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# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA



## 90% VOTE TO STRIKE

# A MANDATE TO SEEK FAIRNESS



IN OUR LONG HISTORY, HSA MEMBERS HAVE RARELY FELT WE HAD NO CHOICE BUT TO PREPARE FOR A STRIKE.

Our health science professional members have only gone on strike three times before now, and the last time more than 11 years ago. It's not something we take lightly.

That is why it is so extraordinary that 90% of our health science professional members just voted in favour of a strike

Whether an actual strike takes place remains unknown as this issue goes to press in mid-November. But without a doubt, our members have sent a powerful message in support of our bargaining efforts.

It's no great wonder. The last collective agreement was one we voted to accept only reluctantly. Health science professionals are falling behind when we compare rates across the country. There is a crisis in recruitment and retention, leaving us working harder, short-staffed and falling behind.

Before talks broke down HSA tabled a framework agreement that included wage increase of 2% and 2% for each of 2012 and 2013. That doesn't seem like much to ask, but these are the maximum possible increases that can be realized under current wage controls. This has been the pattern in other public sector contracts outside of health.

But while the mandate the government has set is clear - 4% over two years and no concessions - they are changing the rules for health care.

Health employers are not even offering 2 and 2 to health workers now. Instead, the concessions HEABC are asking for are a real threat to the benefits we've achieved and protected over 40 years. It's disrespectful for the employer to try to extract that when our wages are already so far behind comparable provinces like Alberta and Ontario.

Health science professionals work hard every day to diagnose and treat the people we care for. We are highly trained. We subsidize the system by working unpaid hours because we are dedicated to helping the sick and the vulnerable.

With this strike vote, you have sent the message that you support a fair and reasonable contract. That you say no to the government's grab at your hard-earned benefits. That you will stand up for a health care system that respects patients and the people who care for them.

*You have sent the message ... that you will stand up for a health care system that respects patients and the people who care for them.*

# TABLE OF CONTENTS

## PRESIDENT'S REPORT

A mandate to seek fairness 2

## NEWS

Photos: Run for the Cure 2012 4

HSA sponsors international conference on violence 6

HSA challenges heavy-handed flu shot policy 6

Members recognized for excellence 7

Bargaining update 8

Job action: how will it affect you? 10

Health science members vote to strike 11

Rotating strikes support vulnerable families 12

Community health members join job action 13

New contract for HSA nurses 14

Photos: Regional Meetings 2012 15

Regional meetings schedule 15

## PENSION Q&A

Nurses' contract makes concessions on key benefits 16

## MEMBERS

North Island fights to keep hospitals public 17

Members work for change in provincial elections 18

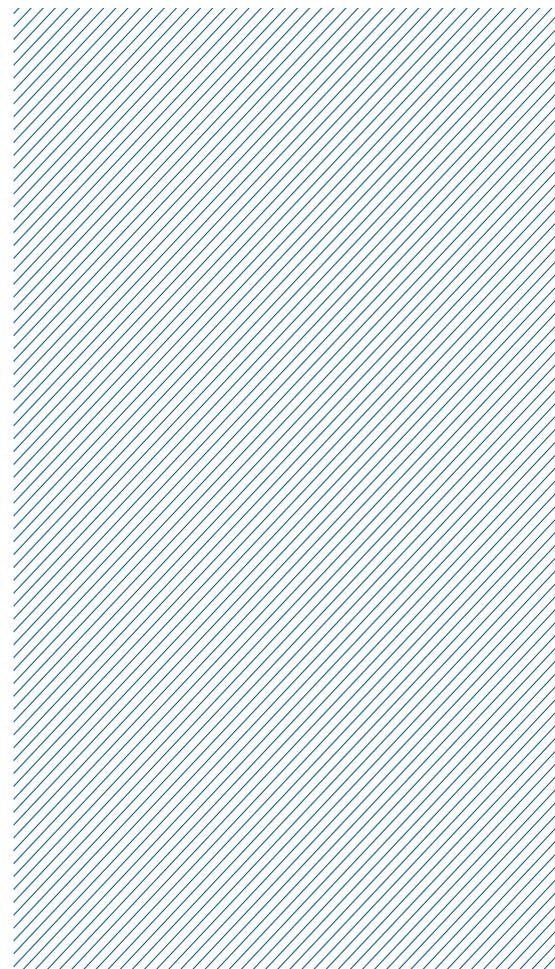
HSA committee works to build community 19

Profile: Dean Elbe, pharmacist 20

Dancing for dollars 22

## LABOUR RELATIONS REPORT

Breaking the impasse 23





# HSA RUNS FOR THE

This year HSA's 236 team members raised \$35,992.24. We set a new record for the number of members on the youth team - 19 - and the top three youth fundraisers were: Logan Bakker(Kelowna), Taryn Pedersson (Vancouver), and Emma Wong (Vancouver).

**Team names and amount raised:**

- HSA at all run sites - \$12,399.47
- HSA Staff - \$1,862
- Sheryl's Specimens,\$8,765
- St. Paul's HSA - \$3,225
- Penticton Radiology: Image Busters - \$3,118
- Holy Family Hospital - \$2158
- HSA GF Strong Bosom Buddies - \$1,270
- Team Awesome - \$420
- Victorious Secret - \$1,334
- Creston Valley Hospital Speedsters - \$649
- LMH-Medical Imaging - \$765
- Jubilant Joggers - \$25



# THE CURE



## HSA SPONSORS INTERNATIONAL CONFERENCE

### HOW DO WE WORK TOGETHER AGAINST VIOLENCE IN HEALTH CARE WORKPLACES?

For the first time ever, the annual international conference to counter violence in the health sector took place in North America.

More than 470 participants from around the world gathered at the Sheraton Airport Hotel in Richmond to hear from experts and take part in workshops at the Violence in the Health Sector – Linking Local Initiatives with Global Learning conference.

HSA President Reid Johnson said HSA is proud to be a sponsor of this event. “We hear from members every day about the violence they encounter at their worksites,” he said. “Health care workers see more aggression and assaults than almost any other professional group, including law enforcement and border security,” he said.

“Despite the efforts of our activists working in concert with colleagues, this is only getting worse – and it’s aggravated by overcrowded, over-stressed, short-staffed hospitals and care centres.”

In particular, Johnson noted the continuing issue of violence in mental health. “Just seven years ago, the health care community was shocked by the murder of one of our members. David Bland was a vocational rehabilitation counselor at Richmond Mental Health. He was murdered at his workplace by a former client,” he said.

“His death galvanized the health sector around the need for more work to prevent violence. HSA set up the David Bland Memorial Award to recognize activists who champion local occupational health and safety issues.

“However, violence in mental health is a continuing – and very

acute – problem. In the past few years, we have been working to assist registered psychiatric nurses who have been brutally beaten by clients.

“These violent incidents happen all over the province. With proper risk assessment and identification, and with the right care setting design, and by developing good patient communication and care plans, these incidents are preventable.

“One nurse experiencing violence is too many. For a nurse to be beaten in a preventable incident – beaten until she is unconscious, beaten until she is so injured that she can no longer return to work and has to give up the rest of her career – I have a visceral reaction to this.

“This conference was a wonderful opportunity for all of us to learn how prevalent violence is for health care workers, and how we need to address the safety of health and social service professionals.”

## HSA CHALLENGES HEAVY-HANDED FLU SHOT POLICY

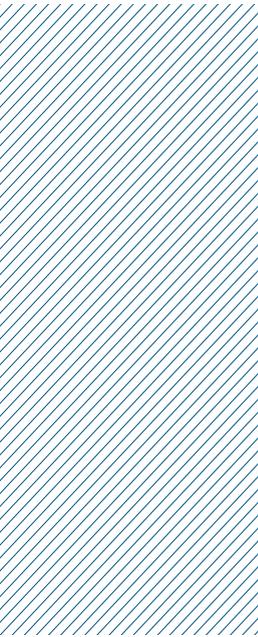
HSA IS CALLING FOR THE WITHDRAWAL OF A PROVINCE-WIDE POLICY THAT THREATENS TO FIRE HEALTH SCIENCE PROFESSIONALS WHO REFUSE TO DECLARE WHETHER THEY HAVE BEEN VACCINATED AGAINST SEASONAL FLU.

“HSA has historically encouraged members to be vaccinated against seasonal flu, and continues to encourage members to be vaccinated. But we are firmly of the view that nobody should reasonably be expected to make a public declaration of their personal health choices. HSA will continue to defend members’ rights to privacy,” said Jeanne Meyers, HSA’s executive director of legal services and labour relations.

## ERRATUM

Earlier this year, The Report noted that Heather Sapergia had been elected to her second term as Region 10 Director.

In fact, Heather was elected to her third term. Our apologies for the error.



RACHEL TUTTE, PHYSIOTHERAPIST AND FORMER REGIONAL DIRECTOR HAS BEEN RECOGNIZED FOR HER CONTRIBUTIONS TO THE LABOUR MOVEMENT.

# MEMBERS RECOGNIZED FOR EXCELLENCE

**RACHEL TUTTE**  
**Physiotherapist**

Former HSA regional director Rachel Tutte has been awarded the 2012 Syd Thompson Labour Community Service Award by the Vancouver and District Labour Council.

The award is named in honour of Syd Thompson, former VDLC president. It is presented each year to a union member or community activist who has made a significant contribution to labour and its community. A VDLC delegate for 15 years, Tutte is an educator for NUPGE’s “All Together Now” campaign for fair taxation and co-chair of the BC Health Coalition.

Her other community involvement ranges from organizing events for disabled children to assisting on the finance committee at her housing co-op.

**KAREN SMITH**  
**Radiation Technologist**

Karen Smith has received the Life Membership Award from the Canadian Association of Medical Radiation Technologists.

The Life Membership Award is designed to honour a member of CAMRT whose professional activities have promoted the MRT profession nationally or internationally, whose leadership serves to motivate others to become involved in professional activities, and who has been involved in raising the profile of the CAMRT.

Smith has contributed greatly to her profession, as an educator, researcher and innovator in the field of MR. She first proposed that MRI be recognized as a distinct discipline for technologists in Canada in the early 1990s and was involved in the committee that set up the first national MR certification exam and competency profile.

As an educator, Smith has taught in the MRI program at BCIT for over 17 years, and acted as the clinical coordinator for most of that time. She has acted as an MR consultant for UBC MS/MRI Research group (a Multiple Sclerosis analysis centre) and has given presentations and international site visits for this MS research. Through teaching, she has touched many new MR technologists by mentoring and encouraging them.

Smith was also CAMRT’s Olympian imaging team leader for the Olympics/Paralympics 2010. She organized the volunteers that provided all medical imaging and took the initiative to coordinate live blogging from the Olympic site so that CAMRT members could share the excitement.

She is currently the Regional Practice Lead of Magnetic Resonance Imaging for Integrated Medical Imaging and an instructor of the MRI program at BCIT.

# BARGAINING UPDATE

CHECK HSABC.ORG FOR THE LATEST

Almost all HSA members are represented by one of the four bargaining associations below. As this issue of *The Report* goes to print, three of the four bargaining associations – the majority of HSA members – were preparing for or engaged in job action intended to support bargaining efforts.

## 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.

After seven months of bargaining, the province's health science professionals – the modern health care team that delivers the diagnostic, clinical and rehabilitation services British Columbians rely on for their health – took a strike vote in November.

The Health Science Professionals Bargaining Association (HSPBA) strike vote came after talks broke off October 31 when the employers' association (HEABC) explained it cannot engage in meaningful bargaining because of a restrictive

"cooperative gains" bargaining mandate imposed by the BC government.

"The health science professionals tabled a fair and reasonable framework proposal that's completely in line with the government's mandate – which has allowed for four-and three-per cent wage increases in several two-year public sector agreements – including direct government service, several colleges, and for nurses," said HSA President Reid Johnson.

Health science professionals are asking for wage increases of 2 per cent in each of 2012 and 2013.

## NURSES BARGAINING ASSOCIATION

Lead union: **BC Nurses Union**  
Number of HSA members: **1100**

The Nurses' Bargaining Association has voted almost 85 percent in favour of accepting the contract negotiated in September between the NBA and the Health Employers' Association of BC.

For more information, please see article page 8.

## 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](http://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](http://hsabc.org), follow us on Twitter [@hsabc](https://twitter.com/hsabc) or visit us on Facebook at [facebook.com/HSABC](https://facebook.com/HSABC)

### COMMUNITY SOCIAL SERVICES BARGAINING ASSOCIATION

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

Job action in Community Social Services is currently underway and will continue unless the government mandate regarding monetary issues changes significantly.

On September 17 and 18, the multi-union bargaining committee for community social services met with the employer - the Community Social Services Employers Association (CSSEA). Progress was made on non-monetary issues, and the committee was able to fight off a number of concessions.

Because of the government mandate, CSSEA has not presented any monetary offer. Monetary items - such as wages, benefits and employ-

ment security (for example: priority hiring, portability) that were identified as important by the membership - remain outstanding.

For more information, please see article on page 12 and check [hsabc.org](http://hsabc.org) for updates on job action.

### COMMUNITY BARGAINING ASSOCIATION

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

On November 1, the Community Bargaining Association (CBA) reviewed the employer's latest offer and determined that there is no reason to return to the bargaining table at this time.

The Health Employers' Association of BC (HEABC) continues to hold the position that an increase in wages must be accompanied by an offset found

within the collective agreement.

Given that there has been no change in the employer's position, the CBA decided to enact the strike mandate in order to make progress. Limited job action commenced November 7 and was boosted with a rally in downtown Vancouver.

HSA is represented at the bargaining table by Kate Meier, a residential care worker at South Peace Child Development Centre, and Senior Labour Relations Officer Dani Demetlika.

The Community Bargaining Association represents more than 14,000 members, the majority of whom are represented by the BCGEU. Other unions at the table are UFCW, HEU, CUPE, HSA, USWA, CLAC and BCNU.

For more information, please see the article on page 13.

# JOB ACTION: HOW WILL IT AFFECT YOU?

IN AN IDEAL WORLD, STRIKES WOULD NOT BE NECESSARY.

Employees and employers would meet at the bargaining table, discuss bargaining proposals based upon reason, justice and mutual respect. They would use objective data and negotiate a settlement.

In reality, that is often what happens. However, sometimes there are significantly different points of view about what is “reasonable,” “just” and “objective.” When that happens, settlements depend on strength and determination.

## PROTECTING OUR PATIENTS

In order to accommodate the essential nature of our work, HSA members must adapt the use of strike action. Health care workers cannot conduct an “all out” strike whereby all members withdraw their services. Instead, HSA members are compelled to have a “controlled” strike during which essential services are provided at all times.

## THE DUTY TO PARTICIPATE

No one “wants” to strike. But HSA members have taken job action in the past to assert fairness and respect for the value of our work. We take job action when withdrawing our services is the only power left to us to support our bargaining demands.

For job action to be effective, all of us must remember that we are the union. The union is not just the HSA Board of Directors or staff – it is each and every member.

## A DEMOCRATIC CHOICE

Prior to the start of any type of job action that involves the withdrawal of services, the union conducts a strike vote.

A strong, positive vote by the membership is crucial to demonstrate our commitment to our bargaining proposals. It is also a tremendous opportunity for members to show their commitment to fairness and justice.

## DIFFERENT KINDS OF JOB ACTION

Job action can take many forms. It could start with the refusal to perform specific duties and escalate to an all-out withdrawal of everything but essential services.

## PARTIAL WITHDRAWAL OF SERVICE/WORK TO RULE

Refusal of duties can exert considerable pressure on management if done with broad support from the membership and other unions. An example of this type of job action would be a refusal to do any duties that are not specifically part of your job description, like portering or clerical duties or paperwork. A ban on overtime can also be effective.

## INTERMITTENT WITHDRAWAL OF SERVICES/ROTATING JOB ACTION

In this type of job action, members withdraw their services for short periods of time. An example of rotating job action is to withdraw services in one department one day, and then withdraw services in a different department the next day (while the first department goes back to work).

## TARGETED JOB ACTION

Targeted job action involves the withdrawal of service at specific work sites.

## ESCALATING JOB ACTION

Escalating job action starts in one facility or one department and escalates as additional facilities or departments are added over time.

## A LITTLE HISTORY

**1971** – “No strike” clause included in first HSA constitution.

**1975** – After negotiations had continued for six months without even a wage offer from the employer, HSA members vote to remove the “no-strike” clause. Within two weeks the employer presents an offer.

**1987** – HSA fought Bill 19, the anti-labour legislation ushered in by the newly elected provincial government under Premier Bill Vander Zalm. HSA members around the province participated in a one-day walkout. The NDP later repeals the legislation.

**1999** – On International Women’s Day, community social services workers go on strike. Eleven weeks later they achieve an historic agreement to achieve parity over time with community health care workers.

## 2001

March 15 - Unions representing health services and support workers reach a tentative agreement with health employers which ends wage discrimination against 15,000 community-based health care workers.

April 9 - After a 95 per cent vote in favour of job action, nurses begin an overtime ban.

April 20 - HSPBA announce 90 per cent strike vote

May 22 - HSA paramedical professional members begin what will eventually become illegal job action.

June 19 - HSA health science members are ordered back to work by provincial legislation which imposes a “cooling off” period.

July 23 to 24 - HSA members withdraw services province-wide in defiance of the legislation.

August 7 - The provincial government imposes the paramedical professional and nurses’ collective agreements by legislation – it is the employer’s final offer.



HSA STEWARDS HELD NOVEMBER 7 EMERGENCY MEETING TO PREPARE FOR STRIKE VOTE

# HEALTH SCIENCE MEMBERS VOTE TO STRIKE

HEALTH SCIENCE PROFESSIONALS DELIVERED A RESOUNDING 90 PER CENT STRIKE VOTE TO BACK THEIR BARGAINING COMMITTEE IN NEGOTIATIONS WITH BC'S HEALTH EMPLOYERS.

"This strong vote sends a clear message to government and health authorities that it's time to come to the table and negotiate a fair and reasonable collective agreement," said Reid Johnson, President of the Health Sciences Association of BC, the union that represents the majority of the 17,000 health science professionals in the Health Science Professionals Bargaining Association (HSPBA) who have been without a contract since March. Other unions in the bargaining association are BCGEU, CUPE, PEA, and HEU.

"We have been at the bargaining table working to negotiate a

new collective agreement. Talks broke down October 31. After seven months, the government and health authorities have nothing to offer. They have not responded to a wage demand, they refuse to respond to repeated requests for costing on budget-saving measures, and they have not dealt with important issues that matter to patients and the modern health care team we all count on for our good health," Johnson said.

"Health science professionals are the highly skilled members of the modern health care team who provide specialized care. Without playing their part in the diagnosis, treatment, and rehabilitation of patients in all aspects of care, the health care system could not function," he said.

"We know, our members know, and patients know that without members of the modern health care team, the wait for diagnostics, treatment, and reha-

bilitation grows. Our bargaining team has proposed reasonable improvements that that will help keep these highly specialized health science professionals from going to other provinces to work," he said.

HSPBA Chief Negotiator Jeanne Meyers said the strike vote delivers a strong message to government and health authorities that it's time to negotiate under the government-imposed "cooperative gains" mandate, not hide behind that mandate.

"We've seen other employers able to work within the government mandate, and reach agreements that provide fair and reasonable settlements in the public sector. Health science professionals deserve no less," she said.



HSA PRESIDENT REID JOHNSON JOINED MEMBERS OF SHARE FAMILY AND COMMUNITY SERVICES SOCIETY FOR A ONE-DAY STRIKE IN COQUITLAM ON NOVEMBER 1

# ROTATING STRIKES SUPPORT VULNERABLE FAMILIES

SINCE 2004, THE BC LIBERAL GOVERNMENT HAS SLASHED \$300 MILLION IN FUNDING FOR PROGRAMS THAT SUPPORT THE DEVELOPMENTALLY DISABLED, VULNERABLE WOMEN, AT-RISK YOUTH, AND CHILDREN AND INFANTS IN COMMUNITY-BASED PROGRAMS ACROSS THE PROVINCE.

Community social service workers have faced a decade of declining wages. The current starting wage for a residential care worker is \$15.54 an hour. In 2002, it was \$16.83. Factoring in inflation, that's a 22 percent wage cut.

Despite these facts, the government continues to ignore critical resource needs in this underfunded sector. Following a breakdown in bargaining in June, CSS members of HSA

voted overwhelmingly in favour of strike action. While the multi-union bargaining committee for community social services met with the employer -- the Community Social Services Employers Association (CSSEA) in September and the committee was able to fight off a number of concessions, no progress was made on monetary issues and job action began October 16.

"The bargaining committee does not take lightly the decision to strike, but believes that job action is necessary to send a message to the BC government: stop putting the squeeze on community social services! Community social service workers need a fair and reasonable deal, including a wage increase," said HSA President Reid Johnson.

The bargaining team is conducting strategically targeted strike action on specific days

*The message is simple: stop putting vulnerable families last!*

in specific communities around BC. Essential services levels are being maintained in all cases.

On October 16, protestors at Premier Christy Clark's office in Vancouver carried picket signs, waved flags, and called on the provincial government to ensure a fair and reasonable deal that shows respect for community social services and the workers who provide them.

The rally received considerable public support - honking, sirens, and more - and good media coverage. To view rally pictures, see HSA's Facebook page.

On October 17, Interior Community Services in Kamloops was the target of a full day of job action. Striking workers took their message to Liberal MLA Terry Lake's office in North Kamloops calling on the government to fund community social services.

On October 18, more than 40 workers from AimHi headquarters were on strike on a cold day in Prince George. Striking workers brought the message to MLA Shirley Bond's office at midday and received front-page regional media coverage.

In mid-October, HSA joined several unions rolling out radio and print ads across the province in support of the bargaining objectives, and more details can be found at [cssfairdeal.ca](http://cssfairdeal.ca).

On October 23, union activists next took political action by rallying at Social Development Minister Moira Stillwell's office in Vancouver. There was no job action associated with this specific action.

On October 30, striking CSS workers and their supporters in Victoria took their protest to Minister Ida Chong's constituency office and were joined by HSA members from Victoria Women's Transition House Society.

On November 1, community social services professionals at three agencies that support children and adults with developmental disabilities went on strike for one day in Coquitlam and Port Coquitlam. HSA members from Community Integration Services Society, Community Ventures Society and SHARE Family and Community Services Society participated.

As *The Report* goes to print in early November, job action rolled out in Terrace, Cranbrook, Penticton, Williams Lake, Quesnel, Armstrong, and Vernon. A one day strike targeting the office of Stephanie Cadieux, Minister of Children and Family Development was held November 15, and more actions are in the works. Keep in touch with your steward, check [hsabc.org](http://hsabc.org) for details, and make sure HSA has your contact information.



HSA PRESIDENT REID JOHNSON AT NOVEMBER 7 RALLY

## COMMUNITY HEALTH WORKERS JOIN JOB ACTION RALLY KICKS OFF ROTATING STRIKES

IN SEPTEMBER, WITH TALKS STALLED, HSA MEMBERS WHO WORK IN COMMUNITY HEALTH SERVICES AND SUPPORT VOTED 86 PER CENT IN FAVOUR OF JOB ACTION.

In November, job action commenced with Raincity Housing and Support Society and Look-out Emergency Aid Society, two downtown Vancouver BCGEU certifications, leading the way. HSA President Reid Johnson spoke to hundreds of health workers who attended in a Vancouver rally on the same day.

"Our members in community health help hold our communities together," he said. "It's time for the Health Employers' Association of BC and the BC government to recognize the invaluable services provided by these members, and to value the needs of their patients and clients."

Johnson said community health workers provide crucial services

in many community settings. "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."

Further job action plans are in the works. If your employer is to be targeted by job action, you will be advised of that plan by your union.

The Community Bargaining Association (CBA) conducted the strike vote following more than six months of negotiations.

To get updates on plans for job action, check [hsabc.org](http://hsabc.org), talk to your steward and make sure HSA has your email address.

# NEW CONTRACT FOR HSA'S NURSES

HSA'S PSYCHIATRIC NURSE MEMBERS REGISTER CONCERN OVER TWO-TIERED BENEFITS IN BCNU-LED CONTRACT EFFECTIVE JANUARY 2013

THE NURSES' BARGAINING ASSOCIATION HAS VOTED ALMOST 85 PERCENT IN FAVOUR OF ACCEPTING THE CONTRACT NEGOTIATED IN SEPTEMBER BETWEEN THE NBA AND THE HEALTH EMPLOYERS' ASSOCIATION OF BC.

In the vote, psychiatric nurses represented by HSA registered their significant concerns about the imposition of two-tiered benefits proposed as part of the new contract.

HSA's board of directors had urged HSA registered psychiatric nurses to vote "no" to the tentative agreement, as it introduces an element of two-tiered benefits, opening the door to an erosion of benefits for all nurses in the future.

"While the tentative agreement achieves many objectives set by nurses, HSA is fundamentally opposed to the clause that allows a foothold into two-tiered benefits for nurses," HSA President Reid Johnson said.

Under the terms of the tentative agreement, effective January 1, 2013, new employees will not be entitled to cash in their sick leave credits upon retirement. A 40 per cent pay-out of accumulated sick banks will continue for all current employees.

"BC Nurses' Union president Debra McPherson has said that to get to an agreement, there was a price to pay - and that price was the extension of the work week to 37.5 hours from

36 hours. HSA believes that price is high enough, without also taking away benefits from any new nurse hired after January 1, 2013," Johnson said.

"Recruitment is a huge challenge in the health care sector, and singling out new hires for reduced benefits is not a pattern that HSA believes can be helpful in attracting new health care professionals to work in BC," he said.

"While the BCNU justifies this step into two-tiered benefits by saying they will work in future rounds of bargaining to improve severance provisions for all members, HSA's board of directors could not support the double standard that results in new nurses getting reduced benefits," he said.

Information meetings for members were held in mid-October, and voting took place on October 18. Earlier in the month, HSA hosted two telephone town halls, allowing hundreds of RPN members to receive a full briefing and ask questions about the contract details.

The contract has provisions to reduce heavy workload, improve patient care, add more RNs/RPNs, and increase earnings for nurses. It contains clear, enforceable provisions that recognize and respect the clinical judgment of nurses, particularly when it comes to calling in more nurses to meet the needs of patients.

Now that the contract has been ratified, it's critical that mem-

*"While the tentative agreement achieves many objectives set by nurses, HSA is fundamentally opposed to the clause that allows a foothold into two-tiered benefits for nurses."*

bers and stewards use the new contract provisions to increase staffing when it's needed to reduce excessive workload and provide safe patient care.

HSA will be working hard to ensure members understand their rights under the new contract, that managers respect those rights, and that the contract is enforced. Members should be prepared to file grievances whenever contract provisions aren't being followed. Watch for educational opportunities and contract interpretation information for assistance in ensuring that you and your patients benefit from contract changes.

BCNU is the largest union in the Nurses' Bargaining Association, which also includes the Health Sciences Association and the Union of Psychiatric Nurses.

# REGIONAL MEETINGS 2012

**THIS PAGE;** CHARLENE CHEN (DIETITIAN). **BELOW,** CLOCKWISE FROM TOP LEFT: JOHN CHRISTOPHERSON (SOCIAL WORKER) REID JOHNSON (HSA PRESIDENT) AND JEANNE MEYERS (EXECUTIVE DIRECTOR OF LABOUR RELATIONS AND LEGAL SERVICES); GILLIAN VERKADE (OCCUPATIONAL THERAPIST); AMANDA NELSON (RADIATION THERAPIST), CHERYL GREENHALGH (MEDICAL RADIATION TECHNOLOGIST) AND CINDY MORRISON (CARDIOLOGY TECHNOLOGIST).



# NURSES TIED DOWN BY TIE-IN

NURSES' NEW CONTRACT MAKES ACCESS TO MEDICATION HARDER

PENSIONS Q AND A BY DENNIS BLATCHFORD, HSA PENSION AND BENEFIT ADVOCATE

**Q. As a new HSA member who falls under the Nurses Bargaining Association (NBA) contract, could you please explain to me what the “PharmaCare tie-in” is all about?**

The PharmaCare tie-in was negotiated out of a number of public sector contracts in 2001, including the Health Sciences Professional Bargaining Association (then called paramedical bargaining association), nurses and facilities agreements. At the time, removal of the PharmaCare tie-in was seen as a big improvement to these benefit plans. By going back to the PharmaCare tie-in, members again will have to submit to Special Authority processes through their doctor to access Brand or Biologic drugs (no generic alternative).

**Q. Is that why HSA was recommending a ‘no vote’ on the NBA contract?**

Yes. Special Authority is a cumbersome process often requiring additional visits to the doctor, with the extra cost for this either billed by the doctor to MSP or to the member for the doctor's time to process paperwork. All members – but particularly LTD members – may find additional costs a barrier to getting drugs they need. In general, the Special Authority process will quite probably be perceived as frustrating and much inferior to the plan we had. The decision to grant Special Authority lies solely with PharmaCare and, should they deny the coverage, there is no appeal process.

The decision is final. There are also no guarantees. Drugs currently listed on the PharmaCare formulary may not remain, forcing members to change to drugs that may be less effective for their treatment. There is no appeal or special consideration process for drugs that may be dropped from the list.

Furthermore, choice is taken away. At present, current coverage provides for low cost alternative or reference based pricing. Under this plan, members have the option of choosing name brand medication instead of the generic alternative if they wish. The medication would be covered up to the amount of the generic alternative and, if they choose, pay the difference themselves for the name brand drug. Under Pharmacare tie-In, should a member want to remain with a name brand medication, there would be no coverage at all under the plan and the member would be 100% responsible for the cost.

**Q. So if it's such a step backward, why did the NBA agree to it?**

For some time the employer has been trying to shift benefit costs to employees, effectively shifting the cost risks to individuals. While health spending accounts or flex benefits plans may have some appeal to the consumer, such benefit arrangements are all based on limiting employer risk. This time around the employer has attached the “cooperative gains” mandate to the PharmaCare tie-in proposal.

*HSA opposes schemes like the PharmaCare tie-in because we think it exposes members to too much downstream risk.*

That is, NBA members realized a wage increase – but paid for it by accepting a significant reduction in the quality of their benefit plan.

**Q. Do you think it was worth it?**

Time will tell. Anytime you accept risk you are gambling on the future. It is clear for some time now that the employer doesn't like the future of health and welfare benefit plans because they keep trying to get members to accept more and more ownership of the costs. HSA opposes schemes like the PharmaCare tie-in because we think it exposes members to too much downstream risk. Members value their benefit plan and have made it clear that they don't want to see their benefits further eroded. We will be closely monitoring the NBA agreement to see how this all plays out, but for now we are concerned that their monetary gains may be short-lived.

# NORTH ISLAND FIGHTS FOR PUBLIC HOSPITALS

MEMBERS ENGAGED IN EFFORTS TO KEEP NEW HOSPITALS ACCOUNTABLE AND AFFORDABLE

BY CAROL RIVIERE

COMOX AND CAMPBELL RIVER HAVE BECOME THE LATEST BATTLEGROUND IN THE FIGHT TO KEEP HEALTH CARE PUBLIC IN BC.

After public pressure from these communities forced the provincial government to back down from a plan to close the two hospitals in Comox and Campbell River and replace them with a single hospital, area residents are again mobilizing to ensure that their new hospitals will be publicly funded, publicly administered and publicly operated.

The current provincial government requires that all provincially funded capital projects worth more than \$20 million be considered for development as “public private partnerships”, or P3s. Typically, this means a group of for-profit companies are awarded a contract to design, build, and finance the hospital, plus a long-term (often 30 year) contract to maintain the facility and provide some health care services.

HSA Region 1 Director Anne Davis recently moderated town hall meetings in Comox and Campbell River organized by a local group, Citizens for Quality

Health Care, where residents heard from several speakers about the pitfalls of P3 developments.

“Experience from other jurisdictions like the UK that have used P3s for hospitals for several years shows that they cost more, result in lower quality health care and prevent the public or elected representatives from scrutinizing their activities,” said Davis.

Costs are higher because private developers pay higher interest rates to borrow money than government, and must generate profits for shareholders. The additional layers of legal, financial and administrative bureaucracy involved in P3s also divert money away from patient care. One UK expert has described health care P3s as resulting in the largest bed closure program in UK history. And because the private companies involved invoke “commercial confidentiality” and our provincial government claims that P3 contracts are protected under “cabinet confidentiality”, the public is denied the sort of transparency and accountability that these projects warrant.

Speakers at the North Island town halls encouraged residents

“One UK expert has described health care P3s as resulting in the largest bed closure program in UK history.”

to continue mobilizing. “They emphasized that it’s not too late to raise concerns with MLAs and the Vancouver Island Health Authority, as it takes a very long time to negotiate a P3 contract, which will almost certainly take us beyond the May 2013 provincial election,” Davis said.

Keeping the new North Island hospitals public, and protecting the quality of health care services they provide, will clearly be a hot issue in the upcoming provincial election.



2012 CAMPAIGN SCHOOL PARTICIPANT SIMONE GRUENIG ADDRESSES FELLOW STUDENTS

# MEMBERS WORKING FOR CHANGE

BY CAROL RIVIERE

LONG HOURS, HARD WORK, GREAT PEOPLE AND THE SATISFACTION OF WORKING TO ELECT A CANDIDATE WHO CARES ABOUT THE SAME ISSUES.

These are only some of the impressions of members who received support from HSA's Political Action Fund to participate in the 2009 provincial election.

This support was essential to one HSA member who ran for election. It allowed others to work full-time on campaigns, and take on a major role on a campaign team. Some members acquired skills they could apply in their professional work, or as HSA activists. Several members commented that participating in election campaigns helped increase HSA's visibility in the political arena, and helped build the union's connections with political decision makers.

Members worked for different parties, and had different

reasons for getting involved. For Region 1 Director Anne Davis, a Program Coordinator at the Comox Valley Transition Society, a major motivator in 2009 was the connection between government policy and her clients' daily struggles.

"Every day, in my workplace, I see women who cannot get legal representation for family court matters involving abusive ex-spouses, I see people with mental illnesses living lives of quiet desperation as they try to access food services because paying rent eats up their entire welfare cheque, I see people who are employed at \$8 an hour and are living in their cars, and I see children growing up in poverty," said Davis in 2009. "Every one of those situations is the result of political decisions that have been made in this province and election time is an opportunity to do something about it."

Since the last election, conditions for many patients and clients have only become worse. As HSA members have strug-

gled with increasing workloads, they've seen their patients and clients face unacceptably long wait times for services, an increasing number of people forced to pay out of pocket for these services, and many who can't afford to pay who simply do without.

Many HSA members have already said they want to work to elect representatives who understand the essential role public services play in our communities, and who respect and value the workers who provide those services.

HSA will be supporting members to attend election campaign training and to take time off work to run or work in the election. For more information about how to get involved, or how to apply for Political Action Fund support, contact Carol Riviere at the HSA office at [criviere@hsabc.org](mailto:criviere@hsabc.org).

# BUILDING COMMUNITY

## HSA'S COMMITTEE ON EQUALITY AND SOCIAL ACTION HELPS THE GROUPS WHO MAKE A DIFFERENCE

BRENDAN SHIELDS, CHAIR, COMMITTEE ON EQUALITY AND SOCIAL ACTION

EACH FALL, HSA'S COMMITTEE ON EQUALITY AND SOCIAL ACTION (CESA) MEETS OVER THE COURSE OF TWO DAYS TO DETERMINE HOW TO ALLOCATE FUNDS PROVIDED BY HSA MEMBERS TO ADVANCE THEIR CONCERNS THROUGH THE EQUALITY AND SOCIAL ACTION FUND.

On the first day – what we call “speed dating” day – the committee meets with representatives from all the organizations that have applied for funding support.

After the whirlwind of meetings, I read through the reports written by the other members. I was struck by how each of the committee members brought the discussion back to the act of caring, giving responsibility in our communities, and the hopeful essence of these actions.

The committee's mandate is to support groups in society working to promote social and economic justice, labour solidarity, protection of human rights, and universal, publicly-funded health care. The mandate also includes advocacy and education on economic and social justice issues.

The mandate is not about “charity” – it is about building a community that will work continuously towards a better world. The final list of Equality and Social Action Fund donations will be published in the 2012 Annual Report in April. In the meantime, see [facebook.com/hsabc](https://facebook.com/hsabc) for ongoing updates about partners and projects.

**Larry Bryan**, registered psychiatric nurse, Member at Large, Region 5

“During the two days, I cannot help think of this statement union members have probably heard on several occasions: ‘What we want for ourselves, we want for all.’ By providing funds to various groups we help promote the larger social values unions represent. Health care workers are helpers. This is a more altruistic manner to address our concern for others. It is something to be proud of.”

**Dave Noga**, biomedical engineering technologist, Member at Large, Region 6

“The committee heard from 29 organizations requesting funding. All are volunteer-based non-profit organizations. Of those organizations that received funding, several of them provide direct services to women in our communities:

- BC Society of Transition Houses
- The Downtown Eastside Women's Centre, since 1978
- The Nanaimo Women's Resource Society, since 1982
- The West Kootenay Women's Association since 1972
- Ending Violence Association of BC
- West Coast Legal Education and Action Fund (LEAF) since 1982

“Certainly, these were not the only organizations that stood out for the social value they provide. But just as certainly HSA does well to recognize what women's community organizations have been doing for marginalized women in our communities for so many years.”

**Breahn Coulson**, laboratory technologist, Member at Large, Region 7

“Every day we seem to have less and less time to ourselves, to do what we need to get done in our own daily lives.

“Add on to that, this emerging social atmosphere of capitalism at its worst, with every person for themselves -- and worth is based on what you have and what brand it is. Yet, going through a day, listening to the stories and directions of 29 organizations, many of them starting with just a few people getting together having realized a need and stepping up to try to bridge the gap, I feel society may not have to throw in the towel.”

**Anne Davis**, Region 1 Director

“I was new to the committee this year. I've always appreciated HSA's support for worthy organizations and was curious about the decision-making process. Having been through the process this year, I am even more appreciative of our union for providing this support and to the members of this committee, past and present, who have taken on this important task.”



# DEAN ELBE, PHARMACIST

BY LAURA BUSHEIKIN

IS IT POSSIBLE TO STAND UP FOR YOUR PROFESSION USING 140 CHARACTERS OR LESS?

HSA member Dr. Dean Elbe says, “Yes, absolutely.” Elbe, a Clinical Pharmacist at BC Children’s Hospital’s Child and Adolescent Mental Health Program, used his Twitter account to help HSA galvanize opposition to a proposed 14 per cent rollback in pharmacists’ salaries earlier this year.

The BC government had announced they were cancelling a salary adjustment that, since 2006, has been offered to hospital pharmacists as a recruitment incentive – a means of addressing critical shortages of pharmacists around BC. So as well as cutting most pharmacists’ incomes, this would have left the problem of vacant phar-

macist positions unsolved.

“Pharmacists are generally not that political,” says Elbe, “But this got our attention and awakened the sleeping giant.”

For Elbe, that meant using social media. And while it can be hard to explain complicated issues within Twitter’s 140 character limit, he jumped at the challenge.

“I hang out at the intersection of information technology and pharmacy,” explains Elbe, referring to his extensive background in communications and technology. Earlier in his career he was the Pharmacy Information Systems Coordinator at VGH, and his PharmD (Doctor of Pharmacy) project focussed on communication. As well, he has been doing website design and creating web-based health initiatives for several years, includ-

“*Pharmacists are generally not that political. But this got our attention and awakened the sleeping giant.*”

ing running his own company, MediaPharm, which produces health information podcasts.

Elbe started using Twitter a few years ago and began tweeting about the proposed rollbacks the moment he heard about them. A few simple words — for instance, “...will worsen shortages, put patients at risk of serious drug effects...” — and links to an HSA-sponsored petition proved highly effective.



**Follow Dean on Twitter @DrDeanElbe and learn more about hospital pharmacists at [youtu.be/6\\_hcGq6MZN8](https://youtu.be/6_hcGq6MZN8)**

"The great thing about Twitter is if your message is important to people they will forward or re-tweet it," says Elbe. He also used Facebook in this campaign, but particularly values Twitter's ability to reach everyone, not just "friends."

When the rollbacks were rescinded, Elbe of course celebrated, but he didn't take it as permission to retire from advocacy.

"A lot of people said, phew, that's over, but I said we need to keep raising awareness so that our value continues to be recognized. I had no interest in taking my foot off the gas!" says Elbe. His next step was to participate in the making of a two-minute video about clinical pharmacists, produced by the Canadian Society of Hospital Pharmacists (look for Elbe playing a doctor!). Elbe's Twitter feed (@DrDeanElbe) continues to feature information about pharmacists and the ways in which they provide value to patients and other

members of the modern health care team.

Elbe brings equal passion and commitment to his "day job" at BC Children's Hospital. As BC's only Clinical Pharmacist specializing in child and adolescent mental health, he considers himself incredibly lucky.

"I can't overstate how much I value the opportunity to be 100 per cent dedicated to the program and not to have to juggle other tasks," he says. "Here at Children's, we have the largest group of child psychiatry specialists in the province. We have specialists in mood disorders, ADHD, OCD and more, and I have to know the drug therapy issues in all those practice areas. It's hard to do this off the side of the desk while working in the dispensary."

Elbe loves working with a cooperative interdisciplinary team. For instance, patient care rounds usually involve an average of ten people, from

psychiatrists to social workers to students.

"We round and discuss. Everyone puts in their point of view. It's very, very efficient," he says. As a pharmacist, he knows he is a key member of this team.

"We are not the only piece of the puzzle but we are a big piece, because medication is one of the main tools we use. Pharmacists can do a lot for your health," says Elbe. And if anyone needs reminding of this, Elbe will gladly do so, in 140 characters or less.



A SCREEN GRAB FROM MT. ST. JOSEPH HOSPITAL'S ENTRY IN THE PINK GLOVE DANCE CHALLENGE

## DANCING FOR DOLLARS

THINGS ARE BUSY AT MOUNT SAINT JOSEPH HOSPITAL, THE PROVINCIAL LEADER IN DIAGNOSIS, TREATMENT, SURGERY, RECONSTRUCTION AND POST-OPERATIVE CARE FOR BREAST CANCER.

They screen 25 patients daily, a total of 7500 screening mammograms annually. All with just one mammography machine.

Imagine what they could do with two?

At \$650,000 apiece, that sort of equipment doesn't come cheaply, and after years of special fundraising the hospital was still a few thousand dollars short.

That's when about 200 Mt. St. Joseph staff broke out the pink gloves.

The Pink Glove Dance Challenge, started by a medical supply company to raise awareness

of breast cancer, was first held in 2009. Since then the original pink glove dance video has been viewed over 13 million times and the \$10,000 contest has grown steadily. This year, over 260 organizations from around North America are participating.

"Our entry to the Pink Glove Dance contest was inspired by the need of a second digital mammography machine for the hospital," say the organizers, "so that our patients can continue to access care and treatment within a three-week timeframe. Currently, we are struggling to ensure our one digital mammography machine remains operational as any delay in diagnosis is potentially fatal.

"As the video shows, the entire hospital and leadership team willingly donned pink gloves and danced their hearts out to support this campaign. The huge smile on each face shows the spirit of our hospital."

“Can't we do this dance every week?”

"The following week staff asked, 'Can't we do this dance every week?!'"

Online voting for the contest ended November 2.

# BREAKING THE IMPASSE



AFTER NINE MONTHS OF HARD BARGAINING, WE HAVE REACHED AN IMPASSE. LET ME TELL YOU HOW WE GOT HERE.

You have given the bargaining committee a clear mandate: restore competitive wages, protect benefits and protect working conditions, including dealing with workload and call issues. We have spent nine months trying to kick start negotiations and make inroads on these issues.

But HEABC insists there will be no deal without concessions.

We say: absolutely not.

They tried it with community health workers. They said no. They tried it with facilities workers. They said no, and voted 96% for a strike to back it up.

But they finally got concessions with the Nurses' Bargaining Association – 0% and 3% wage increases over two years in exchange for concessions on benefits. Nurses gave up sick bank payout for new hires and returned to Pharmacare tie-in, which makes it harder and potentially more expensive to get the medication you might already be taking.

Now, with the nurses' agreement in their back pocket, they are hoping to force concessions on all health care workers.

We have fought this all the way.

HSA has made proposals on the issues that matter to our members: on-call and call back

to fix the problem of insufficient off-duty hours, classification improvements and benefits.

But we've had no response, except in classifications. HSA proposed a system that respects the complex nature of our members' work, and responds to ever-increasing scopes of responsibility that come with health care restructuring.

HEABC countered with a proposal to get rid of the system and replace it with a job profile classification plan that paves the way for flat organization models at any given worksite – ignoring the increasing complexity and demands on a multi-disciplinary health care team.

Your bargaining team tabled a framework agreement for wage increases of 2% and 2% for 2012 and 2013 – the increases that can be had under current controls. And they refused to respond.

Now you have voted overwhelmingly in favour of a strike to back our efforts. It's the mandate we need to break the impasse and make the progress we need to protect the health care system and the people who make it work every day.

*Now, with the nurses' agreement in their back pocket, they are hoping to force concessions on all health care workers. We have fought this all the way.*



# 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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