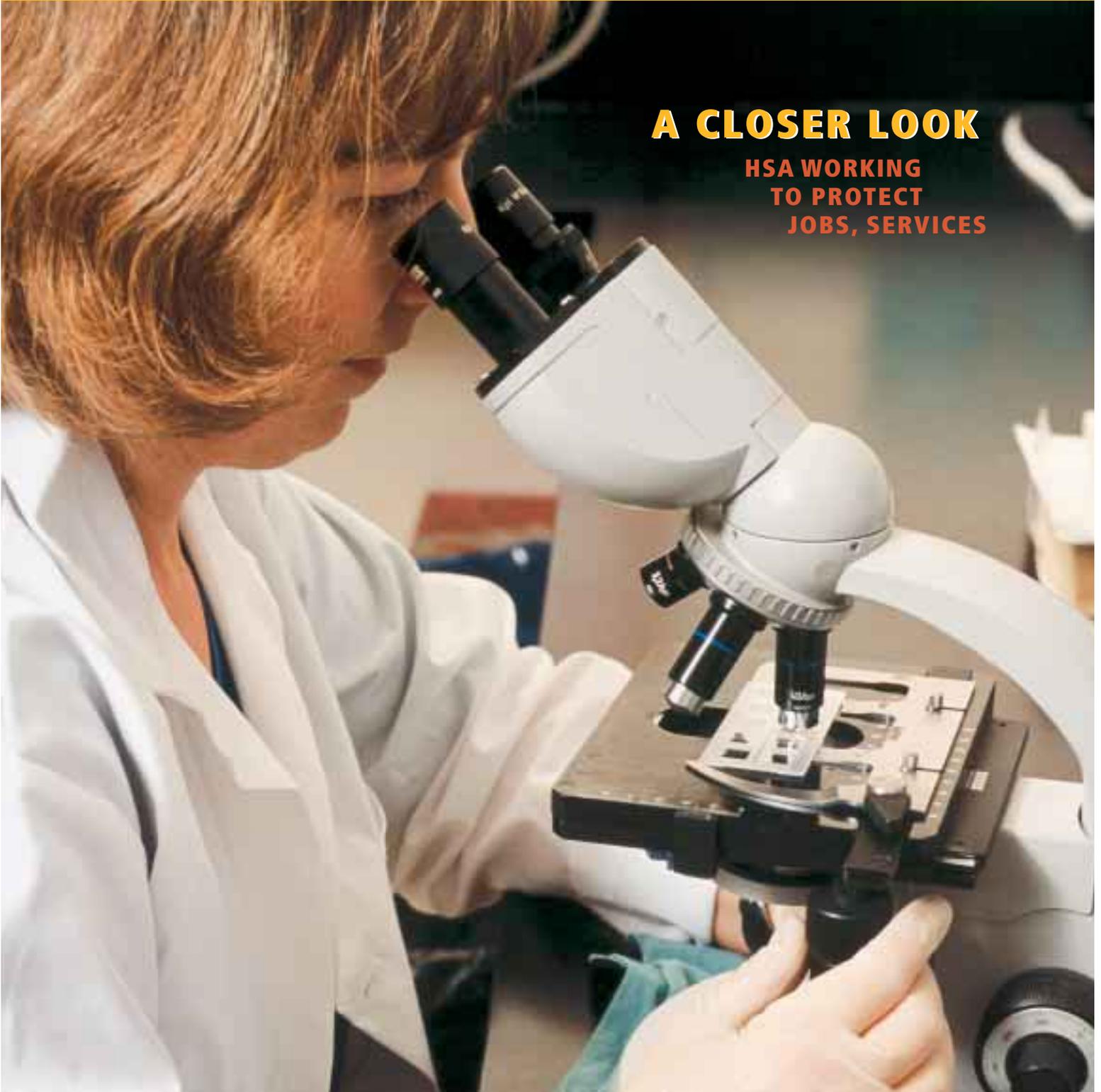


HEALTH SCIENCES ASSOCIATION | JULY / AUG 2004 | VOL. 25 NO. 4

THE Report

A CLOSER LOOK

**HSA WORKING
TO PROTECT
JOBS, SERVICES**



Minority government an opportunity for members

by CINDY STEWART

With the federal election behind us, the election of a minority Liberal government produces an interesting dynamic – one that presents a wonderful opportunity for HSA members to ensure issues important to you remain front and centre.

During the election campaign, all the parties acknowledged that health care is a central concern for Canadians. Canadians also told their prospective representatives that they value social programs that provide for the most vulnerable in our society. Both these issues have been the subject of debate at HSA conventions and are reflected in the activity of individual members and committees. Not surprising, as these are the very services that HSA members provide and they understand, on a personal level, their importance to so many.

With a minority government in place, politicians of every political stripe will have to be more attuned to the issues that are important to Canadians. There are opportunities to make real effective change in the policies and practices of our federal government. Remember, it was under a minority government that the important social programs like Medicare and the Canada Pension Plan were introduced.

As members of the national Canadian Health Professions Secretariat, we are working with unions in every province to heighten the awareness of the issues health science professionals are facing nationwide. Across Canada, including

British Columbia, there is an appalling lack of action being taken to address the growing shortage of the health professionals who aren't doctors or nurses. It is a sad commentary on how superficial the understanding is when commitments to improving access to clinical, diagnostic and rehabilitation services are more often about upgrading equipment than they are about the professionals needed to deliver the service.

The June federal election showed us that elections are important, and that our individual choices and actions can make a significant difference. There's no evidence stronger of that than an election where 45 votes determines who represents New Westminster and Coquitlam residents – a New Democrat or a Conservative MP.

And that is why HSA's convention delegates continue to press the union to increase our political involvement.

Last year, the union initiated a "Constituency Liaison" pilot project. Constituency Liaisons are members in specific ridings who will be raising awareness of HSA issues with their provincial MLAs. As well, members who are concerned about the implications of the changes to the Worker's Compensation legislation have been working with allies in their



Cindy Stewart, HSA President

communities to broaden the understanding of what the amendments mean. In addition to all this activity, this spring, convention delegates passed a number of resolutions supporting continued political action by the union – from lobbying governments and politicians to supporting HSA members who want to get involved in the political process. HSA activists have come to understand that the political climate, provincially and federally, has significant influence in their ability to represent members in their workplace – and they have asked their union to take a lead in building the capacity of individual members to get involved.

As we all know, British Columbians are going to the polls next spring to elect a provincial government. This is the time to get active in pursuing the issues that are important to HSA members.

I encourage you to get involved. Whether that means writing a letter to the editor, meeting with your MLA, getting involved in your labour council or another community organization is up to you.

There is no question your voice counts in an election year, just as your vote counts on election day. **R**

Cindy Stewart is president of the Health Sciences Association of British Columbia.

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Physiotherapist Oluremi Ukpeh gives comfort in times of distress.

THE FRONT COVER

Irene McCreedy is medical laboratory technologist at Ridge Meadows Hospital. Dan Jackson photo.

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HSA scores on-call pay win

HSA has scored a significant victory for Paramedical Professional Bargaining Association members who have been denied on-call pay when they were called back to work.

Under the collective agreement, members receive premium pay for the hours they are scheduled on call. The current rate is \$3 an hour for the first 72 hours in a month, and \$4.25 per hour for any additional on-call hours.

In October 2002, the Interior Health Authority arbitrarily decided that employees who were called back to work when they were on-call would receive only call-back pay for the period they were at work – and not the on-call premium.

HSA grieved the practice, arguing that the premium and call back pay are concurrent benefits that do not cancel each other out. Arbitrator Colin Taylor agreed that health science professionals who are on-

call and are called in to perform their jobs will continue to receive the on-call premium as well as their call-back pay.

“HSA has been telling the employers for years that on-call is a significant issue for health science professionals,” Ron Ohmart, HSA’s Executive Director of Labour Relations, said.

“Because of continued short-sightedness about how to deal with recruitment and retention of highly skilled professionals, many of our members in more remote communities could be oncall on all their regular days off. The premium is an incentive to keep health science professionals in communities that desperately need them,” Ohmart added.

The decision does not specifically deal with the issue of retroactive pay for members who have been short-changed since 2002.

However, HSA expects employers to comply with the award and pay the premiums that members were entitled to receive. **R**

“HSA has been telling the employers for years that on-call is a significant issue for health science professionals.”

The Paramedical Professional Bargaining Association represents approximately 13,000 health science professionals in the Health Sciences Association of BC, BC Government and Service Employees’ Union, Canadian Union of Public Employees, Professional Employees’ Association, and the Hospital Employees’ Union.

BOARD OF DIRECTORS

Board highlights for spring 2004

The HSA Board of Directors meets regularly to address arising and ongoing issues, and to make policy and governing decisions on behalf of HSA members. For a list of board members and contact information, see inside back cover.

- HSA endorsed the Canadian Federation of Students campaign against the rising cost of post secondary education and approved \$500 towards the planned “Day of Action” on February 4.
- HSA received a letter of thanks from the Canadian Breast Cancer Foundation, recognizing HSA for continuing sponsorship.
- HSA President Cindy Stewart participated in a discussion panel for a class of students in the School of Public Administration at the University of Victoria on the topic of public sector collective bargaining.
- Region 3 Director Cheryl Greenhalgh has been appointed to the Lower Mainland United Way Committee.
- The HSA Board of Directors voted to recommend ratification of the tentative agreement for the community social services sector, and thanked staff negotiator Josef Rieder as well as member representative Pat Jacklin.
- Cindy Stewart (HSA president), Kelly Finlayson (HSA vice-president), and Hans Brown (HSA researcher) represented the union at a meeting of the Canadian Health Professionals Secretariat meeting held in February in Ottawa. Three more independent unions have joined CHPS in the past year: the Newfoundland Association of Allied Health Professionals, the Manitoba Association of Health Care Professionals, and the Health Sciences Association of Saskatchewan.
- The HSA Board of Directors voted to endorse the BC Federation of Labour political action strategy, which calls for extensive member-to-member contact – including on-the-job canvass – for a renewed commitment to increasing the level of political activism of rank and file union members
- HSA is investigating UnionWare, a union-produced suite of software applications. The software will be evaluated for applicability in the HSA office.
- Taking into account the newly-expanded mandate of the Political Action Committee, the Board increased the number of members at large on this committee to three. This increase is on a trial basis, and the composition of the Political Action Committee is to be reviewed in a year’s time.
- HSA’s Board of Directors endorsed the Coalition of Senior Citizen Organizations (COSCO) campaign to ensure medicare is a central issue in the federal election. The union also approved \$2500 for the cost of COSCO running ads and organizing a public event where Roy Romanow was a key speaker.
- The Board of Directors re-appointed Region 6 Director Rae Johnson and Region 2 Director Brian Isberg to HSA’s long term disability trust #2 as trustees for two-year terms. **R**

Commons committee recommends retaining controls on direct-to-consumer drug advertising

Health Canada has abrogated its clear responsibility to enforce existing rules prohibiting direct-to-consumer advertising of prescription drugs. In a unanimous report this spring, members of the House of Commons Standing Committee on Health say they are very dissatisfied with Health Canada's passive stance on enforcement of the current drug advertising rules and they are recommending strict measures to ensure that the existing prohibition is actively enforced.

"Health Canada has to get itself back in the driver's seat," Bonnie Brown, chairwoman of the committee, said at a news conference when the report was released. "It seems to me that in some ways, the pharmaceutical industry has been in the driver's seat."

The report recommends that Health Canada:

- Immediately enforce the current prohibition of all industry-sponsored advertisements on prescription drugs to the public.
- Dedicate specific resources to enforce the advertising regulations on prescription drugs, including active surveillance of all relevant media, identification of potential infractions, appropriate corrective action, and production of annual public reports.
- Ensure the provision of independent, unbiased and publicly financed information on prescription drugs to Canadians.
- Ensure that all direct-to-consumer advertising complaints about prescription drugs received by Advertising Standards Canada or the Pharma-

ceutical Advertising Advisory Board are forwarded to Health Canada for investigation and action.

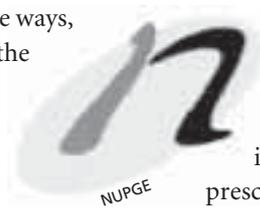
James Clancy, national president of the National Union of Public and General Employees (NUPGE), said he supports the call for vigorous enforcement of the current prohibition on direct-to-consumer drug advertising.

"Drug makers are not and should not be allowed to advertise directly to consumers," said Clancy. "But Health Canada rarely enforces the rules, and so the practice occurs regularly, and that is completely unacceptable."

In a public appearance before the committee last fall, Clancy highlighted multiple concerns about allowing direct-to-consumer advertising of prescription drugs by drug producers, saying that it would, among other things:

- Lead to huge increases in costs for the public health care system, employee benefit plans, and individuals paying out of pocket for drugs.
- Fail to provide balanced and unbiased information about prescription drugs – that is, minimizing risk information and exaggerating benefits – leading to increased or inappropriate drug consumption and thus be harmful to consumers.
- Provide a greater incentive for drug producers to spend more on marketing and advertising and less on research and development of new drugs.

"We are very encouraged that the committee rec-





Direct-to-consumer advertising of prescription drugs by drug producers would fail to provide balanced and unbiased information about prescription drugs – that is, minimizing risk information and exaggerating benefits.

ognized what's at stake and did not bend to the intense pressure of the pharmaceutical industry," said Clancy.

The committee report also slams Health Canada over drug safety, saying the department is failing to effectively protect Canadians who take prescription drugs.

The report quotes one study as saying there may be as many as 10,000 deaths yearly related to in-hospital adverse drug reactions.

The committee calls on Health Canada to take tougher action in this area, including tight regulation of clinical trials of new drugs and mandatory reporting of adverse drug reactions by health care professionals. **R**

Source: National Union of Public and General Employees. For more information, visit NUPGE's website at [www.nupge.ca].

SHORTAGES

CHPS questions whether Atlantic study is necessary

The National Union of Public and General Employees hopes that a \$1.2-million study of health care professionals in Atlantic Canada will be money well spent.

"Obviously, we welcome any effort to address the critically low number of health professionals in the Atlantic Provinces," says Carol Meyer, co-chair of the Canadian Health Professionals Secretariat.

"On the other hand, our members worry that we are looking at a lot of money being spent to tell us what we already know."

The study has been commissioned by the Atlantic Health Human Resources Association on behalf of Atlantic ministers responsible for health and post-secondary education.

It is being carried out by Med-Emerg International, an Ontario consulting firm. The federal government is contributing \$865,820 and

"Our members worry that we are looking at a lot of money being spent to tell us what we already know."

the four Atlantic provinces contributing the rest. The study will assess how many doctors, nurses, lab technicians, and other health-care professionals the region will need in the future.

The objective is to develop a profile of regional requirements for major health occupations, now and in the future. **R**

Source: National Union of Public and General Employees. HSA President Cindy Stewart is co-chair of the Canadian Health Professionals Secretariat.

ACTIVIST PROFILE

Working to end abuse

by CAROLE PEARSON

Brigid Kemp is proof that education is a life-long journey. Her early experience with education, as a child growing up in Edinburgh, Scotland, was the kind that drives people away from a love of learning. Corporal punishment was readily meted out. And she got her share.

“I hated school as a kid,” she admits. “I was in Scotland in the days when you got the strap if you so much as breathed out of order. I never thought of myself as an unruly child, but I didn’t fit into the mold of what was expected and I was chronically being strapped or caned.”

Brigid Kemp knows about the effects of abuse first hand. This gives her insight in her job as a social worker with the South Okanagan Women in Need Society.

“For me, I see a union as my only protection in my job. I’ve haven’t always worked in a unionized place, but I’ve tried to get them unionized.”

After spending her teen years in Canada, she returned to Britain to complete an Early Childhood Education certificate.

At 32, she put that training to use as a child care worker at Metro Toronto Childcare Services. The centre offered daycare for inner city children, many of whom had serious emotional issues.

But, in order to be certified as an ECE educator in Ontario, she had to go back to school to meet the provincial standard.

In 1981, while studying in Ryerson University’s two-year social service program, she decided she really wanted to be a social worker.

After the early years of a poor experience with formal education, it was formal education that changed her outlook on life.

“There were two crucial parts of my fourth year. One of the required courses was called Social Change which really addresses the issues in society, and what we need to do – and how to make changes in our community, in our country and in the world.”

Also in her fourth year, Kemp’s practicum was with the Women’s Committee of the Metro Toronto and York Region Labour Council. At the same time, she was working full time for an agency that offered supervised home day care.

Kemp, along with a few co-workers, signed up the non-unionized employees with sufficient numbers to win automatic certification with CUPE.

That was back in 1984, and Kemp still remembers, “Two colleagues came to my apartment that evening with a bottle of champagne and three glasses to celebrate.” She went on to serve as chief steward.

Then in 1987, when these day care workers asked for the union’s help in getting their new employer to address personal safety concerns, the employer fired Kemp on the spot.

“I got my job back two months later, through



At HSA's recent annual convention, Brigid Kemp was an active participant in the debate concerning the provincial Liberals' cuts to women's services.

expedited arbitration," she said. "By that time I was no longer chief steward – I'd been elected president of the local," she added.

Kemp credits her continued learning with giving her the tools to end an abusive marriage. "It was coming to an end at the time I was going back to school and I was becoming educated. My ex-husband couldn't understand where I was getting all these ideas about women's rights."

Her personal experiences and her formal social work education have come together in her job as a social worker at South Okanagan Women in Need Society and her union involvement as HSA's chief steward at the agency.

She has worked at the South Okanagan women's support services since September 1998. Eighteen months ago, Kemp was hired to co-ordinate an outreach program

for older women as a federally-funded pilot project. "My particular project now is working with older women who have been abused. These are women 50 years and over. I even have one 83-year-old woman as a client," she says.

Abusive relationships usually involve a spouse or partner but, in the case of older women, it can also involve abuse from adult children, male and female. Kemp said research indicates that categorizing the abuse of older women under the term, "elder abuse" is misleading.

"Research has shown that sixty per cent of elder abuse situations are towards women," she says. "What it does is obscure the fact that abuse towards women continues after the age of 65."

Kemp tells her clients, "The important thing to know is, (A), you're not responsible for somebody else's behaviour and (B), you're not alone and you're not crazy."

An HSA chief steward since January 2003, Kemp says, "For me, I see a union as my only protection in my job. The employer, ultimately, is there to represent the employers' interest. For me, I've always felt I need to be in a union. I haven't always

worked in a unionized place, but I've tried. I've tried to get them unionized."

Since September 2003 she has also been the recording secretary for the South Okanagan Boundary Labour Council.

According to Kemp, "It isn't enough for me to be a working in a unionized workplace. I need to be an active worker, and have an understanding of the collective agreement and the rights of workers, to offer support."

Besides her involvement with HSA and the Labour Council, Kemp is active in the Penticton Peace Group and the Penticton chapter of the Council of Canadians.

Despite the abuse she has experienced herself, she remains positive in her outlook and inspiring in her philosophy of life.

"To me," she says, "it's about enjoying the 'free parking' of life. To acknowledge one part of that is the friends and supports we have.

"Somebody comes over and brings a dish or shares something with you: to me, those are the parts that make life good. And it's sharing and being with people and having fun." **R**

Brigid Kemp
Older Women's Liaison
Chief Steward, South Okanagan
Women In Need Society

B R E A K I N G N E W S

BCMA deal stalls lab reform

At the end of June, the provincial government and the BC Medical Association reached a tentative agreement that severely limits the government’s ability to reform BC’s laboratory system.

The agreement announced June 25 includes a 20 per cent cut to laboratory fees effective July 1, 2004, for a total savings of \$60 million annually. Of that amount, \$20 million will be re-invested in the lab reform initiative, including anatomic pathology, academic pathology, information technology and lab medicine training. The remainder will be used to “expand physician services.”

“Just weeks ago, HSA warned that the government was on the brink of a deal that would undermine the lab reform process,” HSA president Cindy Stewart said. “Although this

agreement redirects some savings into improving lab services, it redirects the majority of savings back into doctors’ pockets and fails to address the structural problems that lead to unnecessary waste and duplication.”

Stewarts said the union is disappointed that the Premier’s Office hijacked the lab reform process in order to resolve the government’s outstanding fee dispute with BC doctors.

“HSA is very concerned that government negotiated a deal that affects lab services with only one stakeholder – the BCMA – at the table,” Stewart says. “We will be meeting with the government to seek further details about the agreement and to urge the government to move forward with meaningful lab reforms that save health care dollars and improve patient care.” **R**

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CONSTITUENCY LIAISONS

Speaking up for HSA

by CAROL RIVIÈRE

Recognizing the significant impact that government decisions have on members' working conditions, HSA's 2003 convention passed a resolution adding the function of lobbying to the mandate of HSA's political action committee (PAC).

HSA's Board of Directors subsequently approved a PAC recommendation that the Committee carry out this mandate, in part, by providing training and support to a group of members who would meet with their MLAs on issues of importance to HSA which are significantly affected by government decisions.

A small group of these members, referred to as constituency liaisons, began this work approximately a year ago. Several of them have met with their MLAs to discuss the issue of shortages among health science professionals, and to suggest steps that the provincial government could take to address this problem.

The constituency liaisons used the issue as a way to educate their MLAs about HSA, the type of work that HSA members perform, and importance of that work to the delivery of health care and community social services.

On June 21, HSA held a workshop for a new group of constituency liaisons. These members

discussed the roles and responsibilities of constituency liaisons, and their previous experiences meeting with MLAs on various topics.

The workshop provided tips for obtaining a meeting with an MLA, and for getting the most out of these meetings. Workshop participants reviewed information on the issue of shortages among health science professionals and steps that the provincial government could take to address these shortages, and then practiced conducting a meeting on these topics with a "mock" MLA.

Our new constituency liaisons came away from this workshop feeling confident that they will be able to hold an effective meeting with their MLAs that will get results.

Liaisons plan to meet with their MLAs over the summer, when MLAs are likely to be at home in their constituencies. The Political Action Committee is confident this is an effective way to represent HSA's interests, and educate MLAs about the importance of the work our members perform. **R**

HSA's constituency liaisons, from left: Deanna Riedstra (Vernon Jubilee Hospital), Susan Richings (VIHA), Carol Thurley (West Coast General Hospital), Rachel Tutte (Holy Family Hospital), Joan Magee (Cariboo Memorial Hospital), Thalia Vesterback (Kootenay Lake District and Castlegar & District Hospitals), Maureen Ashfield (North Shore Health / Community Services), and Amanda Bartlett (Kelowna General Hospital).



Committees

RUN FOR THE CURE COMMITTEE

Congratulations! fundraising prize winn



**Join the Run for the Cure!
HSA is a proud sponsor of
the Breast Cancer Run for
the Cure.**

**HSA's Run for the Cure
committee:
Cheryl Greenhalgh (chair)
Agnes Jackman
Rachel Tuttle
Rosalie Fedoryshyn
Sandra Luker
Miriam Sobrino (staff)**

The annual Run for the Cure is the BC Breast Cancer Foundation's most important fundraising event. HSA congratulates all members who took part – and especially those who went the extra mile to organize teams and raise funds for breast cancer research. The following list recognizes individual prize winners.

1. **Mary Hatlevik**, registered psychiatric nurse
Kootenay Boundary Regional Hospital
two-night stay for two at any Coast Hotel
2. **Joanne Takahashi**, medical laboratory technologist
Kelowna General Hospital
WE travel voucher for \$250.00
3. **Ann Marie Liberman**, pharmacist
Eagle Ridge Hospital
heart monitor from Fitness Depot
4. **Dianna Mah-Jones**, occupational therapist
GF Strong Rehabilitation Centre
dinner for two at Hilton Vancouver Metrotown



ners

5. **Christine Lynch**, occupational therapist
Queen Alexandra Centre
cosmetics basket
6. **Jennifer Whytock**, occupational therapist
Vancouver General Hospital
Bread Garden basket
7. **Ellen Vallie**, medical radiation therapist
Kootenay Boundary Regional Hospital
“Run for the Cure” pendant plus assortment basket
8. **Julius Valido**, medical laboratory technologist
Prince George Regional Hospital
assortment basket
9. **Cindy Gibbons**, medical radiation technologist
Burnaby Hospital
lunch for two at Hilton Vancouver Metrotown



(left) Special BC Breast Cancer Foundation prize for most funds raised by a team

Kootenay Boundary Regional Hospital team
Kootenay Boundary Regional Hospital's HSA team members and their families received the CIBC / BCBCF Corporate Spirit Award for the team raising the most donations at the this year's Run in Castlegar. KBRH team captain Mary Hatlevik gave the team every credit. “Our team really worked hard together,” she said. “It was truly a team effort. And our youngest member, Matthew, was only four months old at the time!”

The KBRH team and the Kootenay Lake Hospital team each received a donation from the West Kootenay Labour Council, thanks to the efforts of Chief Steward Errin Patton (medical laboratory technologist).

Want more info on HSA's participation in the Run for the Cure? Visit our website at www.hsabc.org or contact Miriam Sobrino at the HSA office.

Special HSA prize for most funds raised by a team:

St. Joseph's General Hospital team
captain: Laura Tait, medical radiation technologist
prize: Boston Pizza night for the whole team

HSA's Run for the Cure Committee thanks prize donors Coast Hotel, Fitness Depot, WE Travel, Hilton Vancouver Metrotown, Bread Garden, and Boston Pizza.

Union launches fight against WCB cuts

by CAROL RIVIÈRE

HSA activists and occupational health and safety stewards recently attended a one-day workshop at HSA's office, to prepare to go back to their communities to fight against the provincial Liberals' program of ongoing cuts to workers' compensation benefits, and workplace health and safety.

The workshop began with a review of the many cuts being made to workers' compensation, and to the prevention system. Jackie Spain, Region 9 Director and chair of HSA's OH&S Committee, then discussed some of the reasons why HSA members are particularly concerned about this issue.

"Most HSA members work in health care – the sector with the highest injury rate in BC. Our members need better prevention and workers' compensation services, not cuts," Spain said.

"Our members treat injured workers, and see first hand the effect of inadequate prevention, cuts

to worksite first aid requirements and inadequate rehabilitation services from WCB," she continued.

"In addition, the increasing number of workers' compensation claims that are denied or prematurely terminated, is shifting huge costs from the employer-funded workers' compensation system to the under-funded public health care system, as well as to other social programs funded by taxpayers, and to workplace extended health and long term disability plans."

Spain outlined the special perspective HSA members bring to fighting back against these cuts. "Many



Occupational health and safety / workers' compensation fightback workshop participants, from left: Errin Patton (Kootenay Boundary Hospital), Hilary MacInnis (St. Joseph's General Hospital), Allen Peters (Nicola Valley General Hospital), Charles Wheat (South Peace Child Development Centre), Toby Wendland (Thompson Nicola Family Resource Society), Dorothy Couture (St. Joseph's General Hospi-



from right: Errin Patton, Michael Mancinelli, Charles Wheat, and workshop instructors Leila Lolua and Carol Rivière

of our members have first hand knowledge of the effects of inadequate prevention – they’ve suffered a workplace injury themselves, or have colleagues, friends or family who have,” she said. “Others have treated injured workers, and know the devastating effects these injuries can have on workers and their families.”

Spain concluded by describing some of the expertise HSA members bring to fighting these cuts. “Many HSA members have the education and experience to understand highly technical occupational health and safety issues, such as the impact of weakening protection against chemical or radiation exposure, and are good communicators who can help the public understand these issues,” Spain said.

“The public knows that HSA members are knowledgeable, caring professionals, and that gives us a lot of credibility.”

Most HSA members work in health care – the sector with the highest injury rate in BC.

Workshop participants discussed ways to educate their communities about these issues, and to galvanize the public to oppose the cuts. They also practiced relevant skills, including writing letters to the editor and meeting with their MLAs on various aspects of the cuts to workers’ compensation, and prevention.

HSA will support these members and help them connect with other union activists who are fighting these cuts in their communities through the BC Federation of Labour’s WCB Fightback campaign. **R**



tal), Hanna Gidora (Ridge Meadows Hospital), Michael Mancinelli (AIDS Vancouver), Ann Cardiff (VIHA South Island), Karen Parinas (Vancouver General Hospital), Jackie Spain (Golden & District General Hospital), Carol Rivière (staff), Irene Goodis (Penticton Regional Hospital), Gottfrid Janze (GR Baker Memorial Hospital), Susan Hearsey (Burnaby General Hospital), and Leila Lolua (staff).

Remi Ukpeh (left) is a natural leader. At a recent steward training workshop, she coordinates her group's strategy to solve a sample problem.



YUKIE KURAHASHI PHOTO

PROFESSIONAL PROFILE

Giving comfort in times of distress

by CAROLE PEARSON

Oluremi Ukpeh's first name means "one who gives comfort in times of distress." No wonder physiotherapy seemed like a good career choice.

Ukpeh is a physiotherapist in the critical care unit at New Westminster's Royal Columbian Hospital, and finds it rewarding to help patients regain their physical strength and independence.

As a young woman in Nigeria, Ukpeh had pondered her options when applying to enter university. She says, "I didn't want to go into the medical

school because at that time, it didn't suit me to go. I just didn't feel I was cut out for that. But, at the same time, I wanted to be involved in the care of people because I consider myself very empathetic. I was just wanting anything to do with helping people."

Physiotherapy seemed the best choice, and Ukpeh

received her training with the College of Medicine at the University of Lagos.

Ukpeh came to Canada in 1995 and settled in Trail, BC. It was quite a dramatic change in her life. Nigeria has a population of more than 120 million and the capital city, Lagos, has 12 million people. Besides missing family and friends, Ukpeh misses the buoyant, bustling atmosphere of Lagos, its gorgeous beaches, her favourite foods and the wonderful flavours of locally grown fruit. "I miss the bananas, the gigantic mangoes and the plantains," she says ruefully. "They don't taste the same here."

But what Canada lacks in population, excitement and tasty tropical fruit, it makes up for in warmth. She says, "What struck me was how kind and welcoming Canadians are of others. I moved to Trail all the way from Nigeria, and I was so warmly received by everyone in that town. It was just amazing." Ukpeh appreciated the patience of people and their efforts to help her when even something as simple as renewing a driver's license seemed to entail a confusing system of line-ups and questions.

When Ukpeh moved from Trail in 2001, she found another learning experience waiting for her in New Westminster. She recalls, "This was the time our old contract was voided and the new one was being imposed by the provincial government. It evolved with us having to be on strike. That was my very first experience with any kind of strike action, and I just found it very interesting," she says. "It struck me as an opportunity to get to know, in the first place, why did they call a strike? What's the role of the union and how does the union benefit me as a professional?"

This past April, Ukpeh became an HSA steward.

Oluremi Ukpeh
Physiotherapist
Steward, Royal Columbian Hospital

She explains, "I was brought up in the premise that if you want to understand how things are happening around you, you have to be involved. That was the real reason I volunteered to become a steward. I just want to be more aware of what's going on. I want to be able to contribute to the growth of my profession, and to speak up for my profession within the union when the opportunity presents itself."

In Nigeria, there are strong unions for teachers and civil servants but none for health science professionals. In Canada, Ukpeh says, she discovered how involved the union was in the professional lives of its members.

It was a new concept for her and describes it as "very, very enlightening." She adds, "I have to wonder what would life be like without the protection of

"I just can't imagine how one would cope if one didn't have the union to fight for our wages and benefits."

guaranteed pay along with benefits. I just can't imagine how one would cope if one didn't have the body of the union to fight for these benefits."

Ukpeh attended HSA's annual convention as a shop steward, and this bolstered her decision to become more active in her union. She says, "I was extremely impressed with the convention in April. I was impressed by the depth and the scope of the knowledge of the union directors. I honestly had no idea the breadth of what the union does until I heard them at the annual general meeting. The whole experience, for me, was extremely educational."

Ukpeh adds, "I just can't help feel that if all HSA members could at least attend one convention, they would also be as impressed as I am."

Oluremi. It's also a good name for a union steward. **R**

Activism



Are you and your colleagues rolling up your sleeves to fight for health and community services? Have you met with your MLA, or written to the Premier? Or do you want tips on how to make your efforts as effective as possible? Let us know – contact the member mobilizing department at HSA. We're here to help!

Kelowna members meet with HSA president

In early June, stewards at Kelowna General Hospital organized a series of meetings where almost two hundred participating members met HSA President Cindy Stewart. Participants received a bargaining update, and held focused discussions about local issues.

Fraser Valley members mobilize against public-private partnerships

HSA members in the Fraser Valley have rising concerns about the provincial government's plans for a new Abbotsford Hospital.

Members at Mission-Sumas-Abbotsford Hospital, Langley Child Development Centre, and Langley Hospital held successive meetings to discuss their concerns and take active part in the BC Health Coalition's postcard campaign against P3 hospitals.

They also heard from the BC Health Coalition's Richard Neal, specializing in policy and research concerning P3 initiatives. Increasingly, public-private partnerships (P3s) are being touted as an innovative method for governments to provide public infrastructure such as hospitals. Faced with tight budgets, some governments are hailing P3s as the salvation of public infrastructure.

However, rather than merely building infrastructure, P3s include a combination of for-profit corporations financing, designing, building, owning or leasing back, operating and delivering the public services associated with the infrastructure.

Essentially, under a P3 scheme, governments cease to be the owners and operators of public assets and services – thus, P3s are privatization by stealth. The facts clearly demonstrate that private health care means longer waiting lists, poorer care and higher costs for patients and taxpayers.

HSA recently distributed the BC Health Coalition's P3 postcards to members in the Fraser Valley, and to participants in this year's convention workshop on team building.

For more information: p3watch.ca or bchealthcoalition.ca.

VGH members get active

Ninety members at Vancouver General Hospital gathered in mid-June to meet HSA President Cindy Stewart. She gave members an update on contract negotiations, an overview of concerns about the proposed P3 ambulatory care centre at VGH, and an update on provincial lab reform. In addition, Stewart encouraged HSA members at VGH to participate in a team for this year's Run for the Cure. **R**

News

UN envoy Stephen Lewis urges help to fight HIV/AIDS pandemic

NUPGE

Globalization has failed abysmally to deal with the global AIDS pandemic, says Stephen Lewis, Special Envoy to the United Nations for HIV/AIDS in Africa.

Speaking to a hushed audience at the 2004 triennial convention of the National Union of Public and General Employees, Lewis told delegates that corporations are “influencing every decision” made by African governments struggling to cope with HIV/AIDS – and the results are tragic.

“The irony is that globalization can’t deal with global problems,” said Lewis.

“It can’t deal with poverty. Obviously, globalization can’t deal with conflicts - Iraq has shown us that. If it is going to help in the AIDS pandemic I sure as hell haven’t seen it,” he said.

“Africa has great sophistication in its ability to deal with the myriad of issues connected to AIDS. It’s not a lack of knowledge on their part – it is a lack of resources.”

Lewis also emphasized that AIDS is increas-

ingly becoming a disease that afflicts women. “The saddest thing is that the pandemic increasingly has a woman’s face. Gender inequality in the face of AIDS is fatal,” he said.

Following the speech, National President James Clancy pledged a financial contribution to the Stephen Lewis Foundation, praising the work it is doing to combat HIV/AIDS worldwide.

“Their advocacy efforts moved the Canadian government to take action to make generic anti-retroviral drugs available to poor and developing nations,” Clancy noted. “The projects they have initiated in Africa have brought hope to thousands of people in need.”

Lewis thanked National Union members for their support. “It is the efforts of deep and compassionate unions, such as the National Union, that can turn this world around!” he said.

Lewis’ remarks had a profound impact on the delegates.

“I was almost moved to tears,” said Debbie Lacelle, president New Brunswick Public Employees Association. “And I was not alone. Our delegation is returning to New Brunswick with a fire in our bellies to do what is needed to be done.”

HSA delegate Kelly Finlayson echoed the sentiment. It was an incredibly powerful speech and it’s critical to be reminded of the urgency of the situation,” she said. “It is even better to

know that our efforts, individually and collectively, can make a difference.”

Lewis’ speech provided a poignant introduction to debate on a National Executive Board recommendation to establish a Humanities Fund.

“There was tremendous support among the delegates,” said Clancy. “This will provide the National Union with the necessary resources to make our international work, on issues like AIDS in Africa, even more effective.”

The National Union’s Social Justice Solidarity Fund is designed to support international solidarity work as well as domestic anti-poverty initiatives and disaster relief. As stated in background materials distributed to delegates:

“Social Justice/Solidarity/Humanities Funds are a concrete response to globalization and our commitment to international solidarity. They provide an important counter balance to the corporate sector in all countries. At the same time, Social Justice Funds have the ability to assist working people where they live and work by enhancing economic development, improving workplace health and safety and ensuring gender equality.” **R**

A number of National Union components are already associated with organizations working to address the HIV/AIDS crisis in Africa. Some already have an ongoing partnership with the Stephen Lewis Foundation.



CONTRACT INTERPRETATION

It's your right: questions and answers about your collective agreement rights

"Family status"

by LEANNE M. WALSH

Q I heard that there is a recent court case about discrimination against employees based on "family status." What are the issues? Why is this court case important?

A HSA recently won this precedent-setting case argued in the BC Court of Appeal by HSA's legal staff on behalf of an HSA member. The case centres on the definition of "family status" under section 13 of the *BC Human Rights Code*.

This case was an appeal of an arbitration award. In that award, an employer changed the employee's work hours. As a result of the change in hours, the employee was unable to fulfill the significant child care responsibilities of caring for a child with diagnosed severe behavioural problems. The arbitration award held that the changing of the hours was not discrimination based on "family status" under the *BC Human Rights Code*. The arbitrator said that the definition of "family status" includes the relationship between parent and child, but does not include child care responsibilities. The arbitrator stated that it was the employer's right to change work schedules. HSA fundamentally disagreed with the ruling, and pursued it to the BC Court of Appeal, arguing that a parent's responsibilities to provide child care for his or her own child may fall within the protected ground of "family status."

The union's perseverance on behalf of this member is not only a significant win for this individual, but for other workers across Canada in similar situations. It is an important case because the Court of Appeal turns its attention to identifying the parameters of "family status" un-

der section 13 of the *BC Human Rights Code*. The Court of Appeal noted that while the definition is not open-ended, it is *not* simply limited to the status of being a parent. By doing this, the Court of Appeal has clarified the definition of "family status."

The court has remitted the case back to the arbitrator, who will now have to determine whether the employer fulfilled its obligation to accommodate this employee.

Q Is it always discrimination based on family status if an employer does not accommodate every worker's child care responsibilities?

A No. The BC Court of Appeal held that whether certain conduct does or does not amount to discrimination will depend on the facts of each case. The court held:

*... a prima facie case of discrimination is made out when a change in a term of condition of employment imposed by an employer results in a serious interference with a substantial parental or other family duty or obligation of the employee. ... in the vast majority of situations in which there is a conflict between a work requirement and a family obligation it would be difficult to make out a prima facie case. [Health Sciences Association v. Campbell River and North Island Transition Society, 2004 BCCA 260] **R***

Leanne M. Walsh is legal counsel for HSA.



This column is designed to help members use their collective agreement to assert or defend their rights and working conditions. Please feel free to send your questions to the editor, by fax, mail, or email [yukie@hsabc.org]. Don't forget to include a telephone number where you can be reached during the day.

EXECUTIVE DIRECTOR (OPERATIONS)

Adhering to new privacy act

by SUSAN HAGLUND

You've read in earlier publications of *The Report* that HSA is committed to complying with BC's new privacy legislation. HSA now provides members, staff and the general public with some additional, formalized methods of communication as a part of adherence to the guiding principles of the *Personal Information Protection Act*.

The *Act*, or 'PIPA', conveys the need for organizations to ensure that the personal information in their records is as accurate as possible. Of course, HSA already strives to keep its records current, but accuracy of member information is wholly dependent on communication and updates from our members.

In order to make it easier for you to tell us about changes we should know about, HSA has developed a "Change of Personal Information Request Form."

If you have any questions about privacy legislation related to your HSA records, please feel free to contact me.

You are encouraged to let HSA know when there are changes to the basic information that is originally collected on your membership form – including your address, phone number, or job change. You may do this either by phone, by e-mail or in writing by way of the new form, available for downloading on the HSA website at www.hsabc.org.

In the interest of protecting your privacy, HSA staff may ask you to provide verification of your identity when making any change request, just as



Susan Haglund
Executive Director of Operations

you would expect your financial institution to ask for verifying information before they perform a transaction for you over the phone.

Another principle of PIPA guides organizations to provide an open and accessible way for privacy-related issues to be addressed. HSA's policy is that any and all privacy-related issues will be dealt with in accordance with privacy legislation requirements. This means that any privacy-related issues formally brought to HSA's attention will be investigated immediately with the goal of finding a resolution suitable to all parties.

To this end, HSA has developed a "Privacy Complaint Form." The form is meant to carefully guide anyone who wishes to raise a privacy-related issue through a series of questions designed to provide HSA with the essential information required in order to effectively initiate proper investigation of an issue.

These new forms are available for printing on the HSA website at www.hsabc.org, along with other information about HSA's compliance with the act. Hard copies may also be requested from HSA. If you have any questions about privacy legislation related to your HSA records, please feel free to contact me, HSA's Privacy Officer, via phone or via e-mail at privacy@hsabc.org. **R**

Members make a difference through political process

by KELLY FINLAYSON

The past five weeks have been an exhilarating time for me personally. After three years of a Liberal government that has resulted in tremendous change and increased stress at my workplace and in my community, I had a place to direct my energy to an event that I believe is important – the federal election.

I believe that if I don't take responsibility for what happens in my community, in my workplace, or in my union, I don't have the right to complain about it.

In this election, I've worked hard to support the candidate and party that reflect my values and beliefs. It has been an exciting campaign.

I'm excited not because of the adrenaline that comes with campaigning; not because my candidate ran in a very close race; not because it's over and now I have time to devote to other interests. No, I'm excited because of the involvement I saw in that campaign.

I am energized by those of you who, like me, are involved to make a difference and to earn the right and privilege to speak up for change.

I saw a commitment to my community. At the all-candidates' meetings, the school presentations, and the door-knocking, I saw my neighbours – members of my community – getting involved because they want to make a difference. They want a voice in what is happening in their community. They're taking responsibility

for having their voices heard.

It's the same kind of excitement I feel whenever I go to union meeting and meet new members and old hands who are there to get involved or continue their involvement in their union. Whether it's joining the Run for the Cure team, volunteering as a



Kelly Finlayson, Region 1 Director

steward or coming out to information meetings to get informed about what the union is doing, that commitment to being informed and getting involved is what makes our union work.

I am in my ninth year as a member of the HSA board of directors. I became active in the union in 1988. Every meeting, every convention, every exchange with a member, I am energized by those of you who, like me, are involved to make a difference and to earn the right and privilege to speak up for change.

As a board member, I am fortunate to meet members from around the province. I see in HSA's membership a commitment to patients and clients. I also see a commitment to the professions the union represents. Your passion for your work and people you serve comes through in every conversation. You are articulate and effective advocates for your professions.

I urge all of you to put that passion to use. Talk to your colleagues, talk to new members, and talk to people in your community about the work you do and about the challenges we're all facing in this changing climate.

We are fortunate in the country we are lucky enough to live in. We are privileged that we can make a difference in our communities and in our work places. It's an important responsibility that I urge you to accept. **R**

Kelly Finlayson represents Region 1 on HSA's Board of Directors.

INCOME DISPARITY

Study shows women are still poorer than men in Canada

- Women continue to be among the poorest of the poor in Canada. They make up a disproportionate share of the population with low incomes – 2.4 million in 2001, compared to 1.9 million men. The widest gender gap in poverty levels is between senior men and women, with 21 per cent of senior women living in poverty, as opposed to 11 per cent of senior men.
- The average shortfall for poor families of two or more persons in 2001 – the extent by which they fell below the Statistics Canada poverty line – was \$8,873, and for female lone-parent families was \$8,886.
- Female lone-parent families have by far the lowest average total income among families in Canada. Their average income of \$34,357 is less than half (43 per cent) the average income of two-parent families with children (\$79,983), and 71 per cent of male lone-parent families (\$48,248).
- A primary reason for the persistently lower wages and salaries of Canadian women – and thus for their higher levels of poverty – is that they form by far the majority (70 per cent) of part-time workers. The expectation that women will quit paid work or work part-time to provide care for children has a direct impact on life-long earnings as well as women's eligibility for government transfer payments such as pensions and unemployment insurance.
- Men receive more income than women from all sources, including wages and salaries, investment, retirement, and other income. For example, women receive on average \$13,873 less than men in wages and salaries, and an average of \$7,463 less in retirement income.
- The poverty rate of women who started out as part of a couple and ended as lone parents is 10 times higher than that of women who remained part of a couple. Of the women who managed to climb out of poverty, two out of three did so on the basis of an increase in family income of \$10,000, while three out of four who fell into poverty did so after losing \$10,000 of family income.

Sources: *The Canadian Centre for Policy Alternatives / Canadian Association of Social Workers' study: "Women's Income and Poverty in Canada Revisited."*



HEALTH SCIENCES ASSOCIATION OF BC

THE Report MAGAZINE

The Report is dedicated to giving information to HSA members, presenting their views and providing them a forum. The Report is published six times a year as the official publication of the Health Sciences Association, a union representing health and social service professionals in BC. Readers are encouraged to submit their views, opinions and ideas.

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Susan Hearsey, a physiotherapist and steward at Burnaby Hospital, tells fellow workshop participants about her efforts to lobby her MLA. Hearsey and Irene Goodis (physiotherapist, Penticton Regional Hospital) took part in a workshop to gain fightback tools that they will use against the provincial Liberals' program of ongoing cuts to workers' compensation, and to workplace health and safety. See coverage pp 14-15.



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