

# THE Report



**HEALTH CARE CUTS: Calculating the long-term costs**

## Reid Johnson

# Short-term cuts are no way to reduce costs

**THE BC GOVERNMENT SAYS TIMES ARE TOUGH;** savings must be found and wages must be frozen so that every penny can be used to protect health care services for patients.

Sounds nice, but it doesn't make any sense.

The fact is that this government is cutting deeply into the health services they promised to protect, and furthermore, those cuts aren't going to save money at all.

If Health Minister Kevin Falcon was really serious about saving money in the health care system, he'd take a look at the fiscal impact of the cuts now being announced all over the province.

Consider the impact of cutting funding for Early Intensive Behaviour Intervention, a program that makes breakthroughs with autistic children. This program, profiled in this issue of *The Report*, can release kids from a lifelong sentence of isolation and costly supported living at a cost of about \$70,000 for three or four years. That investment may seem steep, but compare this to the alternative. Studies estimate that it costs about \$2 million dollars to care for an autistic individual over the course of their lives.

Putting aside the human impact of giving a child and their families a shot at life lived to its full potential, funding this program saves money. Why is the government ignoring that?

It's the same with the decision to eliminate the provincial advisory offices for the Infant Development Program, the Aboriginal Development Program and the Supported Child Development Program of BC. These offices provide direct support for parents of young children with developmental needs. Early intervention can make a big difference for these children, and significantly reduce the cost of caring for them in the long term. Any money saved by these cuts will be lost many times over in the immediate future. And that's not counting the cost to families left to fend for themselves.

Cuts to diagnostic services, surgeries and services



Johnson

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supporting seniors and people with mental health and addictions issues will also cost the health care system more down the line.

Keeping seniors healthy and connected to their communities keeps them out of expensive and crowded emergency care facilities. Supporting individuals with addictions and mental health problems reduces costs in the court system and prevents more costly health issues.

The list of cuts goes on and on, and you can read about some of them in this issue.

HSA is committed to protecting quality health care for British Columbians, and we believe more people need to know about the gravity of these cuts, and their fiscal impact. That's why we launched an intensive ad campaign in late November and early December. Radio and online ads in several languages reached people in every community in BC. And that's just the beginning.

Times are tough, but this isn't the time to abandon the vulnerable. The economy isn't going to be turned around by short term cuts that hurt people and increase long-term costs.

More than ever, it's time to support the vulnerable – not only because it's the right thing to do, but because it's in the best interest of keeping our health care system affordable and sustainable in the years to come. **R**

*Reid Johnson is president of the Health Sciences Association of BC.*

**"I just don't know what's going to happen to this kid. It's really scary. This is his only chance, and it's being stolen from him."**

- NOEL DAVIES, INTERVENTION WORKER AT QUEEN ALEXANDRA CENTRE FOR CHILDREN, PAGE 6

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Protecting health care is key priority

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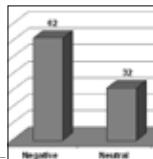
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Health care cuts are hurting the most vulnerable people in BC. We take a closer look at the costs.



HEALTH CARE CUTS: Calculating the long-term costs

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# Private clinics ordered to open books

BC HEALTH COALITION GRANTED KEY ROLE IN LEGAL DEFENCE OF MEDICARE

**THE BC SUPREME COURT** ruled November 17 that a pro-medicare coalition will be allowed to participate as intervenors in the legal challenge to BC's Medicare legislation launched by Dr Brian Day and a group of private, for-profit medical clinics.

The for-profit clinics are seeking to have key provisions of provincial

health legislation declared unconstitutional so that physicians can sell necessary health care services to patients who wish to jump the queue and can afford to pay a premium to do so.

"The court's ruling is great news for British Columbians, and all Canadians who value our public health care system," said Rachel

Tutte, co-chair of the BC Health Coalition (BCHC), and a member of the HSA Board of Directors. The BCHC coordinated the formation of the pro-medicare coalition, which also includes the Canadian Doctors for Medicare, plus individual physicians and patients.

CONTINUED NEXT PAGE

## SUPPORT FOR AMBULANCE PARAMEDICS



HSA BC President Reid Johnson spoke with paramedics at a rally held November 6, just before the Campbell government rammed through legislation forcing a new contract on the workers. The imposed contract ignored many of the concerns expressed by ambulance paramedics throughout the dispute.

## Medicare on trial

CONTINUED FROM PREVIOUS PAGE

"We are very happy the judge has made a decision that will allow the BC Health Coalition, the Canadian Doctors for Medicare, physicians and vulnerable patients to have a voice in this extremely important case that will determine the future of public health care for most British Columbians," Tutte said.

Recognizing the critical issues at stake in this case, the judge ruled that she will allow necessary evidence and arguments to be presented on the question of the constitutional validity of BC's Medicare Protection Act. A critical piece of this evidence will be information about the billing practices of the private clinics, which will now be available as the court also issued orders that the clinics be audited. The clinics had been fighting the audit.

"It is essential that BC's Medical Services Commission be able to determine whether clinics and physicians are complying with the billing rules upon which Medicare depends," said Tutte. "The BC Health Coalition and our partners have been pushing very hard to ensure that allegations of queue jumping, extra billing and other unethical and unlawful practices be thoroughly investigated."

Additional information about the private clinics case is available on the BC Health Coalition website at [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca). **R**



**BC's government promised to protect health care.**

**But now they're cutting more than 10,000 MRI scans.**

## Delivering the message

HSA's NOVEMBER AD BLITZ SETS THE STAGE FOR BARGAINING

**HSABC TOOK TO THE AIRWAVES** in late November and early December with a province-wide ad campaign to protect the health care system from provincial government cuts.

HSA President Reid Johnson said members aren't just looking for a fair contract when bargaining begins, they also want to protect and improve the health care system.

"Delegates to our Bargaining Proposal Conference identified 'protecting quality health care' as one of the key objectives of our contract negotiations in 2010," said Johnson. "That's why we're letting the public know the government isn't being honest."

Johnson said the government is breaking pre-election promises to protect health care even as it claims it's making no cuts.

"In the Vancouver Coastal health region alone there will be

10,000 fewer MRI performed over the next 12 months. And that's just the beginning. How can Premier Campbell say they're protecting health care?"

The ad campaign reached radio audiences all over British Columbia starting November 23. In the Lower Mainland and Victoria, ads ran heavily on talk radio for two full weeks. Versions of the ad were also broadcast in Cantonese, Mandarin, Punjabi, Vietnamese and Tagalog. In addition, on line banner ads were targeted to high-traffic news web sites.

Johnson says this is just the beginning.

"If the government won't listen, HSA will keep talking directly to the public about the fact that short-term cuts hurt the health care system and will cost everyone more in the long run." **R**



PHOTO: SANDY CARTER

# Cuts put children with autism at risk

PROVINCIAL GOVERNMENT ELIMINATES INTERVENTION PROGRAM WITH PROVEN RESULTS

**SEVERAL YEARS AGO**, staff at the Queen Alexandra Centre for Children on Vancouver Island met a little boy. He was four years old, but he couldn't speak. Unlike other children his age, he couldn't ask his parents questions about the world or describe to them his daily adventures. Instead, he hid under tables, screaming and hitting. He was cut off completely.

A few weeks ago, that boy, now

some years older, stood at a microphone and spoke to hundreds of people gathered on the lawn of the Legislature in Victoria. He called on the provincial government to reconsider recent cuts to autism funding – cuts that will shut down the Queen Alexandra program on January 31 and lay off the 40 professionals who work there.

In September, Children and Family Development Minister Mary

Polak announced the elimination of funding for the Early Intensive Behaviour Intervention program. In addition to shutting down the program at Queen Alexandra, the cuts will affect other facilities in BC.

For parents of children just starting the program, the news is devastating.

"They're scared," says Noel Davies, an intervention worker at Queen Alexandra. "They feel like this is a

fatal blow to their family. That any hope they had for their child has been wiped out. It's devastating."

Davies explains that in place of the program, which offers up to 20 hours a week of intensive therapy, parents will have to get by with a small increase to basic annual funding.

"Parents will now get \$22,000 a year, but I don't think that extra \$2000 is going to help them at all.

"It's enough for them to pay for 5 to 7 hours a week of therapy, but 20 hours is the minimum we should be providing a child.

"So unless they have the money to pay the difference, their child will go without the therapy they need."

Davies points out that there can be no fiscal justification for eliminating the program. While it costs \$70,000 a year per child, this early investment not only gives the children a future, but saves millions of dollars in the long run.

"It costs \$280,000 to put a child

through four years of this therapy. That sounds like a lot but compare that to the \$2 million it costs to care for this child over his lifetime if he doesn't get the therapy."

HSA President Reid Johnson agrees. "The elimination of this program is short-sighted," he says. "A child who has had the benefit of intensive therapy will need far fewer costly medical or mental health interventions and social assistance later in life," he said.

Johnson adds that HSA members continue to advocate for the children and their families even as they face job loss.

"Their own future is uncertain, and they are extremely concerned about the children and families who have been left without the treatment they need to give their kids a fighting chance," Johnson said.

Davies has just started working with another little boy who, like the boy who spoke at the Legislature recently, came to the program with no

ability to communicate.

"After just one year in the program he's already showing great progress. He can use pictures from a binder to tell me what he needs and say things like 'I want a snack.'"

**"THEY'RE SCARED...  
ANY HOPE THEY HAD  
FOR THEIR CHILD  
HAS BEEN WIPED OUT."**

But with the end of the program, this little boy may not get the help he needs.

"I just don't know what's going to happen to this kid," says Davies. "It's really scary. This is his only chance, and it's being stolen from him."

Johnson vows the fight will continue.

"HSA will continue to work with families to fight this attack on the most vulnerable children in our province." **R**

## Queen Alexandra lays off autism interventionists and behavioural therapists

### DESPITE A PROVINCE-WIDE

protest by parents against the elimination of specialized treatment for severely autistic children, 43 therapists were issued lay-off notice November 6 at Queen Alexandra Centre for Children on Vancouver Island.

In September, the provincial government eliminated funding for Early Intensive Behaviour

Intervention – cutting funding for autistic children by \$3 million.

"When a child is diagnosed with autism, it can seem devastating. Their family wants to do everything they can to give their child the intensive behavioural therapy support that is proven to help children with autism flourish as they grow and develop," said HSA President Reid Johnson.

Johnson said the cuts to services for autistic children are part of a continuing attack on services for kids with special needs.

"The government has also cut funding for the coordinating and training offices for infant development, Aboriginal infant development, supported child development, and Aboriginal supported child development. These are programs for the most vulnerable children in BC," he said.

# Government breaks health promise

AFTER ELECTION PROMISE TO PROTECT HEALTH,  
CAMPBELL MAKES DEEP CUTS THAT WILL RAISE COSTS IN THE LONG TERM

**DURING THE PROVINCIAL** election earlier this year, Premier Gordon Campbell promised there would be no cuts to health care despite BC's worsening financial situation.

Just two months later, that promise began to unravel.

On July 15, new Health Minister Kevin Falcon instructed BC's health authorities to find \$360 million in savings. Since then, each new day seems to bring news of cuts to programs and services.

The full impact is still not known. Fraser Health Authority is cutting \$160 million. Vancouver Island Health Authority is cutting \$45 million. Vancouver Coastal is cutting \$90 million. Interior Health is cutting \$50 million.

Many more cuts are yet to be announced, but already it's clear that the impact on patients is severe. Seniors, the mentally ill and those with addictions issues are hardest hit, but with dramatic MRI reductions and some 10,000 elective surgeries cancelled, everyone will feel the impact.

Beyond the immediate impact on the lives of the sick and vulnerable, these cuts appear to sacrifice long-term cost control in favour of temporary, short-term gains, undermining government claims to fiscal responsibility. Delaying diagnostic services leaves people sicker and

more costly to treat, while cutting addictions treatment increases costs to the courts system and contributes to greater addictions-related illness.

Further coverage of the specific cuts will be provided in future issues of *The Report*. **R**

## Here are some of the \$360 million in cuts announced to date:

- cancelled 328 knee and hip operations for people living in the Interior
- cut funding for Atlas Youth Supported Recovery in Terrace, the only residential recovery centre for youth in BC's Northwest
- cut funding to help young children access Early Intensive Behaviour Intervention autism program at Queen Alexandra Centre for Children
- cut 760 elective surgeries and 3000 MRIs on Vancouver Island
- cut almost 10,000 MRIs -- and possibly cutting 6000 surgeries and closing 25% of operating rooms -- in the Vancouver health region
- cut funding for North Shore Keep Well Society, which helps keep 500 seniors healthy, and Seniors' One Stop, which gets 5000 calls yearly
- cut funding for the award-winning West Coast Alternatives Society, where drug and alcohol programs for adults, youths and children help 600 residents a year
- cut \$2 million from contracts with community agencies and non-profit societies delivering health services in the Victoria area
- closed a 36-bed geriatric assessment and rehabilitation unit at Victoria General Hospital
- closed 25-bed convalescent care unit and an 8-bed hospice at Queen's Park Care Centre in New Westminster
- closing adolescent psychiatric unit at Abbotsford Hospital
- cut social work budget in Fraser Health region hospitals, resulting in loss of 14 positions
- cut funding for 11 residential care beds at Bear Creek Lodge and 11 residential care beds at Newton Regency in Surrey
- closed 42 residential care beds at Peace Arch Hospital
- eliminated key staff for Infant Development Program, Aboriginal Development Program and Supported Child Development Program, leaving parents with special needs kids with less support

# Children's ministry funding cuts may prove short-sighted

BY HILLEL GOELMAN AND MARI PIGHINI

**THE MINISTRY** for Children and Family Development has decided to change the way early intervention programs for vulnerable children will be delivered in the province and families, children and the staff in these programs will be worse off.

The province is eliminating the positions of provincial adviser in the Infant Development Program of B.C., the Aboriginal Infant Development Program of B.C., and the Supported Child Development Program of B.C. The ministry claims that by doing so they will eliminate "administrative costs" and dedicate more resources to "front line workers." This narrow view demonstrates that these provincial officials do not really understand the essential role that the provincial advisors play in ensuring the quality of early intervention services.

The provincial advisors are not administrators. The advisors rely, instead, on the administrative support of their local umbrella organizations. The provincial advisers are educators, experts, resource people and, to put it simply, leaders. They provide the direction for their programs and then organize the resources to move in that direction. Here are some examples of what these advisors do, and that will cease to exist after the cuts:

- They created the Infant Development/Supported Child Care Certificate and Diploma Program based at the University of British Columbia.
- They are full partners in the Annual Assessment Workshop held in conjunction with other community, educational and academic groups. This workshop brings together early intervention professionals from different fields, parents, government officials, physicians and researchers to discuss new and emerging ways of evaluating children's developmental progress.
- This work also strengthens and supports the parents and families of young vulnerable children by increasing their access to information, knowledge and resources.
- They are community-based collaborators in action-based research projects conducted in partnership with academics from universities, hospitals, schools, preschools and clinics. They contribute their knowledge and expertise which in turn strengthens the work of the academic researchers.
- They develop and locate and bring into B.C. new and innovative approaches to early intervention.
- They are involved in a vast network of early child development and early intervention tables in B.C. and they are responsible for the website and communications with all local programs across the province. These initiatives ensure that updated and consistent information, knowledge, research and resources are accessible to staff, agencies, parents and students.
- The provincial adviser Dana Brynelsen has received international recognition for her over 30 years of work in the field of early intervention. Perhaps her most distinctive honour was being given an honorary doctorate from the University of B.C. for accomplishments and contributions. In granting this unique honour, UBC clearly recognized the vital role played by provincial advisors in early intervention in B.C.

These cuts demonstrate a lack of knowledge of these programs and a lack of respect for the professional staff of the office of the provincial adviser, to the regional advisors, the IDP consultants across the province and, most tragically, to the parents and children served by these three programs in B.C.

We applaud the government's plan to implement full-day kindergarten to support early child development. At the same time, we urge

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HSABC President Reid Johnson opens the 2009 Health Science Professionals Bargaining Proposal Conference

## Bargaining Proposal Conference 2009

"The provincial government says they need to reduce costs. But their cuts and wage freezes are going to cost more money in the long run. It just doesn't make sense."

Reid Johnson  
President  
HSABC



Delegates to the conference were elected at regional meetings across BC earlier this fall.

**D**elegates to the 2009 HSA Health Science Professionals Bargaining Proposal Conference, held in Vancouver November 8-10, have specifically identified “protecting quality health care” as one of the top priorities for bargaining.

“That sends a very powerful message,” said HSABC President Reid Johnson. “Our members want us to secure a good contract, but they’re also deeply committed to making sure the public gets the health care services they need.”

“And they feel it’s up to us to speak up about the cuts because the government isn’t telling the truth.”

Johnson added that the cuts will cost more in the long term.

“The provincial government says they need

to reduce costs,” said Johnson. “But their cuts and wage freezes are going to cost more money in the long run. It just doesn’t make sense. They need to sit down with us. Together we can identify practical and reasonable ways to control costs without making short-term cuts that ruin lives, drive health care workers away, and leave the health care system facing greater financial pressure in the future.”

Larry Brown, Secretary-Treasurer of NUPGE, also pointed out the contradiction between provincial cuts and federal stimulus to rebuild the economy.

“Cuts to public services at the provincial level, like what Mr. Campbell is doing here in BC, are the wrong response to this economic climate,” said Brown. “Public sector spending is what stopped the economic collapse.”

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## BARGAINING PROPOSAL CONFERENCE 2009



YOUR BARGAINING COMMITTEE: (L-R) Reid Johnson (President), Darwin Wren, Miriam Martin, Aaron Wilson, Kimball Finigan (Board alternate), Cheryl Greenhalgh (first alternate), Val Avery (Board), John Christopherson (second alternate), Joan Magee (Board), Maureen Headley (Executive Director), Dawn Adamson (Membership Services Coordinator).

"Consultation hasn't happened,  
and we have to take that into  
account when preparing to deal  
with the provincial government.

Will these guys be true to their word?

I think the answer is no."

Maureen Headley  
Executive Director  
and chief negotiator



**Conference delegate Erin Courage makes a point at the mic.**

So how can you have Stephen Harper saying it's important to keep stimulus spending going on the one hand, and provincial governments freezing wages and cutting jobs on the other. Don't they cancel each other out?"

HSA Executive Director and chief negotiator Maureen Headley addressed the challenges of bargaining with a government that has shown it can't be trusted.

"The government said 'we will consult with you and we will involve you in the process,'" said Headley. "Consultation hasn't happened. We have to take that into account when preparing to deal with them. Will these guys be true to their word? I think the answer is no."

Headley added that delegates were in favour of talking directly to the public about the cuts and how they threaten BC's health care system.

"We're going to start being a little more vocal. British Columbians need to know their government is making serious health care cuts when they promised not to do so."

HSA launched a province-wide radio ad campaign on November 23. The ads ran for two weeks, and more advertising is being planned for 2010.

About 60 delegates, elected at regional meetings around the province, attended the conference, along with HSA Board members and staff. Delegates also elected a bargaining committee to take their priorities forward as bargaining begins. **R**



PHOTOS: DAVID BIEBER

**"Public sector spending is what stopped the economic collapse. So how can you have Stephen Harper saying it's important to keep stimulus spending going on the one hand, and provincial governments freezing wages and cutting jobs on the other? Don't they cancel each other out?"**

Larry Brown  
Secretary-Treasurer  
NUPGE

# HSA celebrates Community Social Services Workers Appreciation Day

**THIS PAST NOVEMBER 6** marked the second annual Community Social Service Workers Appreciation Day, an event acknowledging and celebrating the vital role that these workers play in making communities better places to live.

Community social service workers represented by the Health Sciences Association work in child development centres, transition houses, infant development programs, community counselling centres, agencies for youths at risk, and various other crucial community service organizations.

HSA President Reid Johnson thanked community social service workers for their commitment to helping the most vulnerable people in our communities.

"HSA salutes community social service workers. We celebrate with them as we recognize their daily contribution to the lives of families across BC," he said.

"When parents of a medically fragile infant need help, when a youth at risk needs guidance and resources, when a woman is struggling to leave a violent domestic situation, community social service workers are there to help. This is some of the hardest work in the province, pro-

vided by some of the hardest working people."

Community Social Service Workers Appreciation Day was initiated by the National Union of Public and General Employees, of which HSA is a component.

The idea for the day originated at a 2007 NUPGE conference of community social service workers. It was envisaged as a day to focus attention on the importance of the sector to the well-being of the country and to acknowledge the contributions that these workers make.

Numerous cities and towns have joined in the occasion by formally recognizing the day. The list includes Victoria BC, Edmonton Alberta, and a long list of Ontario communities.

HSA joins NUPGE in urging British Columbians to take time to reflect on the contributions these workers make so many communities and to offer their thanks and appreciation.

A website devoted to community social service workers is also available, including resources to help organize appreciation day events. Everything from posters, media releases, sample resolutions, videos, news, and research is readily available at [www.cssworkerscare.ca](http://www.cssworkerscare.ca). **R**

## Are you retiring soon?

Are you about to retire? Do you know someone whose retirement is approaching?

HSA issues retirement certificates to recognize your many years of valuable service to BC's health and social services programs.

Contact Pattie McCormack at the HSA office for more information.

Call 604.439.0994 (lower mainland) or 1.800.663.2017. You can also email: [pmccormack@hsabc.org](mailto:pmccormack@hsabc.org).

## IDP cuts short-sighted

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the provincial government to keep in line with its main goal to reduce children's vulnerability levels. The cuts should be reversed and the offices of the provincial advisers should be restored. **R**

*Hillel Goelman and Mari Pighiniare work in the Interdisciplinary Studies Graduate Program at the University of British Columbia. This article first appeared in the Vancouver Sun and is reprinted courtesy of the authors.*



Just two of the 20 cards available. The campaign launched November 16, but there's still time to participate.

# CLC postcard campaign fights violence against women

## CARDS COMMEMORATE 20TH ANNIVERSARY OF THE MONTREAL MASSACRE

**DECEMBER 6 THIS YEAR** marks the 20th anniversary of the 1989 Montréal massacre of 14 young women at the École Polytechnique.

Violence against women is still pervasive, and is rooted in social inequality. HSA members working in transition houses all across BC tell us that violence against women occurs at home and at work.

Women living in violent situations often do not have the financial resources to leave – compounded by low minimum wage, continued cuts to social assistance, and funding cuts for women's services and shelters.

To help commemorate the 20th anniversary of the Montréal massacre, the Canadian Labour Congress has developed a postcard campaign.

A set of 20 different postcards highlight different measures that governments could implement to increase the safety and security of women to help eliminate violence against women.

The postcards focus on various areas of action, such as:

- funding for women's services, shelters, and organizations
- pay equity, employment insurance, social assistance, minimum wage, pensions
- housing, education, child care
- Aboriginal women, young women, women with disabilities
- violence in the workplace, good jobs, public services

The Canadian Labour Congress launched the postcard campaign on November 16, and encouraged activists to send one postcard a day to the Prime Minister for the 20 days leading up to December 6. (Postage is free to the Prime Minister's office.)

Through the union's Committee on Equality and Social Action, the Health Sciences Association is distributing sets of cards to members working at transition houses and women's organizations. The cards are also available to all members by request.

To obtain a set of postcards, contact Yukie Kurahashi at [ykurahashi@hsabc.org](mailto:ykurahashi@hsabc.org) or 604.439.0994 (Lower Mainland) or 1.800/663.2017 (toll free in BC). **R**

# Code Pink

## HSA MEMBERS ARE PROTECTING CO-WORKERS FROM BULLYING

**IMAGINE A WORKPLACE** where all employees feel valued and respected by an employer who cares about their wellbeing. An inclusive environment where ideas are openly expressed and differences honored. A world of teamwork, clear communication, and harmony.

If that doesn't sound like your workplace, statistics say you aren't alone.

Bullying and psychological harassment in the workplace are affecting the health, morale and productivity of employees in every workplace. The issue is gaining mainstream attention and HSA members are taking bold steps to make a difference.

"Those being bullied at work feel more than over-worked and under appreciated," writes Gary Namie, author of 'The Bully at Work'. "The fear, shame, humiliation and loss of dignity that originate at work can creep into every aspect of life."

Ironically, the targets of bullying are often workers who are good at their jobs, popular with co-workers and who speak out about non ethical behavior and hypocrisy – the very type of employee who should be valued most by those who want to create a safe and functioning workplace. Meanwhile, the bullies themselves are frequently compensating for their own inadequacies.

"A bully's inappropriate behavior results from his or her own inadequacies and insecurities," observes Jacinta Kitt, author of 'Mobbing'. "Their actions are dysfunctional means of dealing with their own problems of low self esteem."

But for most employees, standing up to a bully isn't an option because of the real or perceived power differential. They just can't do it on their own.

The most effective tool against workplace bullying lies in the hands of the bystanders who generally don't speak out about what they witness, even though it leaves them uncomfortable.

That's why employees at some workplaces developed Code Pink.

It is as simple as a bystander politely pointing out hurtful gossip or shunning of a co-worker. In some instances it's challenging inappropriate statements about others. It's especially effective at defusing direct confrontation; if a manager starts yelling at an employee, her co-workers drop everything and come stand beside her, gently discouraging abuse by their very presence.

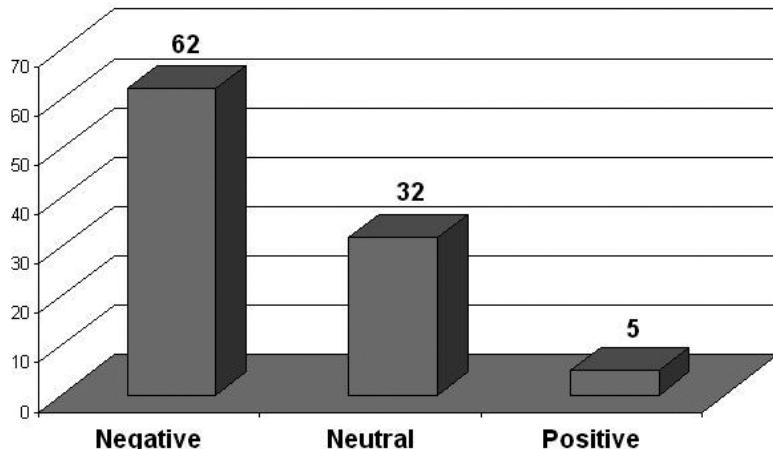
In all cases, it's about standing up for each other, because bullying only happens when individuals are excluded and targeted.

In one workplace a Code Pink is called for any disciplinary meeting where harassment appears to be the motivating factor. Imagine a large group of your peers escorting you to the door of such a meeting. That show of support that is impossible for management to ignore.

Code Pink empowers workers and reminds bystanders that they hold the power to change the culture of the workplace.

Together we can not be bullied. Together we can create that harmonious work environment and a culture of respect and safety in each and every workplace. And as a strong union we have the basis to do it together. **R**

*This article was penned by a group of HSA members to avoid any retaliation in the workplace.*



When asked to rate the Campbell government's management of health care, most HSA members have a negative opinion.

# Survey results are in

## MEMBERS SHARE OPINIONS ON KEY ISSUES

**HSA MEMBERS ARE** satisfied with their jobs but not the provincial government.

That's what members told the HSA in a survey conducted in mid-October. More than 600 members from regions and worksites around the province took part in the telephone survey, the first since 2006.

The survey sought to learn more about what HSA members think of their jobs and their union, how they rate the provincial government, what they think of the economy, and how they feel about upcoming contract negotiations.

Here are some of the highlights:

- 94% of members are satisfied with their jobs.
- 76% are satisfied with the job done by the HSA, especially in

regard to treating all members fairly, standing up for members, and listening to members like themselves.

- Only 10% give a positive assessment of the provincial government – 49% say Premier Campbell is doing a poor or very poor job in government.
- Only 5% of HSA members think the provincial government is doing a good job managing health care. 62% say Premier Campbell is doing a poor or very poor job on this matter.
- 36% of members believe the BC economy will improve in the next 12 months. Another 30% think it will stay the same, and 33% believe the economy will get worse. □

## Current disputes

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

**Amalgamated Transit Union (ATU) Local 1724 - VS - MVT Canadian Bus**

Major Issues:  
Benefits, Concessions, Seniority, Wages, Work Hours  
Commenced: Oct 26, 2009

**United Steelworkers (USW) Local 2009 - VS - Compass (retail food services in the Fraser Health Authority)**

Major Issues:  
Wages  
Commenced: Oct 5, 2009

**Canadian Union of Public Employees (CUPE) Local 873 - VS - BC Ambulance Service**

Major Issues:  
Wages, Concessions, Benefits  
Commenced: April 1, 2009

**United Food & Commercial Workers Union (UFCW), Local 1518 - VS - Extra Foods (Maple Ridge)**

Major Issues:  
Wages, Job Security  
Commenced: Dec. 15, 2008

**Construction and Specialized Workers' Union, Local 16II - VS - Wescon Enterprises Ltd. (Trivern) (Armstrong)**

Major Issues: Seniority, Benefits, Concessions  
Commenced: July 25, 2001

# Ready to retire?

## IMPORTANT STEPS TO TAKE

by DENNIS BLATCHFORD

### I'm thinking of retiring sometime in the next year or so. What are the steps I should be taking?

The decision to retire is a complex life decision for most people. If you are healthy and enjoy your work, retirement has a way of sneaking up on you. On the other hand, if work is a chore, and the body is increasingly less willing, retirement can be foremost in your thoughts for years. But in either case, making the final decision to retire requires careful consideration on a number of fronts. Reviewing your annual Member Benefit Statement is a good place to start.

It is best to start your enquiries well in advance of your anticipated retirement date. It is recommended that you submit your retirement application at least three months ahead of your expected departure. This gives your employer and the Plan administrator the time to research your file and ensure that all information on pensionable service and salary is correct.

Retirement forms are available on-line at [mpp.pensionsbc.ca](http://mpp.pensionsbc.ca) and the Pension Corporation staff is available to walk you through the processes that must be completed prior to retirement. Such processes may include transferring service from another plan, completing any eligible purchase of service opportunities, or claiming credit for child rearing years if applicable.

Under the Municipal Pension Plan (MPP) rules, a member must choose from a menu of options when retiring. The option you choose will affect the amount of your pension payment. The Single Life Only pension (SLO) gives you the highest possible pension. You can choose a SLO provided you don't have a legal spouse, or your legal spouse has signed a waiver declining any en-

titlement to your pension. A SLO pension will be paid only during your lifetime.

If you want to provide for a beneficiary after your death you can opt for a pension that provides payments for fixed period of time – regardless of whether you are around to enjoy it! Under this option, anyone you elect can be declared the beneficiary and receive the pension for the balance of the guarantee period. The longer the guarantee period you choose, the more the reduction on your pension payment. Your annual Member Benefit Statement quotes this option based on a 10-year guarantee. However, you can choose as little as a 5-year, or as much as a 15-year option for this type of pension.

If you have a spouse, your annual Member Benefit Statement will quote a Joint Life Option (JLO). This

option provides a pension for your life and the life of your spouse. This pension is reduced based on a projection of the pension paid during your lifetime, and a projection of the pension paid during the lifetime of your spouse. You must choose this option if you have a spouse; provided that they have not waived their right to a lifetime pension. Your annual Member Benefit Statement quotes your JLO based on your spouse receiving 100% of your pension when you die.

The MPP provides regular pension seminars across the province to explain the various options available at retirement. These seminars are open to all Plan members regardless of age. Your human resources department should be able to provide the latest information on upcoming seminars in your community. It's never too early to start thinking about – or planning for – your retirement! R

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



INFANT DEVELOPMENT PROGRAM SUPERVISOR  
MICHAELA WOOLDRIDGE'S JOB JUST GOT HARDER

## Champion for children

**AFTER 20 YEARS** working in infant development, first as a Consultant dealing directly with families and then as a Clinical Supervisor, Michaela Wooldridge knows her field very well. She knows what constitutes best practices, and how these have evolved, and keep evolving, over the years. She knows about the studies that show, overwhelmingly, how effective early intervention is for developmentally challenged children. And she knows, perhaps best of all, how families need and value the supportive, personalized services her program provides.

As a result, Wooldridge also knows how det-

PHOTO: SANDY CARTER

rimental recent funding cuts to the Provincial Infant Development Program (IDP) are likely to be.

In September, the Ministry for Children and Family Development abruptly cut off funding to the IDP provincial office. This leaves the 53 IDPs throughout BC in the very challenging position of maintaining professional standards without the leadership and the many services provided by the provincial office.

"My job just got a lot harder," says Wooldridge, who shares the supervisor position at the Peace Arch Infant Development Program, which serves White Rock, Delta and Surrey. "And that will filter down to families."

The Provincial Office maintains and updates the provincial manual of practice which sets out standards for the programs, it provides training twice-yearly, houses a library, and maintains a website for clients and staff. "They are always keeping us up to date as the science changes. And they provide opportunities for us all to get together from across the province twice a year. The peer support is so valuable. And that will be gone. It's a huge loss," says Wooldridge.

Wooldridge cites the example of Alberta as proof that cutting the Provincial Office is shortsighted. "Ten years ago they dismantled their provincial structure and went to a regional structure. Within a couple of years they had lost 50% of their Infant Development Programs, so now, 10 years later, they are rebuilding a provincial structure."

**IDP CONSULTANTS** work in the homes of families with developmentally delayed babies, providing a wide range of support aimed at helping families provide a loving and developmentally encouraging environment for their children.

Working in the home has huge advantages, says Wooldridge. "We are going into what we know is the child's first and most important con-

text. We directly influence child development by supporting and enriching the context in which they are raised.

"Our approach is unique in that it is relationship-based. In other words, we are partners with parents, recognizing that they are the experts on their children." Parents are the greatest influence on children, she points out. "What they do on a day-to-day basis is the most important thing."

The first step for an IDP Consultant going into home is a thorough assessment, involving the parents as much as possible. After that, the services will vary according to the type and severity of developmental delay and the specific needs and priorities of the family.

"We may be providing modifications to daily routines; for instance, if the child is slow to develop motor functions such as crawling, sitting or walking, we'll give ways to work with the child directly or to adapt the environment. We'll provide motivational toys to encourage the child to become mobile, develop balance or negotiate the environment – for instance, not run into walls.

"When there are lots of other professionals involved, we help the parents manage that. We can guide them through the medical system, get them referrals to diagnostic processes, and access therapies. We'll help them find the services they really need, not just what seems to be available.

"There are also children with severe disabilities, where all the information says this child is not going to progress very far. So we have to help them deal with grief and loss. A lot of that is hand-holding the parents' hearts and helping them see and delight in the small progressions in their child." At the far end of this spectrum are terminal diagnoses that call for palliative care, where developmental goals are put aside and whole focus of the IDP Consultant's work is supporting the parent-child relationship.

Wooldridge was drawn to the field because she wanted to work with very young children and their parents. "When you are involved at the very beginning, when those early relationships are being established, it has lifelong implications."

Wooldridge has a Bachelor of Arts with a major in developmental psychology, and is currently attending graduate school, working towards a Masters of Arts in Human Development.

The job prerequisites for an IDP consultant include, as a minimum, a four-year degree in a related field as well as experience working with children and families. Specific training, for instance in how to use assessment tools, is provided on the job – often either directly by, or guided by, the soon-to-be-defunct provincial office.

The IDP field has been underfunded for a long time, Wooldridge points out, and the newest funding cut will just make things worse.

The Surrey-White Rock Infant Development Program has had the longest, most persistent wait lists in BC for many years, says Wooldridge. "Our mandate is birth to three. In the distant past we were able to be responsive immediately and we got in to see newborns. But for the last 15 years the reality has been an average wait of six to eight months. For newborns, that is their whole life. We do have weighted priorities based on children's needs but those are overwhelming. Now we're having to prioritize the priority cases."

Without the support of the provincial office, the challenges will only get bigger. Nonetheless,

**"WE ARE PARTNERS WITH PARENTS, RECOGNIZING THAT THEY ARE THE EXPERTS ON THEIR CHILDREN."**

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SOCIAL WORKER DARWIN WREN  
BELIEVES IN GETTING INVOLVED

## Community builder

by LAURA BUSHEIKIN

PHOTO: DAVID BIEBER

**FOR SUCH A BUSY MAN,** HSA member Darwin Wren comes across as remarkably calm. Perhaps that's because he's very clear about what is at the heart of his many different activities.

"Building community is what it is all about," he says. "I really love helping people, advocating, and making my community a healthier place."

Wren lives these values every day in his professional life as a counsellor. Since 2007, Wren has served as the Mental Health and Addictions Team Leader for Mental Health Services in Tumbler Ridge, a northern British Columbia community of about 3000 people. As well as carrying an active case load himself, he oversees two offices, one in Tumbler Ridge and one in nearby Chetwin.

Wren also volunteers with a number of non-profit organizations, is an enthusiastic HSA activist, and, as of a year ago, an elected member of the Tumbler Ridge municipal council.

"It's all the same, really – the work I do in my office, the volunteer work, and the union work," he says. "It's about giving, contributing. It's so rewarding."

Wren's heartfelt commitment to building community comes from his upbringing, he says.

"I grew up in a small farming community in Southern Alberta. There were about 500 people, and everyone always pulled together and did what was needed to get the job done. There was always collaboration and cooperation; it was never just the work of one individual that got things done. That was a big factor in who I've become."

Wren moved to Tumbler Ridge from Alberta in the mid 90s. He soon began working as a counsellor for the Mental Health and Addictions Services, which is run by the Northern Health Authority, and a couple of years later he took on the Team Leader position.

He got involved in community life right away, coaching minor sports and becoming a board member of the Tumbler Ridge Daycare Society.

"I've got two young boys, aged two and five. I believe it's every parent's responsibility to make

their community the type of place they want their kids to grow up in. That's why I got involved," he says.

Once he'd lived in Tumbler Ridge long enough to get to know local issues, history and people, he was ready to take his involvement to the next level, and ran for Town Council – successfully.

"It's been a great experience being able to see it from that side. I've been part of making changes in the community that have been very satisfying," he says.

**TUMBLER RIDGE**, he explains, has a unique history that has given rise to some very specific local issues. The town was built over a three-year period starting in 1981, when a number of coal mines began operating in the area. Then, when mining dried up at the end of the 1990s, many of the original inhabitants moved away. Real estate prices dropped dramatically, and there was a corresponding influx of retired seniors, drawn by the affordable homes.

"But the town wasn't designed for seniors," explains Wren. "There's a lot of work to be done in terms of programs for seniors." The municipality is making headway, he says. "We've recently secured 12 housing units for low income seniors and people with disabilities. We're making the town more livable for these people."

Wren is also active with a non-profit organization called the Tumbler Ridge Care Society, which addresses needs such as transportation to health care services (quite an issue given the isolation and climate of Tumbler Ridge), and emergency shelter for women.

"There are a lot of different things that go on in a small community. You can become as involved as you want, and you can really have an impact. I really love living in a small community," he says.

HSA is another community Wren loves being part of. Soon after joining, he signed up for

steward training. "That was some great training. Then I went to my first convention about three years ago. That was another great experience," he says.

Wren was a member of the Alberta Union of Provincial Employees in the late 80s and early 90s. "That's where the roots of my union activism come from, back in the days of Ralph Klein. Those were challenging times for front line workers trying to advocate for those who sometimes don't have a voice of their own."

When he moved to Tumbler Ridge, Wren hadn't been in a union for a number of years; he had taken a break from health care to work in heavy industry (where he had led an unsuccessful attempt to unionize). His HSA experience felt like a homecoming. "I got back in touch with the whole union movement – that whole sense of camaraderie and community.

"HSA is a very welcoming organization, very professionally run, it's got exceptional staff and the training is some of the best union training I've ever had. I'm proud to be part of it."

Since joining HSA, Wren has served as Chief Steward at his site, attended a number of training sessions, and most recently has signed up as a representative to his region's upcoming bargaining conference. In early November he was elected to the bargaining committee for health science professionals.

Wren has no plans to slow down, although he is mindful not to compromise his time with his family. Burn-out, he says, is not an issue for him.

"If you're doing what you love doing, it doesn't burn you out. It's a matter of focusing on the positives, and in this line of work that means

"IF YOU 'RE DOING WHAT  
YOU LOVE DOING, IT  
DOESN'T BURN YOU OUT."

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## Darwin Wren

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realizing that you may not see your successes. You don't always hear the stories of those who get counselling and then go on to do really well. You end up focusing on the ones who have many relapses along their journey. But that doesn't take away from your successes," he says.

As long as there are injustices in our society, as long as there are people needing support, Wren will be deeply motivated to help. He shares a story to illustrate this: "It was the first morning of the HSA convention. We were staying at the Fairmont Hotel in downtown Vancouver. I went out early one morning for a walk and there was a young fellow – I will never forget this. He was hoping to get a dollar or two from people passing by. I don't know how old he was – oh, maybe 20. I stopped to chat with him and I noticed he only had one shoe. I asked, 'What happened to your other shoe?' It was a really moving thing he told me...that he didn't have any shoes the day before and he was thankful for just having one." Wren pauses for a long moment. When he speaks again his voice is a shade huskier.

"It's an emotional thing to talk about. That we've got that level of disparity in a province that has so much. When you walk out of a hotel of that magnitude and have an encounter like that, it's a real eye opener." **R**

## Michaela Wooldridge

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says Wooldridge, the funding cuts have not compromised her team's commitment to running an effective, professional program that will provide meaningful support to the families of developmentally delayed babies. Although she admits to feeling cynical about the government's understanding of, and support for, her field, she has no such doubts about the value of her program.

"No matter what, those of us working in this field know we can make a difference to somebody," she says.

For more information about the Infant Development Program, the implications of the funding cuts, and links for writing letters of protest, go to [www.idpofbc.ca](http://www.idpofbc.ca). **R**

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

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

**OR EMAIL:**  
[memberlist@hsabc.org](mailto:memberlist@hsabc.org)

MEMBER # (AT TOP LEFT OF MAILING LABEL)		CHANGE OF ADDRESS		
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# Provincial government needs to start being open and honest

**I'D LIKE TO CONGRATULATE DELEGATES** to the recent Health Science Professionals Bargaining Proposal Conference held in Vancouver in early November. I was very pleased when they voted to make "protecting quality health care" one of their top priorities for the bargaining process that starts in earnest next year.

It proves that we're not kidding when our members describe themselves as "the union of caring professionals." The upcoming negotiations will seek the best possible contract, with improved wages and benefits, but it's more than just that. HSA is serious about its commitment to provide quality health services to patients, and we're ready to speak out to defend the health care system itself.

Make no mistake: the health care system needs champions right now.

After promising time and again to protect health services during the spring election, Premier Campbell and Health Minister Kevin Falcon are now using the economic challenges facing BC to make deep cuts and make changes that will make it harder for people to get the health care they need.

They have been secretive and obstructive at every step in their approach. As noted in this edition of *The Report*, a recent survey of HSA membership shows that they do not trust the Campbell government when it comes to managing the health care system. Small wonder, after introducing cuts despite promising not to, and given that these short-sighted cuts will cost more later, revealing that their agenda has nothing to do with reasoned cost control.

Bargaining is very much a part of their plan for changing the health care system, and unfortunately their approach to negotiating with us looks just as confrontational. When the government first indicated they

## Maureen Headley



Headley

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were planning to cut \$360 million from health services, they assured HSA we would be consulted and involved in the process.

That hasn't happened.

Too often, meetings take place after key decisions have been made. In some cases, HSA is given information only minutes before the public announcement.

It's a deliberate strategy to exclude the union from real consultation and limit the political damage of the cuts.

It also tells us they aren't prepared to be honest with us. And that's a very serious obstacle to achieving a fair settlement.

It's too late for the provincial government to keep its election promises about protecting health care services. That damage has already begun, and the human and financial costs will be with us for years to come.

But it's not too late for them to start being open and honest about what they plan next – including bargaining.

If they chose not to be, HSA will have no choice but to become more vocal in our efforts to inform the public about the consequences of the cuts being made and the costs to the health care system.

Either way, we're going to fight the layoffs and the cuts, not only to protect our members, but to protect the health care system all British Columbians depend on. **R**

*Maureen Headley is HSA's executive director of legal services and labour relations.*

## Suzanne Bennett

# 20 postcards to mark 20 years

**DECEMBER 6, 2009** marks the 20th anniversary of the Montreal massacre of 14 young women at the Ecole Polytechnique, and the labour movement across the country is speaking out to make sure that as time passes our memory of that horrific day and the need to end violence against women is not forgotten.

Since 1991, after MP Dawn Black (now an MLA representing the riding of New Westminster) successfully had a private member's bill passed marking December 6 as the National Day of Remembrance, the sombre anniversary is marked as a call to continue the fight against violence against women.

This year, HSA's national union, NUPGE, is making a special effort to focus attention on the issue of violence against women – at home and in the work place.

Women living in violent situations often lack the financial resources to leave. Their situation is frequently compounded by low wages, cuts to social assistance and inadequate funding for women's services and shelters.

As community social service and health care workers, HSA members too often witness the short term and life-long consequences of domestic violence. As a union made up of more than 80 per cent women, we know that our members experience violence at home, as well as at work.

Ironically, as the anniversary approaches, the federal government is working to get rid of one of the only measures taken to reduce gun violence against women – the national firearms registry.

To help commemorate the 20th anniversary of the Montreal massacre and renew the call for change, the Canadian Labour Congress (CLC) has developed a postcard campaign which it officially launched on November 16. The campaign, entitled 20 days 20 ways to end violence against women, encourages activists to send one postcard a day to the Prime Minister for 20. Postage is



Bennett

AS COMMUNITY  
SOCIAL SERVICE  
AND HEALTH  
CARE WORKERS,  
HSA MEMBERS  
TOO OFTEN  
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AND LIFE-LONG  
CONSEQUENCES  
OF DOMESTIC  
VIOLENCE.

free to the Prime Minister's office.

The postcards call on the government to keep the gun registry and focus on various areas of action, such as:

- Funding for women's services, shelters and organizations.
  - Pay equity, employment insurance, social assistance, minimum wage, pensions
  - Housing, education and child care.
  - Aboriginal women, young women and women with disabilities.
  - Violence in the workplace, good jobs and public services.
- I encourage you to participate in the postcard campaign, and tell Prime Minister Stephen Harper that violence against women has to be fought on several levels, including ensuring the safety of Canadian women and girls and establishing women's equality through financial equity and strong social programs.

HSA has already distributed many sets of the postcards, and has more available. Please send an email to [pmccormack@hsabc.org](mailto:pmccormack@hsabc.org) to request a set.

*Suzanne Bennett represents Region 1 on HSA's board of directors and chairs HSA's Committee for Equality and Social Action.*



# Health Sciences Association

## The union of caring professionals

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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# THE Report



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(from left) Agnes Jackman, Bruce MacDonald, Janice Morrison, Heather Sapergia, Rachel Tutte, Joan Magee, Suzanne Bennett, Marg Beddis, Val Avery, Reid Johnson. (inset) Kimball Finigan.



# Summary of scholarships and bursaries available through HSA

**HSA'S EDUCATION COMMITTEE** oversees various programs, and one of their happiest duties every year is selecting HSA's scholarship and bursary award winners. The committee also oversees subsequent disbursement.

The Education Committee receives hundreds of applications each year. Rachel Tutte, the Education Committee chair, advises members and their children to submit their applications in plenty of time. "Make sure your application is complete," she said. "Your statement of interest and an essay are very important to the selection committee."

HSA's Education Committee is made up of Members at Large elected at HSA's annual convention, and chaired by a member of the Board of Directors, with staff support from HSA's Education Officer.

In addition to the above, HSA members and their children are eligible to apply to various scholarships from the National Union of Public and General Employees, as well as the Canadian Labour Congress, including:

- Terry Fox Memorial Scholarship
- Tommy Douglas Scholarship
- National Union Scholarship for Aboriginal Canadians
- National Union Scholarship for Visible Minorities

**HSA SCHOLARSHIPS:** Ten HSA scholarships of \$1000 are open to students who are continuing or proceeding to a full-time program of studies in any field leading to a recognized degree or diploma at any public post-secondary educational institution. Applicants must be an HSA member in good standing at the time of application, or be the son or daughter of an HSA member. The scholarship is awarded on the basis of academic achievement, a statement of interest and an essay about unions.

**HSA BURSARIES:** HSA offers both full-time and part-time bursaries. Twenty HSA bursaries of \$1000 are

available to students who are continuing or proceeding to a full-time program of studies in any field leading to a recognized degree or diploma at any public post-secondary educational institution. An additional four bursaries of \$500 are available to HSA members. Applicants must be a member in good standing of HSA at the time of application or be the son or daughter of an HSA member. The bursary is based on financial need, a statement of interest and an essay about unions.

**ABORIGINAL SCHOLARSHIPS:** Two \$1000 scholarships are open to Aboriginal students from BC who are continuing or proceeding in any HSA field leading to a recognized certification, degree or diploma at any college, university or other post-secondary educational institution. Primary consideration will be given to residents of BC attending a BC post-secondary educational institution. The scholarship is based on financial need, a statement of interest, special circumstances and commitment to pursuing education in an HSA-related field.

Compared to the number of applications received each year for other HSA scholarships, we receive very few applications for the Aboriginal scholarship. HSA's Education Committee asks HSA members to encourage eligible students in their communities to apply for this scholarship.

**MADDEN MEMORIAL EDUCATION FUND:** The Madden Fund was established in 1984 following the death of Joe Madden, who was HSA's Assistant Executive Director from 1974 to 1984. Through the Madden Memorial Education Fund, HSA provides financial assistance to members attending external labour education programs.

*See HSA's website at [www.hsabc.org](http://www.hsabc.org) for details, as well as for application forms.*

**Application forms for HSA scholarships and bursaries are available at [hsabc.org](http://hsabc.org)**