must recognize that millions of

Americans voted not in favour of these things so much as they voted against the status quo – trade deals that leave ordinary people without economic opportunity, growing inequality while the 1 per cent get richer, deteriorating schools, hospitals and highways. Governments everywhere must heed this and take action.

BC is no exception. In this issue we hear from many members about how our health care system is reaching the breaking point after years of austerity. Our colleagues in the education system are pleading for the government to make our schools safe for our kids during the earthquakes we know will come. Child poverty in BC is still among the highest in the country. If we cannot act to solve these problems for their own sake, then let us please act to forestall the anger that is building up before it unleashes something terrible.

Despite this, I remain certain of one thing: the power of ordinary people, working together. It's always been the only way to make a better world, and at times like this, our connections with each other, our communities and our unions will be more important than ever.

Val Avery



“I remain certain of one thing: the power of ordinary people, working together.”

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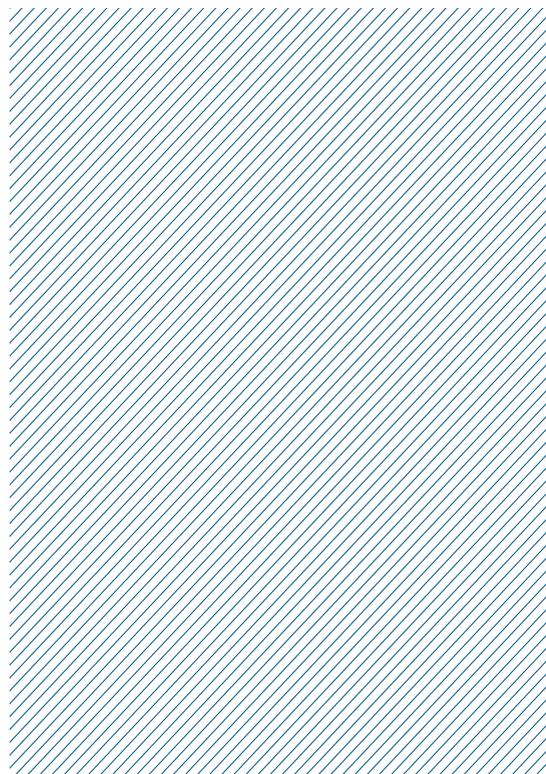
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**“After participating in leadership training, I felt like my skills were both improved and appreciated. When I was invited to join in a burgeoning campaign, it gave me the chance to learn a lot about how union governance works, and see how passionately HSA employees infuse empathy and ethics into their work. I’m now a moving part of the history of the labour movement, and I get to see it grow and adapt every day.”**

**KATIE SHARP, AUTISM INTERVENTIONIST, COMOX VALLEY CHILD DEVELOPMENT CENTRE**



## BC HEALTH COALITION SCORE BIG WIN FOR INFANTS

WITH HSA BACKING, BC HEALTH COALITION WINS HEALTH CARE FOR CHILDREN OF IMMIGRANT FAMILIES

A sick baby is scary enough. Now imagine being prevented from bringing your baby to the doctor when they really needed it. For many families with precarious immigration status, this terrifying situation is a reality.

Since 2012, applying for BC Medical Services Plan (MSP) coverage for infants requires at least one parent to provide their MSP number and residence information. This requirement creates an instant roadblock if the applying parent has restricted or no access to MSP due to precarious immigration status. In addition, parents may be concerned that if they provide residence information they will risk deportation by the Canadian Border Services Agency (CBSA).

That's not the case in many other provinces like Ontario, Quebec and Manitoba, where babies in this situation are given access to health insurance.

The BC Health Coalition, which is supported by HSA, tackled this problem head on with a campaign aimed at getting the provincial government to make sure that all children born in BC can access health care when they need it. Working together with Sanctuary Health, BCHC raised public awareness of the problem and gathered signatures in support of a change.

And it worked.

In early November, the provincial government agreed that all infants born in BC are eligible for health coverage under MSP.

They also said the parent's immigration status shouldn't be a barrier to an infant getting coverage and confirmed

that their office does not share registration information with the Canadian Border Services Agency. This last piece is a huge relief - it means that families can register their children without fearing deportation.

## REQUEST A PENSION SEMINAR AT YOUR WORKSITE

MUNICIPAL PENSION PLAN SEMINARS ARE INFORMATIVE FOR YOUR MEMBERS AND PROVING EXTREMELY POPULAR THIS YEAR.

Fortunately, they're also easy to arrange!

There are two seminars that you can request:

### 1. Your Pension, Your Future

This seminar provides information for new and mid-career members. It will provide information to help you understand your pension plan, and the options your plan affords you for the future. Learn about:

- the value of your pension
- leaves, buyback and your future pension income
- your Member's Benefit Statement
- online pension plan tools and resources

### 2. Thinking About Retiring

This seminar provides great information for members nearing retirement, reviewing members options and information about how to successfully transition into retired life. Learn about:

- your Member's Benefit Statement
- pension options
- determining your retirement income
- online pension plan tools and resources

MPP needs 20 plan members for a seminar to go ahead. All

plan members are welcome to attend, including those receiving long-term disability (LTD) benefits.

If you believe that your Chapter would be interested and would like more information please contact Karen Rose at HSA by email [krose@hsabc.org](mailto:krose@hsabc.org) or phone 604-517-0994.

## BC NURSES' UNION FOUND GUILTY OF USING SCAB LABOUR

IN OCTOBER THE BC NURSES' UNION WAS FOUND GUILTY OF USING A REPLACEMENT WORKER - COMMONLY KNOWN AS A "SCAB"- IN VIOLATION OF THE LABOUR RELATIONS CODE.

Nurses' Union leadership locked out its own staff July 22 and forced a strike, leading to a protracted disruption of member services. Nurses' Union leadership admitted that non-union staff hired after the lockout began were performing the work of staff members represented by MoveUp, actions prohibited by the BC Labour Code.

In addition to finding that the Nurses' Union leadership violated the Labour Relations Code by employing an illegal replacement worker, the Labour Relations Board (LRB) ordered that the Nurses' Union cease and desist from assigning struck work to the individual.

Nurses' Union leadership have been demanding concessions from its staff, including a sharp reduction in medical. The dispute continues as this issue goes to press.

## FLU SEASON VACCINATE OR MASK POLICY CONTINUES

WITH FLU SEASON IN FULL SWING, HSA MEMBERS ARE AGAIN SUBJECT TO THE PROVINCIAL INFLUENZA CONTROL POLICY IN EFFECT IN BC.

In spite of changes in other provinces, the flu prevention policy in BC has not changed, and health care workers who choose not to be vaccinated have options available to them, including wearing a surgical mask.

Health care workers must report their vaccination status confidentially through an on-line form.

### **Can my employer make me get a flu shot?**

The provincial health care worker Influenza Control Program Policy states that it is mandatory that employees either provide the employer with proof that they have had the annual flu shot or wear a mask for the duration of the flu season when in patient care areas.

### **What if my doctor advises me not to get the flu shot?**

The policy is clear that any employees who have not had the flu shot, or have not reported that they have had the flu shot, or have reported that they have declined to get the flu shot, must wear a mask for the duration of the flu season (typically December 1 through March 31).

However, if you are unable to get the flu shot for medical reasons, you should obtain a medical letter from your doctor explaining why you cannot have the vaccination. Provide the medical documentation to your employer's Workplace Health department. Options may include wearing a mask, or accommodation in a different work area if available.

### **What happens if I choose not to get a flu shot because I am**

### **personally opposed to it?**

The employer may require you to wear a mask for the duration of the flu season. In the event of an outbreak, the employer may attempt to reassign you to work in a different area if alternate work is available, but you may also be sent home with or without pay until the outbreak is declared over.

### **What if I can't wear a mask?**

You should approach your employer through the Workplace Health department to explain why you are unable to wear a mask, and request an accommodation. You may be required to provide information from your doctor if there is a medical reason which prevents you from wearing a mask.

### **Is the online self-reporting system kept confidential?**

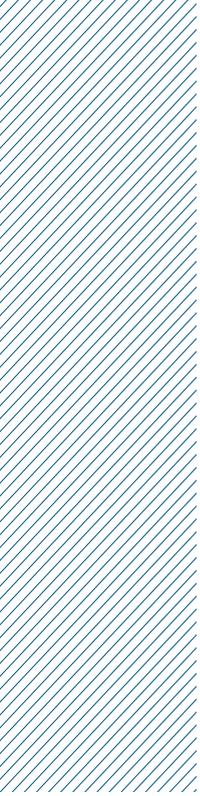
In 2014, a web-based central reporting process was introduced for the health authorities and Providence Health Care, which provides employees with the ability to report their vaccination status online utilizing a secure and confidential web form. Each of these employers is responsible for providing their employees with the link or web address where they can access the web form.

Many employers provide on-site flu immunization clinics, however, if you choose to receive the flu shot from an external provider (such as your doctor or pharmacy), you must obtain a written record of immunization and keep it in a safe place in the event you are asked to provide proof of immunization.

Once you have received your flu shot, even if it is at a workplace clinic, you must access and complete the web form in order to report your vaccination status. Once you have submitted the form, you will receive an automated e-mail confirming receipt of your form.

If you have declined to receive the flu shot for the 2016-2017 flu season, you still must access and complete the web form to report your immunization status.

It is the managers' responsibility



to ensure that the policy is adhered to by staff and therefore your employer will advise the manager which employees in their department have provided proof of vaccination and do not need to wear a mask, or which employees have not provided proof or have declined to receive the flu vaccination and therefore must wear a mask. However, this vaccination status report information is confidential and managers are not permitted to distribute it.

**Is it necessary to both complete the self-report form and also respond if my professional practice leader asks whether I intend to get a flu shot or not?**

If an employee reports their inoculation status to this confidential self-reporting centre, the manager/PPL will be advised by the employer which of their staff has received the flu shot, and which have not or have not reported. The manager/PPL does require this information so that they can take any steps necessary to enforce the employer's policy. If you do not want to advise your manager directly of your status, you can confirm with them whether you have or have not reported to the central system.

**Why doesn't HSA overturn this policy?**

HSA mounted an extensive challenge of the policy, but an arbitrator ruled in favour of the health authorities. We continue to believe that members have the right to make personal health care decisions, but as a result of this ruling we advise our members to comply.

While our challenge did not succeed, it did manage to address some privacy concerns HSA had raised, and emphasizes that employers are legally obligated to accommodate health care workers who cannot comply with the policy.

## NUPGE SCHOLARSHIP PROGRAM FOR 2017

**NUPGE SCHOLARSHIPS ARE OPEN TO THE CHILDREN, GRANDCHILDREN OR FOSTER CHILDREN OF HSA MEMBERS WHO ARE STARTING A POST-SECONDARY EDUCATION.**

Each year, the National Union of Public and General Employees (NUPGE) offers scholarships that reflect its pursuit of equal opportunity for all workers. Historically there have been four scholarships, and for 2017, NUPGE has added the Brian Fudge Memorial Scholarship.

### BRIAN FUDGE MEMORIAL SCHOLARSHIP

The Brian Fudge Memorial Scholarship for \$1500 is open to all students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2017 - 2018 and who are the children, grandchildren or foster children of a HSA member. It will be awarded for the best 750 - 1000 word essay on the importance of their field of study in either policing, criminal justice services or health care in delivering public services to Canadians.

### TOMMY DOUGLAS SCHOLARSHIP

The Tommy Douglas Scholarship for \$1500 is open to all students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2017 - 2018 and who are the children, grandchildren or foster children of a HSA member. It will be awarded for the best 750 - 1000 word essay on how Tommy Douglas contributed to making Canada a more just and equitable society.

### TERRY FOX SCHOLARSHIP

The Terry Fox Memorial Scholarship for \$1500 is open to all students with disabilities who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2017 - 2018 and who are the children, grandchildren or foster children of a member of HSA. It will be awarded for the best 750 - 1000 word essay on the importance of quality public services in enhancing the quality of life of people with disabilities.

### SCHOLARSHIPS FOR ABORIGINAL CANADIANS

The Scholarship for Aboriginal Canadians for \$1500 is open to all Aboriginal Canadian students who plan to enter the first year of a Canadian public post-secondary education institution full-time in 2017 - 2018 and who are the children, grandchildren or foster children of a HSA member. It will be awarded for the best 750 - 1000 word essay on the importance of quality public services in enhancing the quality of life of Aboriginal Canadians.

### SCHOLARSHIPS FOR VISIBLE MINORITIES

The Scholarship for Visible Minorities for \$1500 is open to all visible minority students who plan to enter the first year of a Canadian public post-secondary education full-time in 2017 - 2018 and who are the children, grandchildren or foster children of a National Union of Public and General Employees member. It will be awarded for the best 750 - 1000 word essay on the importance of quality public services in enhancing the quality of life of visible minorities.

For further information please phone (613) 228-9800 or email [scholarship@nupge.ca](mailto:scholarship@nupge.ca).

The deadline for applications is July 7, 2017.



“Like many members, I never had direct experience using the union. Things changed dramatically a few years ago when I filed several grievances and witnessed the dedication and commitment of our legal team, LROs and shop stewards. This experience showed me HSA has the health science professionals’ best interest, and is the union for me.”

**ELAINE LEONG, CYTOTECHNOLOGIST, BC CANCER AGENCY**



# MEMBER VIDEO CONTEST

DEADLINE JANUARY 31, 2017

HSA's member professions play an incredibly important role in modern health care and community social services. But it's not an easy story to tell.

On TV, doctors and nurses are everywhere, often depicted doing the specialized work of pharmacists, lab technologists, radiation technologists, social workers, counsellors and other key professionals in health care and community social services. The public needs to know more about who we are, and what we do. That's why HSA regularly advertises on TV, radio and on line. But it's hard to fit all these professions in a 30-second spot.

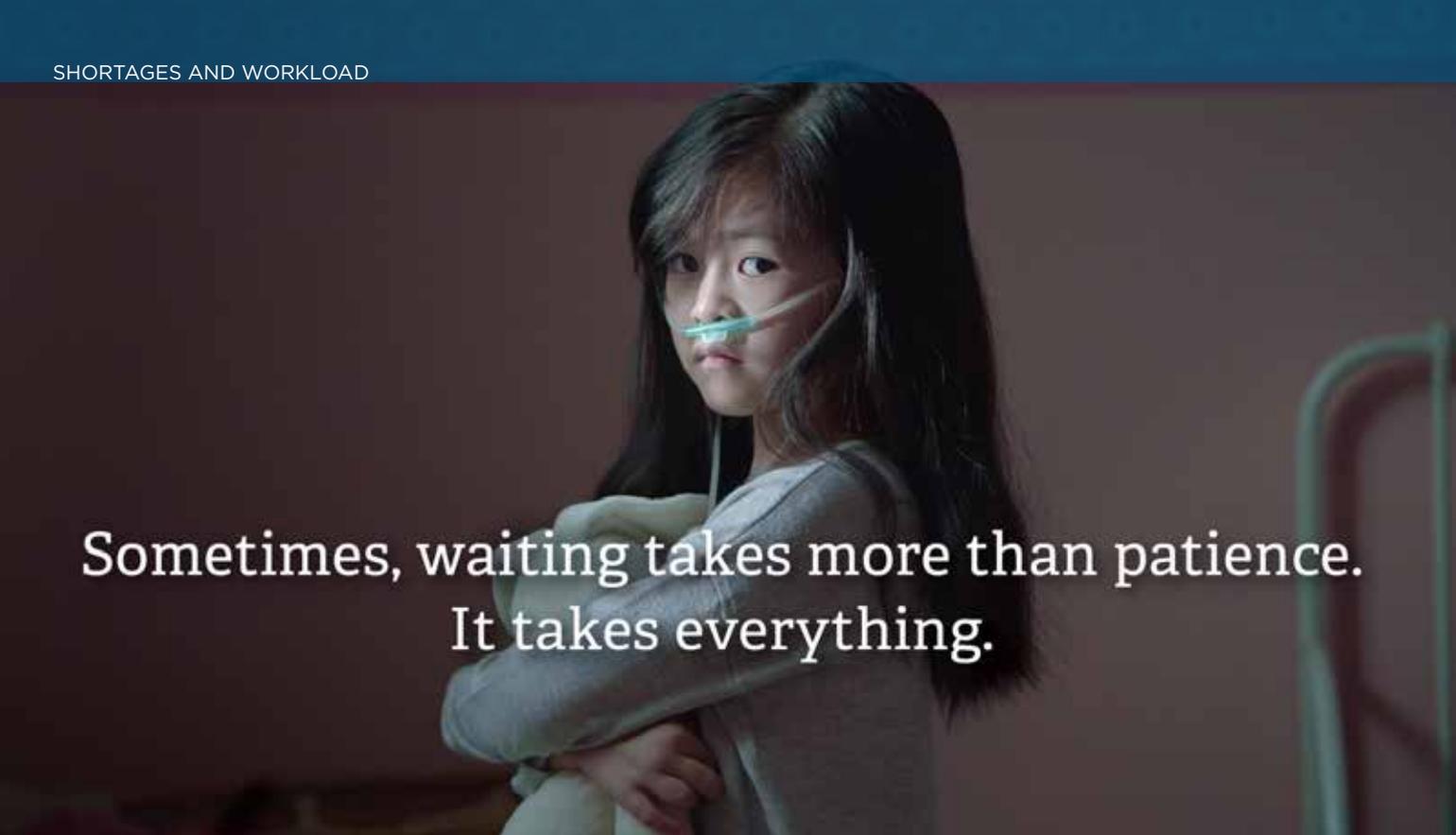
So we need your help. Who better to tell our story than members themselves?

What's the most important thing the public needs to know about HSA? Is it the unique skills of your profession? The way our diverse professions hold the health care system together every day? The worsening impact of shortages and workload? The urgent need for more resources in community social services?

You decide. The winning videos, judged by fellow members and the general public, will receive cash prizes: \$5000 for first prize, \$3000 for second and \$2000 for third.

You can find the rules, the submission form and everything else you need at [hsabc.org/videocontest](http://hsabc.org/videocontest)

The deadline is January 31, 2017. Let's get creative!



Sometimes, waiting takes more than patience.  
It takes everything.

HSA'S EMOTIONALLY JARRING NEW AD ON HOW SHORTAGES OF HEALTH SCIENCE PROFESSIONALS IMPACTS PATIENTS ON WAIT LISTS, LAUNCHED THIS FALL, HAS BEEN VIEWED OVER TWO MILLION TIMES ON FACEBOOK ALONE.

# SOMETHING HAS TO BE DONE

SHORTAGES OF HEALTH PROFESSIONALS ARE HURTING PATIENT CARE AND THE PEOPLE WHO DELIVER IT.

HSA is taking action by raising public awareness of how shortages create longer wait times, while mobilizing members to provide key information on where and how the resulting workload issues are happening.

This fall, HSA rolled out a new ad using powerful imagery to show the public how ongoing shortages of health science professionals leave patients waiting longer for care. To date, the ad

**“Until wages are increased to be competitive, we will keep losing trained staff, wait lists will get longer, costs will go up and patients will suffer.”**

has been seen nearly two and a half million times through targeted Facebook and YouTube advertising.

The ad's release was timely, coming out just as Island Health Authority revealed in September there were 18,000 British Columbians waiting for ultrasound tests on Vancouver Island

alone. HSA President Val Avery, who spoke to reporters about the issue, explained that shortages affected many professions, not just ultrasonographers, and reminded the provincial government that if they want to reduce wait times for patients, as promised, they need to train, hire and retain more health science pro-

professionals. “That means increasing training spaces, but it also means tackling the reason why it’s hard to retain the ones who are already trained – the private sector and other provinces pay more, sometimes much more,” she said. “Until wages are increased to be competitive, we will keep losing trained staff, wait lists will get longer, costs will go up and patients will suffer.”

Meanwhile, professionals working in health sciences and community social services find themselves deadlining with workload that is approaching the breaking point.

A series of member surveys conducted over the last few months reveal the extent of the problem. In one of these surveys, 92 per cent of members said they miss or cut short breaks because of workload – 46 per cent of them “frequently”. The same survey showed that 62 per cent of members work up to four hours of unpaid overtime in a week, and 75 per cent of members are concerned that workload is negatively impacting patients.

HSA is now asking members to document their workload concerns. This will provide important information about the impact of the problem across different professions, worksites and regions, and will provide HSA with data needed to pressure the provincial government and health authorities into taking the matter seriously.

An initial workload survey has been provided to members during site visits by HSA staff and member organizers, but an online version is now being rolled out to all members. Members are urged to participate by following the initial survey and, if asked, the longer questionnaire. Your participation can help us find a solution.



## SURVEY REVEALS FRUSTRATION WITH INCREASING WORKLOAD

Several hundred HSA members around the province have completed a short survey on workload issues, and the results are concerning.

Members have a lot to say about how workload is making their jobs more difficult, and how patient care is suffering:

- “We try and work as fast as possible with increased workload, but I am in a ‘fight or flight’ situation all the time. This is not healthy.”
- “No one covers for coffee or lunch breaks so work doesn’t get done.”
- “Complaining of heavy workload to others is seen as being a ‘whistle blower’.”
- “No replacement while on vacation.”
- “Supervisor is sympathetic, encourages breaks, but is pushed by higher ups.”
- “Leadership changes in the health authority have made workload in my department an issue, and we are doing more with less.”
- “Increase in workload, but no increase in FTEs. Work gets backed up, samples become unsuitable due to delays, techs stay late to try to ‘clean up’. Increased fatigue and lower morale means worse turnaround times.”
- “I am frequently called at home on my days and evenings off to either help over the phone or to come in to perform speciality testing. I am not paid on call. When my co-workers call me I want to help but I want my time off too. I feel guilty if I don’t come back.”
- “We don’t have enough techs trained in my speciality area. When my co-workers are sick or on vacation, we work short-staffed.”
- “There are no teaching techs. You can’t do your job taking care of patients AND teach students. So student education is damaged.”

An online version of the workload survey will be available to all members over the coming weeks.



RUN FOR THE CURE

2016

VICTORIA



PRINCE GEORGE

Like most people, HSA members have a very personal connection with breast cancer through the loved ones who have faced it.

But we're also connected as the professionals who help British Columbians prevent, diagnose, treat and recover from it.

On October 2, HSA members around the province participated in Run for the Cure events in Abbotsford, Kamloops, Kelowna, Nanaimo, Prince George, Surrey, Vancouver and Victoria.

Thanks to Pam Hosie, Kimberly Pflieger, Anne Davis and others who shared photos of this important day.



VANCOUVER



VANCOUVER



VANCOUVER



PRINCE GEORGE



VANCOUVER



HSA OFFERS ELECTION CAMPAIGN TRAINING TO HELP MEMBERS UNDERSTAND THE POLITICAL SYSTEM AND GET INVOLVED IN THE CAMPAIGNS OF CANDIDATES WHO SUPPORT PUBLIC HEALTH CARE

# WANT TO HELP BRING CHANGE TO BC?

**BY CAROL RIVIERE**  
HSA COMMUNICATIONS

THE UPCOMING PROVINCIAL ELECTION IS A MAJOR OPPORTUNITY.

In May 2017 HSA members like you can help elect a candidate, support the labour movement's campaign to highlight issues of importance to working people and elect progressive candidates, or work on the BC Health Coalition's campaign to make public health care a vote-determining issue.

HSA can connect you with the campaign on which you want to work, and help you get the training you need to be as effective as possible. Members can apply for Political Action Fund support to work on campaigns and to attend training.

Many organizations offer campaign training, including political

**“Above and beyond all expectations. Most useful/beneficial course I’ve taken to date. Learned a great deal about the political landscape.”**

## STUDENT EVALUATION OF HSA CAMPAIGN SCHOOL

parties, Organize BC, the Canadian Women's Voters Congress and HSA itself.

Here's what HSA members said about HSA's recent Election Campaign School:

“This was a great course. I learned so much and feel like I can (and should) seek out a bigger role in supporting campaigns I care about.”

“How fascinating and interesting. I had no idea of the workings of a campaign. Canvassing

was good. Initially not interested in face to face, but now I'm OK to try it.”

“Above and beyond all expectations. Most useful/beneficial course I've taken to date. Learned a great deal about the political landscape.”

“I learned there are many avenues for support and opportunities to get involved. And having discussion with an MLA in the room brought the theory to life.”



LEXIE MERCIER (ON THE RIGHT), WITH THE CAMPAIGN STAFF FOR HER BROTHER ANDREW.

## SOMETIMES IT'S PERSONAL

**BY CAROL RIVIERE**  
HSA COMMUNICATIONS

THERE ARE A LOT OF GOOD REASONS TO GET INVOLVED IN AN ELECTION CAMPAIGN.

Many members decide to work on an election campaign because they belong to a political party, or get inspired by the party leader. Lexie Mercier, a health information management professional at the BC Cancer Agency, had a more personal reason.

Lexie's brother Andrew was the NDP candidate in Langley in the 2013 provincial election, and she wanted to help with his campaign. In fact, the campaign turned into a family affair, with their sister and Andrew's wife – girlfriend at the time – also working full-time on the campaign, along with their brother and parents coming in to help whenever they could.

When Andrew ran into an HSA staff member at an event and mentioned that his sister Lexie was an HSA member, he

learned that she could apply to HSA's Political Action Fund for union-paid time to work on his campaign. Lexie followed up, and was able to take four weeks of paid time off work to serve as the office manager for the campaign.

"I did a lot of the housekeeping, kept the coffee going, answered the phone and greeted walk-ins," says Lexie. "I also called volunteers to bring them in to do door-to-door shifts to talk with constituents in the riding, or set them up to make phone calls."

"I had no experience working on an election before this, so really learned a lot about what goes into making something like this happen. It is a lot of work to go out and talk to people, to know what to say and how to answer their questions. I learned about electoral districts, polling, and also the fine details of what goes into the actual Election Day."

As with any campaign, there were difficult times as well.

"Thankfully I had a background

in retail, so I was able to use my people skills as sometimes we had very upset or angry people walk through the door wanting help with various issues," says Lexie. "I learned to assess what I could take care of on my own and what needed to be handed off to someone higher up in the office."

"And it did get stressful towards the end and was quite upsetting when Andrew unfortunately lost. However, he managed to do very well in a very non-NDP riding."

"Overall, it was a lot of fun. Since I was working for my brother, it was great to go through this with my family. We had a very young group with lots of energy and great ideas, and I made a lot of new friends that month. It was lovely."

"I think everyone should get involved at least once. It's important to make our voices heard and the people running for those positions always need help."



ABOUT 200 WOMEN FROM THE UNITED STATES, CANADA, JAPAN AND MEXICO ATTENDED THE SUMMER INSTITUTE FOR UNION WOMEN AT THE UNIVERSITY OF LOS ANGELES.

# BREAKING GOOD

## THE SUMMER INSTITUTE FOR UNION WOMEN BREAKS DOWN BARRIERS AND BUILDS LEADERSHIP THROUGH SOLIDARITY

EVERY SUMMER, HSA HELPS INTERESTED MEMBERS PARTICIPATE IN AN INTERNATIONAL LABOUR CONFERENCE FOR WOMEN.

The Western Regional Summer Institute on Union Women (SIUW), is one of four regional “women’s schools”. Sponsored by the United Association for Labor Education, each is hosted on a rotating basis by university labour education programs in each region. In the past, the Western Regional SIUW has been supported by the Washington AFL-CIO, the BC Federation of Labour and various labour councils and labor federations in the West.

The SIUW brings together women organizers from unions,

community rank-and-file activists from the Western States, British Columbia and beyond for a week of leadership development, engagement on current issues, skills-building and networking. This annual 4-5 day residential program offers in-depth classes to hone skills and deepen knowledge. Workshops and plenary sessions examine current issues. Cultural events and a solidarity action add richness to the Institute and inspire union activists in their work.

“The theme of this year’s conference was breaking down barriers and borders,” said social worker Easter Tocol, one of four HSA members attending this year. “There were about 200 women from the United States, Canada, Japan and Mexico who attended this conference. Some

of the core classes included effective union organizing, learning to tackle racism, classism, sexism and discrimination in the workplace and learning about effective bargaining.”

Cardiology technologist Kimberly Pflieger said the event made her realize how fortunate we are to live in Canada.

“We live in a country where healthcare is a fundamental right, where our wages enable us to live comfortable lives, and where we can be anything we want,” said Pflieger. “For many other women who attended this event, this is not the case. And for workers south of the border in California, working at El Super grocery stores, earning a ‘living wage’ is an elusive dream.”

Working without sick ben-



PARTICIPANTS HELPED RAISE AWARENESS OF LOW WAGES FOR FEMALE EMPLOYEES OF CALIFORNIA GROCERY STORES.

efits, paid holidays, and barely minimum wage, these workers, many of whom are single mothers, can barely support their families. To demonstrate solidarity with the El Super workers, the SIUW and local community activists organized three busloads of women to rally in front of an El Super store, to support, and to raise awareness of their dire situation.

“The buses parked a block away to maintain the secrecy of our mission,” said Pflieger. “Almost 100 women surreptitiously made their way to El Super through a back alley. When we reached the site, the organizers handed us placards, and our leaders gave us instructions. We marched in front of El Super as our leader shouted slogans for us to repeat. We took care not to obstruct anyone’s passage into the store while at the same time making our presence known, both physically and verbally.

“As I paraded in front of this store with women I had met

**“The buses parked a block away to maintain the secrecy of our mission,” said Pflieger. “Almost 100 women surreptitiously made their way to El Super through a back alley.**

only a few days earlier, I felt a powerful connection and an overwhelming desire to help these workers. I felt strong, empowered, and very emotional at the same time. My first stint of activism was an experience I will never forget, and it made me wonder why I had never done this before.

“These feelings still resonate with me today. I know that community activism will be in my future.”

Tocol said she’ll take away the

concept of “intersectionality.”

“We all come from various backgrounds and as we learned how to deal with the issues of inequality, it was important to recognize how interconnected and multidimensional our identities and experiences are. This understanding helps ground us in our differences and strengthens our solidarity as activists for social justice.”

# UNION INVOLVEMENT IN WORKPLACE ACCIDENT INVESTIGATIONS

**BY DAVID DURNING**  
HSA OHS OFFICER

EMPLOYERS IN BC ARE LEGALLY REQUIRED TO INVESTIGATE CERTAIN WORKPLACE INCIDENTS.

Those include events involving an injury to a worker where medical treatment was required, but also include minor injuries or near-miss events that had the potential to cause serious injury. Near-miss or close call events imply that if things had gone a little bit differently, a worker could have been seriously injured or suffered a health threatening exposure.

The law requires that workplace incident investigations are carried out by persons knowledgeable about the type of work involved and that worker representatives participate in the investigation if they are “reasonably available”. Reasonably available is interpreted to mean that the employer must make reasonable efforts to identify and involve appropriate worker representation in investigations. WorkSafeBC Guidelines state that there may be situations where a worker representative is not reasonably available, but “these situations will be the exception rather than the rule”.

Worker participation in incident investigations involving HSA members is an important responsibility of HSA OHS stew-

ards sitting on your workplace Joint Occupational Health and Safety Committee (JOHSC).

Even though worker participation in investigations is a legal requirement, many investigations occur without the appropriate involvement of the OHS steward/JOHSC representative. Concerns that HSA worker representatives are not adequately participating in incident investigations should be raised with your Joint Health and Safety Committee. If the matter remains unresolved, a WorkSafeBC prevention officer should be called to investigate and assist with the employer’s compliance with this obligation.

**If you are injured or involved in a near-miss incident, please ask for OHS steward representation.**

During an incident investigation, the worker representative’s role includes the following:

- viewing the scene of the incident with the persons carrying out the investigation;
- providing advice to the persons carrying out the investigation respecting the methods used to carry out the investigation, the scope of the investigation, or any other aspect of the investigation (Workers’ Compensation Act, Section 174 - 1.1).

If you happen to be involved in a workplace incident – including a near-miss event – you must immediately report it to your supervisor. Your employer must conduct a preliminary investigation within 48 hours of the event and a full investigation within 30 days. A worker representative should be involved from the beginning. If you are not sure this is happening, advise your supervisor that you wish to have your HSA OHS steward/ Joint Occupational Health and Safety Representative involved in the investigation. If you or your supervisor are not sure who that steward is, please call the HSA office for assistance at 604-517-0994 or toll-free 1-800-663-2017.

If you have a question or concern about occupational health and safety, contact [ddurning@hsabc.org](mailto:ddurning@hsabc.org).

# TIME TO GET OUT OF DODGE?

## FIRST TAKE THE TIME TO CONSIDER THE PENSION IMPLICATIONS

**BY DENNIS BLATCHFORD**  
HSA PENSIONS AND BENEFITS  
ADVOCATE

**I am seriously considering leaving my job in the Lower Mainland and going to work in the private sector in small town BC. This makes sense for my growing family from both an affordability and lifestyle perspective. The one drawback is that unlike my current employer, my new employer is not part of the Municipal Pension Plan. What they do offer is a retirement savings plan where they match my contributions up to 6 per cent of salary. This has me wondering whether it would be wise to move my MPP pension into the retirement saving plan, or leave it with MPP? I have accrued eight years of pensionable service in the Plan after starting my career in physiotherapy 11 years ago.**

Affordability and lifestyle has become a big issue for young families in the over-heated housing market in the Lower Mainland. That's why places like Kamloops, Salmon Arm, Courteney, Kelowna or Nelson are getting a lot of attention. The lure of affordable, family-friendly communities with virtually no commuting time holds a lot of appeal.

That you enjoy the mobility of a profession with growing demand gives you the advantage to consider job opportunities wherever they are, both in the public and private sectors. However, an important consideration in changing employers is comparing the pension plan you have, with the pension plan being offered. And in the case of most retirement savings plans (RSPs), versus defined benefit (DB) plans, there really is no comparison.

Statistically speaking, we know that RSPs generally don't work out very well as a sole source of retirement income. Partly because the money can be accessed, making it more akin to a savings plan rather than a retirement plan, but also because the contributions are usually insufficient to provide for a lengthy, secure retirement. You don't want to be worrying about outliving retirement savings. This puts the onus on the individual to supplement their RSP plan with other savings or assets, which is fine as long as those investments pan out. So, since your existing service is secure in the MPP as you pursue opportunities in the private sector, I think you would be well-advised to keep it there

as a hedge against something going wrong elsewhere in your retirement portfolio.

**Okay, thanks for the advice, but what if I decide to change my mind later?**

No problem. You can take the commuted value of your service and transfer the funds to another retirement vehicle at any time. However, you should consider that you have a long career ahead of you. With over 900 employers in the MPP, you may find yourself back with a MPP employer one day. You might even end up in another province and belong to a pension plan that will recognize your MPP service, or vice versa. Or, as you get closer to retirement age, the health and welfare offerings in the MPP may be very attractive to you. So in summary, there are a lot of compelling reasons to remain a member of the MPP - which is a nice option to have as you head off for greener, and less hectic, pastures.

If you have a question or concern about pensions, contact [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org).



FABIOLA TOYATA NOTICED A LOT OF CHANGES AFTER RETURNING TO HOSPITAL WORK IN 2015

# FABIOLA TOYATA

## THIS PRINCE GEORGE PHYSIOTHERAPIST IS HELPING COLLEAGUES DO SOMETHING ABOUT INCREASED WORKLOAD

WHEN PHYSIOTHERAPIST FABIOLA TOYATA RETURNED TO HOSPITAL WORK IN PRINCE GEORGE AFTER A 10-YEAR ABSENCE, SHE HAD A BIT OF A RUDE AWAKENING.

Workload challenges, always a tough issue in healthcare, had skyrocketed in the course of a decade.

"I saw a huge change in workloads, in acuity, in the number of patients. Also, the size of patients has grown significantly, which makes things more physically demanding for physiotherapists. But there has been

no increase in physiotherapist staffing levels," says Toyata, who works at both the Prince George Child Development Centre and the University Hospital of Northern BC.

Toyata's personal experience is part of what fuels her enthusiastic involvement in HSA's province-wide program aimed at engaging members and gathering information on the impact of shortages and workload (see page 10). The goal is to gain a deeper understanding of workload issues based on documented research, which can be used for strategic action and political advocacy, especially in the com-

ing year's provincial election.

Toyata's role in the campaign is to talk with members at their worksite or through home visits, and distribute a questionnaire. When members identify a workload issue, they are asked to fill out a form for two weeks to track the details.

"What we're seeing is that people come in early, leave late, and miss breaks. This doesn't count as overtime because often we are not approved for overtime. When you add all this up, members are often donating two hours per week of unpaid labour," she says.

# “THIS IS ACTUALLY NOT SOMETHING I WOULD HAVE THOUGHT OF MYSELF DOING, EVEN SIX MONTHS AGO.”

Toyata's main motivation is simple: she wants to make a difference in the work lives of her fellow HSA members, and improve care for clients. But she also enjoys being part of the campaign – a fact which somewhat surprises her.

“This is actually not something I ever would have thought of myself doing, even six months ago. I didn't think of myself as a political person and political is what I think of when I hear the word campaign. Also the idea of going door to door to talk to people reminds me of door-to-door sales, which I hate.

“But I really enjoy it. I really like talking to other members, and all of them want to talk about this topic. They are so happy to learn that HSA is looking into this.”

The power of talk, Toyata is realizing, is huge. “Having face-to-face, one-on-one contact brings people together. It can be powerful – telling your story and asking people their story, finding

out what is important to them. And then asking them to talk to five people, and then each of those people talks to five people. It works! These are the same methods that the Obama campaign used,” she says.

2016 has been a year of increasing involvement in HSA for Toyata. A member for 20 years, she became a chief steward in January and in September attended a Local Leadership training workshop, which is where she learned about the workload campaign. In October, she went for a two-day training specifically on workload issues.

“I'm really impressed with the union. The training opportunities are fabulous, and the union makes sure we have every possible opportunity to participate. For instance, when I went for training they helped pay for my child care. Also, the experience and training I'm getting in leadership can help me move forward into more leadership in my career.”

Above all, she says, she values HSA for its role in supporting members' rights in the workplace, which translates into better care for clients. “If I have to go between a member and management I know that I have someone backing me.”

Workload challenges haven't disappeared at Toyata's workplace, but because she is part of a campaign to address this problem, she no longer feels powerless. “The leadership training was about mobilizing people by bringing them together and creating relationships,” she says. This is exactly what she is doing.

Toyata's advice for anyone experiencing workload issues?

“Make sure your supervisor is aware of it and make sure your steward is aware of it. Make sure you are tracking it with our workload tracking tool. Talk to the stewards and go from there. Don't let it go unaddressed.”



RESPIRATORY THERAPIST LILY CHEUNG (SECOND FROM LEFT) ORGANIZED A PUBLIC “POP-UP” EVENT TO MARK RESPIRATORY THERAPY WEEK IN LATE OCTOBER. ASSISTING HER WERE HSA RTS MARIA LI (LEFT) AND VICKI CHIK (THIRD FROM LEFT).

# PRIDE OF PROFESSION

PROFESSIONAL RECOGNITION DAYS ARE A GREAT WAY TO RAISE PUBLIC PROFILE.

Lily Cheung, respiratory therapist at Vancouver General Hospital has been organizing public events to mark October’s Respiratory Therapy Week for several years, while Christopher Maki, respiratory therapist at Royal Inland Hospital at Kamloops recognized the excellence of his colleagues with an award. Both are great ways to boost professional pride and public awareness.

If you or your colleagues want to do the same, HSA is here to help by providing raffle prizes, food and posters, arranging appearances by labour relations staff, regional directors or HSA President Val Avery, and even providing some funding. For information contact Bill Hannah at [bhannah@hsabc.org](mailto:bhannah@hsabc.org).

I would like to start off by thanking HSA for its support of the Royal Inland Hospital Respiratory Therapy department before, during and after RT Week. The department here feels that this was the best run and supported RT Week in our history and we have HSA to thank for that. You supported us both financially and with promotional product that was very well received.

We took the time to recognize our fellow RT’s with our inaugural Excellence in Respiratory Care award. This award was presented to Angela Knas for demonstrating excellence in areas of patient care and advocacy, respiratory knowledge and competency, mentorship, communication and teamwork. She and four other RT’s were nominated for the award by their peers. A \$500 bursary towards continuing education was attached to the award. The other four honorable mentions received RT Week 2016 coffee mugs and gift certificates to local businesses.

In the lobby of the hospital, we set up an information booth that was manned by Respiratory Therapy students from Thompson Rivers University. The booth explained some of the roles that an RT may play during a patient’s visit to the hospital, and after being discharged home to the community. All in all, it was a very busy, but fulfilling week and I would like to thank HSA once again for its support.

Kind Regards,  
**Christopher Maki, RRT**  
 Clinical Resource Therapist - Respiratory Therapy  
 Royal Inland Hospital, Kamloops



## HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

**Name:** Cathy Davidson

**Job title and department:** Controller, Finance Department

**Longest you have gone without sleep:** Two and a half years, after my daughter was born – she became my last child ever!

**What you actually do, in your own words:** Commonly referred to as 'bean' counting – I actually don't count very well.

**Why this matters:** I compile all the financial information into readable statements so the members know how their money was spent.

**Secret talent unrelated to job:** Furniture re-finishing – I love stripping, sanding and staining.

**Most amazing brush with famous person:** Peter Mansbridge. I got to speak to him at a CGA conference – very nice man.

**At HSA since:** November 8, 2000 – my daughter's first birthday (I was sleep deprived).

**Job before HSA:** Senior Assurance Specialist with BDO Dunwoody LLP (HSA's Auditor then).

**Crappiest job you've ever held:** Bookkeeper for a nursery – I got eaten by mosquitos every time I came in to do up the books.

**Interesting thing you did to help a member in the last week:** Prepared a letter to support a member's response to a query from the Canada Revenue Agency.

**Your perfect day looks like:** Clean house + sunny skies + backyard + glass of wine + hammock + book = sigh!

**Best birthday gift you've ever received:** A photo album with my head on a hot body with every eligible superstar bachelor!

**Guilty pleasure binge-watching TV show:** Say Yes to the Dress Canada!

**Why:** Because some day, my 'some day' will come.



**“I’m grateful for the many educational opportunities HSA offers. My first was the Leadership Training in October and it was such a wonderful experience. The HSA staff, speakers, and attendees were so supportive and kind to each other. It definitely was a great first impression!”**

**SHILA AVISSA, CASE MANAGER, AIDS VANCOUVER**