

THE Report



On October 2, we're running for the cure.
The rest of the year we're capturing it.

Farewell Jack



LIKE AN INCREDIBLE NUMBER OF CANADIANS, I felt a personal connection to Jack Layton.

Of course we could count on him to stand up for the things that matter to our membership and all Canadians. In 2005, in spite of helming a caucus far smaller than the breakthrough group elected just a few months ago, he cannily forced the Liberal government to divert \$4.6 billion in funding towards much-needed investments in education, public transit and affordable housing.

A strong supporter of public health care and the HSA members who make it work, he advocated tirelessly to hire more health care professionals, shorten wait times, and improve access to home care, long-term care and prescription medicine. In his final campaign he committed to negotiating a new ten-year health accord with the provinces that would guarantee a strong and consistent contribution by the federal government and insist that provinces make a clear, monitored and enforced commitment to respect the principles of the Canada Health Act and to the modernization of health care.

But it goes beyond that.

Whenever I met Jack, he'd shake my hand, lean forward, look me in the eye and ask me how I was doing, what was on the minds of HSA members, and what we thought about particular developments in health care and politics. It wasn't just that he was well-informed about health care issues and the priorities of HSA members; Jack had that rare ability to connect easily with the people he met, even if only briefly. Even though he met daily with dozens if not hundreds of people, when you spoke with him he made you feel like you were the most

IT WASN'T JUST THAT HE WAS WELL-INFORMED ABOUT HEALTH CARE ISSUES AND THE PRIORITIES OF HSA MEMBERS; JACK HAD THAT RARE ABILITY TO CONNECT EASILY WITH THE PEOPLE HE MET, EVEN IF ONLY BRIEFLY.

important person in the room.

He extended this respect even to his political opponents. While he never backed down from what he believed, and spoke strongly in opposition to the things that made life harder for ordinary Canadians, he never gave into the spite, anger and personal invective that has come to characterize so much of our politics, and has discouraged so many voters.

Jack Layton has left us all a towering legacy of public policy achievements. But it is this lesson on how to treat each other that is perhaps most important of all. **R**



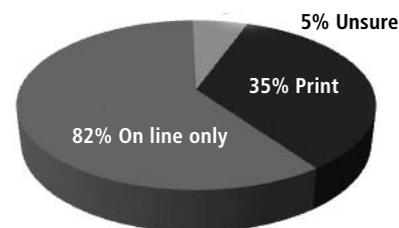
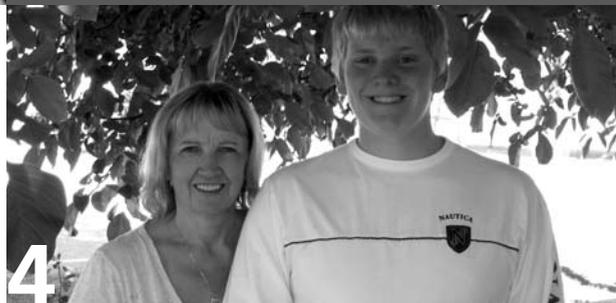
“Our members believe strongly in a public health care system that has a bright future, partly because of the innovation our members bring to it, and we wanted to make that a big part of these ads.”

REID JOHNSON - PAGE 10

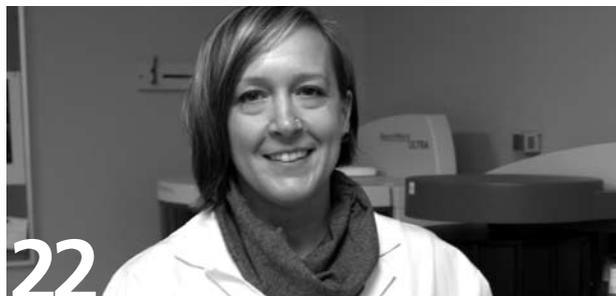
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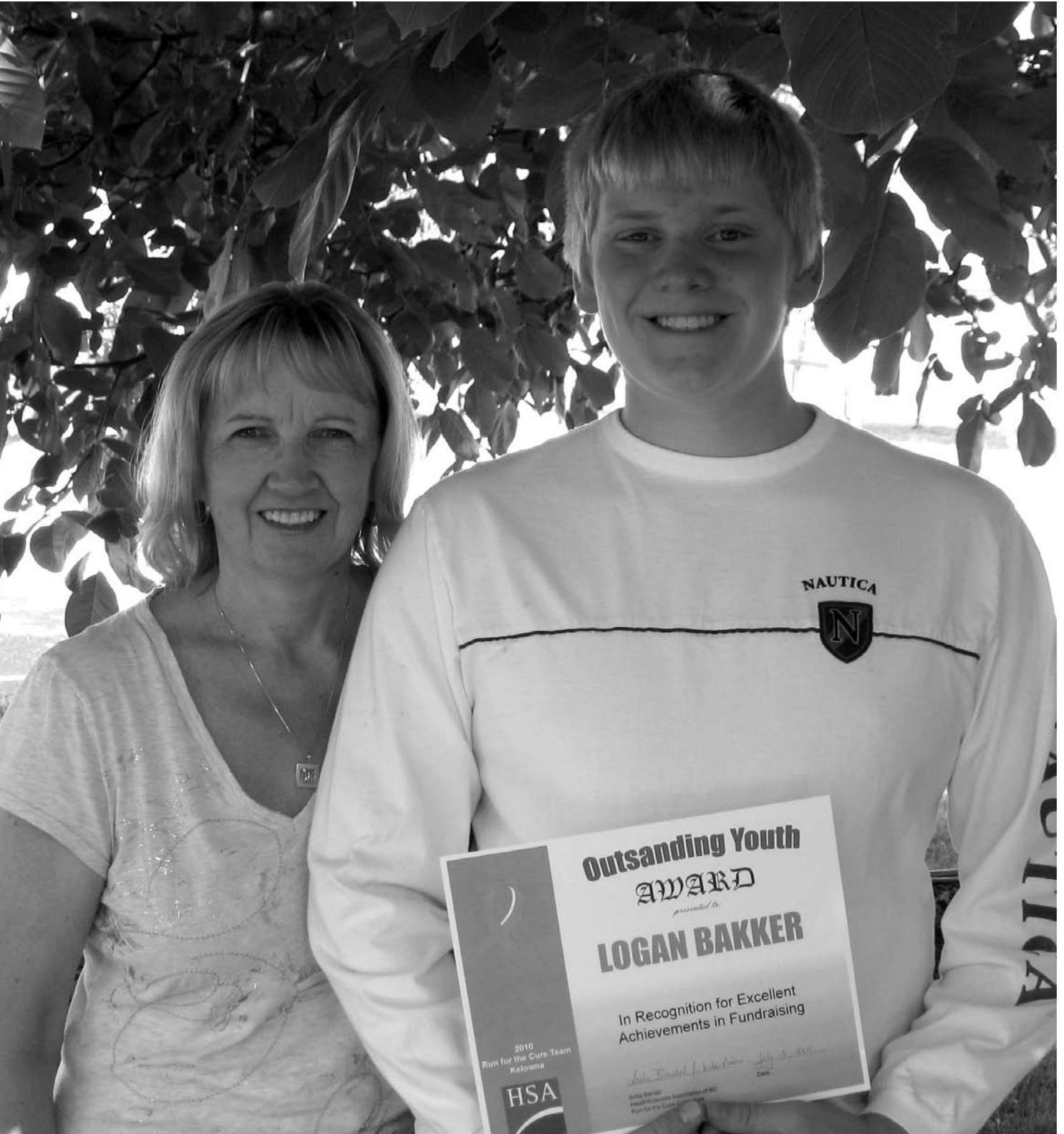
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Runs in the family

Logan Bakker is the first recipient of the HSA Outstanding Youth Award for Run for the Cure, a new award given to a young person who joins an HSA Run for the Cure team and raises the most money.

Logan, seen here with his mother Connie Bakker, a speech language pathologist at Kelowna General Hospital, was 13 years old when he joined the HSA team in Kelowna for last year's run and raised \$590, a total surpassed only by two experienced members of the 16-member team.

"I want to help solve some of the problems in the world," explains Logan, who says his mom suggested that Run for the Cure would be a good cause. He set up a personal web page on the Run web site and sent email requesting donations, a simple tactic shared by other participants who have been able to bring in a lot of donations. Logan has set an excellent example for his older brother and sister, who have both supported causes within Canada and around the world. Last Christmas, the Bakkers bought a goat for a third world family.

This year will mark Logan's third Run for the Cure.

Peters elected to Board

A by-election in Region 8 has resulted in members electing Allen Peters as their representative on the HSA Board of Directors. Allen is a medical imaging technologist at Nicola Valley General Hospital in Merritt.

Allen is currently the chief steward at his worksite, and the HSA representative on the Interior Health Authority Violence and Aggression Committee. He previously served as a Member-at-Large for Region 8 for several years, and during this time participated in several HSA committees including Education, Occupational Health and Safety, Resolutions and Political Action.

Allen is a recipient of HSA's David Bland Award for his extensive work in occupational health and safety. He was also a member of the Bargaining Committee that negotiated the 2006 Health Science Professionals Bargaining Association collective agreement.

Practice leadership redesign at VCH

Members are advised that a significant practice leadership redesign is underway at Vancouver Coastal Health.

Members are encouraged to stay informed about the initiative and HSA's advocacy for members during this process by visiting hsabc.org under the "member services" tab; "VCH 2011 Redesign." For information, contact vch2011redesign@hsabc.org.

2011 HSA constitution updates on line

Constitutional amendments passed at the recent convention have been posted on line. In previous years, the revised constitution was mailed to all members. This year, for environmental reasons and to save postal expense, the new constitution can be downloaded as a PDF at hsabc.org. It is also being mailed to all stewards.

HSA investigates concerns about on call and call back hours

Members concerned about requirements for on call and call back work were invited to participate in a series of meetings hosted by HSA in August. In addition, HSA has conducted a survey of members around the province.

Feedback from the meetings and the survey will inform a report by the Insufficient Off-duty Hours Working Group. They will release their recommendations at the end of September.

Many health science professionals have expressed concern that they have dangerously little rest between shifts because they are required to be on call and work call-backs.

As part of the new collective agreement, the employer and unions have committed to a working group to review current practices and provide recommendations.

Support for French-language health care in BC

ALMOST 62,000 FRANCOPHONE British Columbians speak no English at all, and while Canada promotes access to services in our two official languages and over 300,000 British Columbians speak French, unilingual Francophones can have a very hard time finding health care services.

Access to health services in one's own language is a contributing factor to the quality and security of health services, particularly when the well-being of patients requires developing healthier habits or following treatment and drug regimens.

That's where RésoSanté Colombie-Britannique comes in. A Francophone non-profit organization that supports the development, integration and sustainability of French-language health services in BC, RésoSanté works closely with Health Canada and with health care field representatives to find ways to improve the quality of health care services for Francophones in BC.

RésoSanté helps in two major ways: helping patients find French-

speaking health professionals and helping professionals brush up on medical French. Their on line direc-

tory currently lists more than 350 French-speaking health professionals around the province. **R**



12,000 copies of this directory of French-language health care services are distributed in all regions of the province. It is also regularly updated and made available online.

R

If you'd like to know more about RésoSanté, view their directory of French-language health care professionals, or if you're interested in adding your services to the directory, visit resosante.ca.



2011 Regional Meetings

HSA'S ANNUAL fall regional meetings will be held in late September and October 2011.

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

This year, the day-long regional meeting will be followed by a day-

long bargaining preparation meeting for chief stewards and other representatives of HSA members covered by the health science professionals collective agreement, which is set to expire in March 2012. Each bargaining preparation meeting will include election of delegates to the HSA HSPBA Bargaining Proposal Conference, scheduled for

November 20 – 22 in Burnaby.

Registration forms for the regional meetings, as well as the bargaining preparation meetings, can be found on HSA's website. You must be a registered user of the website to access the regional meeting information and registration forms. To register, follow the easy registration steps at hsabc.org. **R**



Participants at the 2010 Regional Meetings included Adesh Kahlon, Rick Lascelle, Region 3 Director Bruce MacDonald, Region 7 Director Marg Beddis and Christin Lumsden (left).

SCHEDULE OF 2011 REGIONAL MEETING AND BARGAINING PREPARATIONS MEETINGS

Region	Regional Meeting Date	Regional Meeting Location	HSP Bargaining Preparation Meeting Date	HSP Bargaining Preparation Meeting Location
10	Thursday September 22 8:30 - 4:00	Coast Inn of the North 770 Brunswick Street Prince George	Friday September 23 8:30 am - 4:00 pm	Coast Inn of the North 770 Brunswick Street Prince George
3 & 7	Tuesday September 27 8:30 - 4:00	Hilton Metrotown 6083 McKay Avenue Burnaby	Wednesday September 28 8:30 am - 4:00 pm	Hilton Metrotown 6083 McKay Avenue Burnaby
8	Thursday September 29 8:30 - 4:00	Coast Capri 1171 Harvey Avenue Kelowna	Friday September 30 8:30 am - 4:00 pm	Coast Capri 1171 Harvey Avenue Kelowna
9	Monday October 3 8:30 - 4:00	The Hume 422 Vernon Street Nelson	Tuesday October 4 8:30 am - 4:00 pm	The Hume 422 Vernon Street Nelson
4 & 6	Thursday October 13 8:30 - 4:00	Hilton Metrotown 6083 McKay Avenue Burnaby	Friday October 14 8:30 am - 4:00 pm	Hilton Metrotown 6083 McKay Avenue Burnaby
5	Tuesday October 18 8:30 - 4:00	Hilton Metrotown 6083 McKay Avenue Burnaby	Wednesday October 19 8:30 am - 4:00 pm	Hilton Metrotown 6083 McKay Avenue Burnaby
1 & 2	Thursday October 20 8:30 - 4:00	Tigh-Na-Mara 155 Resort Avenue Parksville	Friday October 21 8:30 am - 4:00 pm	Tigh-Na-Mara 155 Resort Avenue Parksville

PHOTOS: YUKIE KURAHASHI



The third thing

HSA PRESIDENT REID JOHNSON ON EFFORTS TO RAISE PROFILE FOR HEALTH SCIENCE PROFESSIONALS WORKING ALONGSIDE DOCTORS AND NURSES

The Report: *HSA is launching two ad campaigns in September. Tell us about them.*

Reid Johnson: Every year we place print ads in papers around the province promoting our involvement in Run for the Cure, and this year we've hired a new ad agency to freshen up our thinking. They've come up with a new look that gives profile to some of the professions involved in the breast cancer journey while reinforcing our position as the union delivering modern health care. The ads will run in print and on line, and I think both members and the public are going to like them.

The second campaign will build on the TV ads we launched last fall. We're going to run that ad again, and we've hired the same ad agency to come up with a companion piece that will help the public understand a little more about who we are and how our different professions work together to create harmony in the health care system. It's a very unique spot and I think it will be effective, especially when placed alongside the very popular ad we ran last fall.

Both ad campaigns are part of larger plan. Last year the Board decided that we needed to change our approach to advertising and embark on a longer-term program to

raise awareness of HSA, not just a one-off ad campaign. We're investing in higher-cost but more highly visible vehicles like TV ads, but we're also thinking hard about how we tell the public who we are, how we differ from other unions and other members of the health care team, and why we matter.

TR: *Do the ads deal specifically with our upcoming round of bargaining?*

RJ: No, they do not, and there is a very deliberate strategy here.

Over the last few years we've done quite a lot of research among members of the public, the media and HSA itself and we've found that HSA and the health science professionals we represent have very little visibility. When asked about the health care system, people talk about doctors and nurses right off the top. Then, after a little bit of thought, they start to describe this "third thing" – a group of professionals like pharmacists, physiotherapists, dietitians, medical laboratory technologists and so forth. The public doesn't know what to call this group of people, but they know we are there because everyone has had some contact with us, or knows someone who has.

Now, the high profile of the doctors and nurses shouldn't be too surprising. Doctors and nurses have been iconic figures in the popular imagination for the last 100 years or longer, and health science professionals are quite diverse and have generally been relatively recent or highly specialized additions to the health care team. So the problem we were finding is that when we spend members' money on ads delivering a very specific message about bargaining or problems in the health care system, people were confused because they didn't

THE PUBLIC COULDN'T HEAR THE HSA'S MESSAGE BECAUSE THEY DIDN'T KNOW WHAT TO MAKE OF THE MESSENGER.

WE NEED TO CHANGE THAT, BUT IT'S NOT A QUICK FIX.

know who we were. The public couldn't hear the HSA's message because they didn't know what to make of the messenger.

We need to change that, but it's not a quick fix. Doctors and nurses have a big head start on us. But we feel that a multi-year series of ads which explain who we are and how we fit into the health care system will pay off. By trying to build higher profile, we'll ultimately bring more clout at the bargaining table and be able to deliver more specific messages in campaigns down the line.

This is happening on more than the one level. In addition to the new positioning and ad campaigns, we've begun engaging in more aggressive government relations to ensure key decision makers know more about us. We're also taking a look at ways to rethink our media relations.

TR: *Is that why the new ad, like last year's TV ad, shows a very positive vision of the health care system?*

CONTINUED NEXT PAGE

HSA ads win more awards

The Canadian Association of Labour Media recognized HSA public advertising with a number of awards this year. Awards were given for best public advocacy on line video, best commercial radio ad and best website

design. HSA's work has already been recognized with an outstanding achievement award from Interactive Media, juried by an international range of judges from companies including American Express and Microsoft, and a 2010 award by Clio, one of the world's most recognized global awards competitions for advertising, design, interactive and public relations.

CONTINUED FROM PAGE 11

RJ: We don't shy away from being blunt about the problems of our health care system. We speak out every day to make sure the media and the public know that public health care has problems that need action, right now. But we're also concerned that by focusing only on the negative aspects of our health care system we may be partially responsible for public cynicism about it. We've found that Canadians are very conflicted about health care. On the one hand, they are incredibly proud of public health care and see it as fundamental to their identity. But on

the other hand they read every day about declining conditions and they've grown pessimistic about the future of public health care.

Our members believe strongly in a public health care system that has a bright future, partly because of the innovation our members bring to it, and we wanted to make that a big part of these ads.

TR: *Tell us about how we selected the new tagline: "the union delivering modern health care".*

RJ: The new tagline is the culmination of work the union has been doing for years. Our large and diverse membership has always required us to try to come up with creative ways to make our identity simple and memorable to the public and the media. Recently, we worked with some industry professionals who specialize in branding, marketing, media and public relations. In that process we recognized there are some fundamental ways our union and our membership stands out from others. We are highly-trained, highly-specialized and highly dedicated to our patients and clients. We are the people who bring the new tools and techniques to the health care system. And our diversity means that we are everywhere in the health care system – the glue that holds it together.

Wrapping that all together, the HSA and the health science professionals we serve are the people who bring the "modern" to the modern health care system. Without us, doctors and nurses would still be using the same tools they've been using for a century.

TR: *The new positioning puts a lot of emphasis on health care. How does this benefit members in the community social services?*

RJ: We believe it does benefit all our members, but of course we had to make some tough choices. We always have; with over 75 different professions we've traditionally mentioned or portrayed only a handful in our ads over the years. We consulted widely during the development of these ideas and there was widespread recognition that we had to carve things down to something simple, that it had to represent the majority of our members, and that ultimately all members benefit from the increase in profile and clout that results. **R**

We are highly trained
and highly dedicated.

We use the smartest and
most innovative tools and
techniques to advance
modern health care for all
British Columbians.

We are everywhere - the
glue that holds modern
health care together.



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

Members share information about ... sharing information

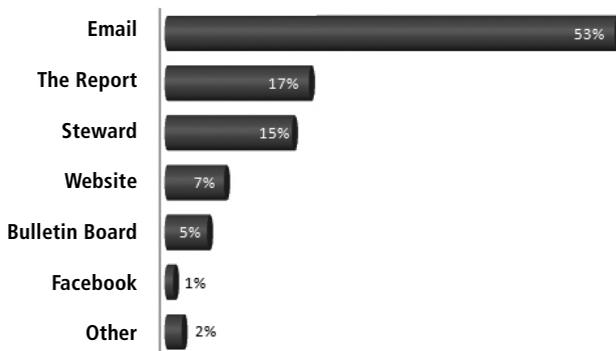
HSA MEMBERS LIKE TO GET THEIR INFORMATION by email, and don't currently spend a lot of time on the HSA web site. And while the vast majority of members read *The Report* in print form, a majority also believes *The Report* should be available on line only.

These are just some of the things we learned in a recent survey of members. In May, HSA randomly selected 600 members around the province to tell us how to do a better job of keeping them informed. The findings will guide improvements to our email bulletin system, *The Report*, a new web site, our social media strategy and all the other tools we use to make sure members can find the information they need.

MORE MEMBERS ON LINE

Overall, 78% of members report they are satisfied with the way HSA communicates with them. Not surprisingly, the vast majority of members (90%) have access to the internet and use it frequently, regardless of region. The majority also make regular use of Facebook (62%), while Twitter is currently used by only a tiny percentage (5%). Younger members use Facebook much more frequently. HSA is already making regular use of social

Preferred means of receiving information

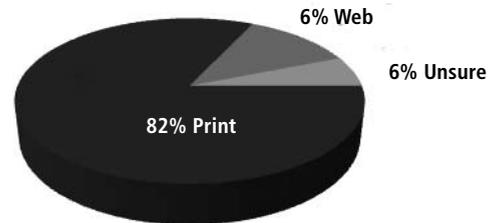


media to keep members informed of developments, and we'll be doing more to ensure that all members are aware

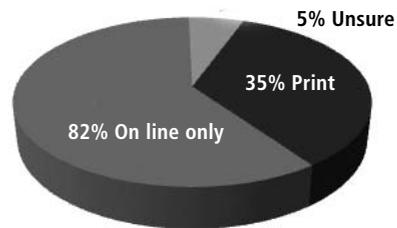
of HSA's presence on Facebook and other platforms.

While email is clearly the preferred means of getting information from HSA (see chart), we also learned that 42% of members do not currently get email bulletins from HSA. No doubt some prefer not to, but many members are not aware that they can subscribe to our bulletins at hsabc.org; we will be doing more to publicize this.

How members currently read *The Report*



How they say they would like to read *The Report*



THE REPORT: PRINT VS DIGITAL

While generally tending to get more information on line these days, members also say they get a lot of information from our member magazine – more than half say they get the majority of their news by reading *The Report*. Only a very small number of members currently read *The Report* on line at hsabc.org; 82% currently read it in print form. Interestingly, people seem to want to change their habits: while only 12% currently read *The Report* on line, 60% believe it should be published on line only. This will be factored in as we consider a new web site, and while we will continue to print *The Report*, we will investigate ways to make reading the electronic version more convenient. **R**

HSA Political Action Fund available to support members in upcoming elections

MUNICIPAL ELECTIONS ARE COMING SOON – AND A SNAP PROVINCIAL ELECTION COULD HAPPEN ANY TIME. IT'S IMPORTANT TO GET INVOLVED AND HSA WILL HELP

HSA MEMBERS THROUGHOUT THE PROVINCE who are running for office or working in municipal or provincial election campaigns this fall may apply to HSA for financial support from HSA's Political Action Fund.

MUNICIPAL, BOARD OF EDUCATION AND REGIONAL DISTRICT ELECTIONS

Elections in municipalities around BC will be held on November 19. Members who are candidates in a civic election may apply for up to five days of wage replacement and/or up to \$200 to cover approved personal expenses incurred to run for office.

Members who are working on a civic election campaign may apply for one day of wage replacement, but must confirm that they are donating at least 20 hours of their own unpaid time to work on the campaign. Additional paid time may be approved by HSA's Political Action Committee, for members in key campaign positions.

Members may apply for support if they are candidates or working in campaigns to elect any of the following civic positions:

- 1) mayor
- 2) councillor
- 3) board of education trustee (school trustee)
- 4) regional district electoral area director
- 5) Islands Trust trustee or
- 6) elected park board commissioner.

POSSIBLE PROVINCIAL ELECTION

As this issue of *The Report* goes to press in early September, there is considerable speculation about a snap provincial election that could be called before this issue even gets into the mail. If no election is called this fall, many observers believe one is likely in the spring. In either scenario, when an election is called the Political Action Fund will be available to members who are candidates or who work on an election campaign.

Members who are candidates may apply for up to 20 days of wage replacement and/or up to \$200 to cover approved personal expenses incurred to run for office.

Members who are working on an election campaign may apply for up to 20 days of wage replacement.

If a member receives wage replacement for any time during the actual election campaign period (from the day the writ is issued until Election Day), then Elections BC treats the full amount paid by HSA for wages and benefits as an election expense against the candidate's/constituency's campaign spending limit.

It is therefore essential that the provincial election campaign you wish to work with agrees to accept the entire value of the wage replacement for which you are applying during this time period. The campaign manager or financial agent **MUST** sign your application to indicate acceptance of this amount, or your application will not be considered. If the campaign you wish to work for does not yet have a campaign manager or financial agent, then please contact Carol Riviere at the HSA office.

Members working on a provincial election campaign

prior to the beginning of the election period (before the writ drop) or following Election Day may also be eligible for Political Action Fund support. Contact Carol Riviere at the HSA office for more information on support available during these time periods.

CRITERIA

HSA is not affiliated with any political party. HSA provides financial support to members to run for office or to work on election campaigns, only where the candidate and the party or slate with which the candidate is running – if any – demonstrate support for all of the following:

- a) a positive role for the public sector;
- b) the principles of the Canada Health Act;
- c) free collective bargaining for public sector employees; and
- d) progressive occupational health and safety legislation.

TRAINING

Limited support is also available to assist members to attend training to equip them to run for office or work

in election campaigns. Please contact Carol Riviere at the HSA office for information about applying for this support.

APPLICATIONS

Members applying for support to run or work in an election campaign must complete the relevant application for municipal or provincial elections (additional copies are available on HSA's website at hsabc.org in the member's section under "resources". You must be a registered user of the web site to access the applications; please call 604-439-0994 or toll free 1-800-663-2017 if you need assistance. Send completed applications by e-mail, fax or regular mail to Carol Riviere at the HSA office.

Members are encouraged to apply as soon as possible, as applications will be considered in the order they are received, while funding remains available. Early application may also assist members approved for leave to actually schedule this time off work.

For further information, please contact Carol Riviere, HSA Communications Officer, at criviere@hsabc.org or call 604-439-0994 (toll free 1-800-663-2017). **R**

Take part in Constituency Liaison training in early December

Want to help raise the profile of HSA and the work we do? Become a Constituency Liaison.

Constituency Liaisons are a dedicated group of volunteers who raise the profile of HSA and health science professionals by providing regular briefings to MLAs of all parties.

HSA's Constituency Liaison program began as a pilot project back in 2003. Starting with just six participants, the program has grown to involve almost 60 members who meet with their MLAs to discuss issues affecting our members' working conditions and the

services they provide.

HSA will be hosting a special one-day training session December 6 on government relations for current Constituency Liaisons and members who are interested in getting involved in this important program.

If you'd like to attend the training session or get involved in the Constituency Liaison program, please contact Carol Riviere, HSA Communications Officer, at criviere@hsabc.org or call 604-439-0994 (toll free 1-800-663-2017).

Tentative agreement reached in community social services

AS THIS ISSUE OF THE REPORT GOES TO PRESS, members in the community services are voting on a tentative agreement reached at talks in mid-August between the Community Social Services Union Bargaining Association and the Community Social Services Employers' Association (CSSEA).

"More than 10,000 people work in social services," said HSA President Reid Johnson. "These employees do the essential work of supporting women, children, youth and individuals with disabilities all across the province. Their work is crucial to the most vulnerable in British Columbia.

"As members in the Health Science Professional bargaining Association well know, the government has imposed a strict 'net zero' mandate. This sector, already struggling to meet the increasing needs of their clients, is hit especially hard by the government's inflexibility.

"After two years of difficult bargaining in a tough economic climate, a strike vote, and tough negotiating, the bargaining team managed to meet key bargaining demands with no concessions," Johnson said.

Highlights of the tentative agreement include:

- improving job security with continuity of service agreement and better bumping language
- improvement to posting and job selection language
- increase in strength of health and safety language such as bullying
- a \$600,000 retraining grant.

HSA's Board of Directors has voted to recommend members vote 'yes' in favour of the tentative agreement. Key bargaining demands were met, as the tentative agreement improves job security and fair work practices for workers, such as bumping, job selection language and bullying. In addition, the government has approved

a \$600,000 retraining grant for workers in the sector.

The tentative agreement was supported unanimously by the multi-union bargaining committee, and was reached without third-party involvement for the first time in the sector's bargaining history.

"THE GOVERNMENT HAS IMPOSED A STRICT 'NET ZERO' MANDATE. THIS SECTOR, ALREADY STRUGGLING TO MEET THE INCREASING NEEDS OF THEIR CLIENTS, IS HIT ESPECIALLY HARD BY THE GOVERNMENT'S INFLEXIBILITY."

Union members showed tremendous patience and solidarity throughout a very lengthy and often frustrating process. To back-up their bargaining demands, members returned an 82% strike mandate on 30 May.

Details of the agreement and the ratification process were provided to members in August, and a comprehensive report, developed by your bargaining committee, was distributed in early September. Ratification votes are now being held throughout the province.

The tentative agreements cover community social service workers in Community Living Services and General Services. Negotiations to conclude the outstanding issues for the Aboriginal Services collective agreement will commence in late September.

The BCGEU is the largest union in the community social services sector, representing about two-thirds of workers. CUPE, HEU, HSA are the next largest followed by CLAC, UFCW, USW, CSWU and BCNU. There are 220 employers represented by the Community Social Services Employers' Association. **R**

KEY ELEMENTS OF TENTATIVE AGREEMENT

No Concessions

Wages and benefits

- No wage increases.
- No improvement to benefits.
- No increase to reimbursed expenses like transportation allowance.
- Negotiations for non-provincially funded positions to commence this fall.

Employment security

- Improved lay-off and recall rights, including a better lay-off process and improved bumping options and recall opportunities.
- Protections for workers when government re-tenders service contracts between agencies.
- Education and training fund of \$600,000 to support workers impacted by cuts to services and jobs.

Fair work practices

- Privacy protections for employees on sick leave.
- Clear and fair job selection process with improved seniority rights for lateral transfers.
- Expedited dispute resolution for job selection grievances on lateral transfers.
- Beefed up anti-bullying protection

BACKGROUND

BC's community living sector in crisis

IN 2010, COMMUNITY LIVING BC (CLBC) began ordering budget cuts and “service redesigns” across the sector to reduce its operating expenses by \$22 million. With new demands, rising costs and frozen budgets, ongoing cuts continue, and even deeper cuts will be required to accommodate new pressures in the coming years, unless urgent action is taken by the Provincial government to address the growing and systemic crisis that is unfolding.

HUMAN COSTS

Appropriate choices and support options to meet the range of needs have been eliminated, creating severe suffering and hardship for many individuals and families. The very real risks and impacts to human health, safety and wellbeing are not being effectively monitored or publicly reported.

Families, who provide the vast majority of lifelong supports for adults with developmental disabilities, are collapsing under the crushing burden that they are being asked to shoulder all alone.

HOW YOU CAN HELP:

- **Visit communitylivingaction.org:** Learn more about the crisis in community living and how you can help.
- **Share your stories:** If you have personally experienced negative impacts relating to budget cuts, underfunding, service redesign and/or ineffective monitoring and oversight, please contact communitylivingaction@gmail.com. All information is kept in strict confidence unless you explicitly ask that it be shared.
- **Take action:** Visit the action page for tips on writing a letter to Premier Christy Clark, contacting your MLA or communicating with local media to support the campaign. **R**

Are you affected by helicopter fumes?

STUDIES NOT CONCLUSIVE BUT HSA MEMBERS REPORT VARIETY OF SYMPTOMS

BY MARTY LOVICK

EVERY DAY, HELICOPTERS TAKE OFF AND LAND at work-sites staffed by HSA members. The helicopters are a vital means of transport for the most critically sick and injured, but they are also a source of fumes which may be making staff themselves sick.

In early 2011, HSA members at 11 sites with functioning helicopter pads were surveyed about the effects of these fumes. Over 400 people responded, the vast majority of whom work at Vancouver General Hospital, Women's and Children's Hospital, Royal Columbian Hospital and the Royal Jubilee/Victoria Cancer agency complex.

Here are the highlights of their responses.

- The majority experienced fumes in their workplace and more than a third had been experiencing them for more than five years.
- 30% reported experiencing fumes on a weekly basis, and 35% on a monthly basis.
- Respiratory symptoms, headaches and nausea are the most common symptoms reported. Over 100 people reported these symptoms.
- Symptoms can last from a few minutes up to more than a day.
- Only 46% of these members reported the symptoms to their supervisor or safety committee and the reports were mainly verbal. Only two people had seen their physician and one lost time.
- 75% of those reporting said nothing was done about the situation.

To date, WorkSafeBC has not focused on this issue be-

cause the medical literature is inconclusive about any lasting negative health risks caused by exposure to jet fuel fumes. Employers either tell staff to "just put up with it" or argue that the landing pads are not their responsibility.

WHAT SHOULD YOU DO?

Exposure to fumes which produce symptoms should be reported to supervisors. Health Authorities have an exposure reporting process and WorkSafeBC is introducing one. HSA strongly encourages members to report such incidents. If time off is necessary, workers should attend their physician and file a WorkSafeBC claim.

Although there is no literature available to dispute the contention that there are no long-lasting effects from fumes, the fact that people are temporarily affected and even disabled must be acknowledged. Outside of BC, healthcare sites have tried a number of approaches to minimize the fumes: shutting down air intakes when helicopters are scheduled, notifying staff so they can leave the building on a break and even relocation of pads. Interestingly, there has been no concerted effort to canvass patients as to the effect of fumes on them.

WHAT HSA IS DOING

HSA will continue to monitor the issue and has asked that the affected sites keep a regular tally of the number of exposures. This data will support remediation efforts. As well, the union will continue to review any literature which might provide support for stronger action.

For further information or discussion, contact Marty Lovick at mlovick@hsabc.org or 604-439-0994. **R**

Violent incidents go underreported

SURVEY OF MEMBERS REVEAL SOME BELIEVE VIOLENCE IS PART OF THE JOB

BY MARTY LOVICK

“VIOLENCE”, ACCORDING TO WORKSAFEBC regulation 4.27, is the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes and threatening statements or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

Members working in acute psychiatric units, long term care, mental health and addictions, and community mental health have long experienced significant problems with violence in the workplace. Earlier this year HSA surveyed members to find out more and completed 444 interviews.

The breakdown of responses by professions was

- acute care psychology: 40%
- community mental health: 30%
- mental health and addictions: 27%
- long term care: 3%

Highlights of the responses include:

- 139 people reported being the victims of violence at work; some as many as ten times over their career. Many were aware of cases that were unreported.
- 85% of respondents said they knew they had the right to refuse unsafe work but only a handful indicated they would do so.
- 75% said their supervisor encouraged them to report but only 50% of those reports resulted in action.
- Members identify staff to patient/client ratios as a problem given the rise in acuity and complexity.
- Members are concerned about problems with physical layout and the lack of policies and protocols.

The survey also revealed that members are underreporting incidents of violence because they:

- feel aggression and violence are part of the job
- put clients/patients first

- feel guilty for reporting
- are not supported when they do report

It is important that members report all incidents of violence, and that's why HSA is working with the health authorities and other employers to raise awareness of the need to prevent violence with proper training, supervision and policies. The union participated with several violence prevention committees and investigate individual cases on a site-by-site basis. When a risk assessment reveals the potential for violence in a particular workplace, members are reminded of the WorkSafeBC regulations which must be in place.

These regulations can be paraphrased as follows:

- The employer must establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence, and if elimination of the risk is not possible, minimize the risk. (4.29)
- An employer must inform workers who may be exposed to the risk of violence of the nature and extent of the risk. (4.30)
- An employer must also provide information related to the risk of violence from persons who have a history of violent behavior and whom workers are likely to encounter in the course of their work. (4.30)
- An employer must instruct such workers in the means of recognition of the potential for violence, the policies and procedures which have been developed to minimize or control the risk, the appropriate response to incidents of violence including how to obtain assistance, and the procedures for reporting, investigating and documenting incidents. (4.30) **R**

R

When in doubt about a situation or work practice affecting health and safety at work and unable to receive adequate information on site, members can contact Marty Lovick for more information at mlovick@hsabc.org or 604-439-0994.

NEED HELP?

HSA's experts are available to assist

1. Contact your union steward first regarding workplace concerns. At most facilities, a list of your stewards is posted on your union bulletin board. You can also find your steward's contact info on HSA's website – just click "contact" then "find your steward".
2. For regional labour relations issues, or if your steward can't help, contact the HSA office and speak to a labour relations officer: toll free 1.800.663.2017, or 604.439.0994 in the Lower Mainland.
3. For all provincial, national, or union policy issues, contact your elected regional director (listed on the back cover).

ANNUAL GENERAL MEETING



Municipal
Pension Plan

**Plan to attend and learn
more about *YOUR*
pension plan.**

WEDNESDAY, OCTOBER 12

**Hilton Vancouver Metrotown
6083 McKay Avenue
Burnaby, BC**

Starting at 9:30 a.m

**Also available by webcast at
mpp.pensionsbc.ca**

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

MEMBER # (AT TOP LEFT OF MAILING LABEL)

CHANGE OF ADDRESS

SURNAME

GIVEN NAMES

FACILITY / WORKSITE(S)

NEW HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TEL. ()

WORK TEL. & LOCAL ()

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact HSA's privacy officer. The full HSA privacy policy is available online at www.hsabc.org.

Are your pension contributions going to increase?

BY DENNIS BLATCHFORD

I work in the Community Social Services sector. Our work-site was enrolled in the Municipal Pension Plan (MPP) early last year. In June I received my first annual statement from the Pension Corporation. I noticed that I was credited with 12 months of contributory service; but only 11.30 months of pensionable service. My employer informs me that my sick leave during the year was not reported as pensionable earnings; hence the discrepancy. Is this correct?

Actually, under the Municipal Pension Plan rules, paid sick leave is eligible for pensionable service credits. Referred to under the general umbrella of 'Short-Term Disability Benefits', (STDB) paid sick leave or weekly indemnity benefits should be reported to the Pension Corporation based on your normal work schedule and salary prior to the date of the disability. This applies whether you are paid by the employer, (which you are) or from another source like an insurance company or a benefits trust.

What if I'm not receiving full pay while on sick leave? Our collective agreement only covers 80% of my normal salary while on sick leave.

Even if you are not receiving your full salary while on a STDB, your pensionable service accruals and contributions should still be based on your normal salary and schedule prior to the date of disability. If for some reason the period you were away from work were deemed

non-pensionable, (i.e. you ran out of sick leave) you would still be eligible to purchase this service under an unpaid leave. Your employer should notify you if that is the case.

At the end of the day, your pension will be calculated largely based on your pensionable service accruals. So plan members should be vigilant that any time eligible for pensionable service accruals is properly accounted for. That's why it's important to review your annual statement to ensure you have been properly credited for all eligible service. If your pensionable service accruals don't seem to add up, you need to take your concerns to payroll for clarification. If you are still unsatisfied, you can check with the Pension Corporation that the rules were properly applied.

Pensionable service accruals and STDB's is a somewhat complex area because of the variance of sick leave practice and programs across the many sectors of the Municipal Pension Plan. Because of the inconsistency of practice, the plan's policy was changed in 2008 to clarify the criteria for reporting STDB pensionable service accruals. Your employer should have the updated policy and should be following it.

I am also interested in knowing if I can expect further contribution increases for my pension; as a worker in a lower wage sector it gets tougher and tougher to get by. My take home pay is lower as a result of the July increase in pension contributions.

The contribution increase that took effect on July 1st

CONTINUED PAGE 25

R

Do you have questions for HSA's pensions & benefits advocate?
Contact Dennis Blatchford at dblatchford@hsabc.org



Artist in the laboratory

NADIA GALE AND HER COLLEAGUES SEE THE PERSON BEHIND THE TISSUE SAMPLE

BY LAURA BUSHEIKIN

WHEN LABORATORY TECHNOLOGIST Nadia Gale heard she'd won the Medical Technologist/Technician Award for Continued Professional Development, conferred by the Canadian Association of Pathologists this spring, she was of course thrilled – not just for herself, but for all laboratory technologists.

PHOTO: DAVID BIEBER

“I was really pleased that our profession was getting some higher-level recognition. There are

some awesome lab techs in the lower mainland and this sent the message that we are doing a great job,” says Gale.

“And I was especially honoured that the award came from the Canadian Association of Pathologists. That’s who we work for. Our job is to make their lives easier so they can make timely and accurate diagnoses.”

Gale is the histopathology section head at BC Cancer Agency. The job offers plenty of variety: her responsibilities include scheduling,

ordering, budgeting, supervising, hiring, regular statistical analysis, monthly quality reports, and plenty of hands-on work in the lab, helping when things are busy, and filling in on sick and vacation days.

“As well, I’m pretty involved in quality control and maintaining continuous quality improvement,” she says.

Histopathology, sometimes called histology or anatomical pathology, deals with tissues, as opposed to hematology which works with blood. Gale’s department is responsible for processing tissues (collected through biopsies) so that the pathologist can examine them in order to make diagnoses and decide treatment. Speed and accuracy are crucial.

One of the challenges of the job, says Gale, is maintaining a sense of contact with the patient. She and her colleagues are in fact two steps removed from the patients – they work with the pathologist, who then works with the clinician, who interacts with the patient.

“We try to treat every sample as if it were a family member’s sample. We ask ourselves how we would treat this if it were our mother, husband or son.

“In health care we hear a lot about not getting too emotionally involved but in our case it’s the opposite. We need to get more personally involved because we never see a face, as compared to people who see patients day after day all day. So we imagine the face, the person and their life, and the stress they must be going through,” she says.

To explain why she went into histology, Gale, rather paradoxically, explains that back in high school she was more interested in arts than science: “In high school I thought I’d end up being a writer.”

She excelled in English, but when she graduated she chose to go into science, mainly because it offered more career options. After completing

“HISTOLOGY APPEALS TO THE MORE ARTISTIC SIDE OF ME. IT’S VERY HANDS ON, WE STAIN THE MICROSCOPIC TISSUE SECTIONS AND SOME ARE QUITE BEAUTIFUL. YOU HAVE A PRODUCT AT THE END OF THE DAY, SOMETHING YOU CAN LOOK AT AND FEEL PROUD OF.”

her first year of a BSc program at University of Waterloo she recognized that she loved lab work and switched to the BCIT medical laboratory technologist program, where she quickly realized that histology was her favourite part of lab work.

“Histology appeals to the more artistic side of me. It’s very hands on, we stain the microscopic tissue sections and some are quite beautiful. You have a product at the end of the day, something you can look at and feel proud of,” says Gale.

As section head, another thing she can be proud of is continuous improvement in her team’s work. To make this happen, she needs to keep learning, and keep integrating what she has learned into her workplace. Her success in these endeavours is what garnered her the award from the Canadian Association of Pathologists.

“I took a couple of different courses in 2010. One of them was called the Foundational Health Care Leadership Program, offered by the Provincial Health Services Authority to provide extra education to front line leaders,” she says. She also studied to become a certified “Lean”

CONTINUED PAGE 25

Labour Councils: working together to build our communities

BY CAROL RIVIERE

WHEN WE HEAR ABOUT LABOUR ORGANIZATIONS in the news, it's often about unions going on strike. Sometimes we hear about the Canadian Labour Congress lobbying the federal government on national issues like improving pensions, or the BC Federation of Labour pressuring the provincial government to improve the lives of working families.

But the face and the voice of labour within our own community is really our local labour council.

In the mid-Nineteenth Century, when it was illegal to belong to a union, workers met in the homes of their local labour leaders. These secret gatherings became our first labour councils, and they established the foundations for universal public education, and an end to child labour and the six-day work week.

Today, the CLC coordinates the work of more than 125 labour councils across Canada. Activists from many different unions work together through their local labour council to educate and organize employees, support people on strike, promote social and economic justice, and elect representatives who support the values of working families.

HSA is a proud member of the labour movement, the CLC and the BC Federation of Labour. HSA encourages and supports chapters to affiliate to their local labour councils, and members to serve as labour council delegates.

Region 1 Director Anne Davis, is a long-time del-

A one-day workshop for HSA's labour council delegates will be held at the HSA office on November 4.

egate, and currently president, of the Campbell River, Courtenay and District Labour Council.

"Labour council is a place where I can work with other union activists on the issues that matter in my community," says Davis. "Things like sustainable jobs, improving worksite safety, keeping public services public, getting a real child care program and improving employment standards so that all working people – whether they're unionized or not – have decent working conditions."

HSA chapters will hold steward elections during the fall. This is also the time for chapters to consider affiliating to their local labour council, and to nominate new, as well as confirm existing, labour council delegates. HSA pays all affiliation fees, and provides training and support for members to serve as delegates. A one-day workshop for HSA's labour council delegates will be held at the HSA office on November 4. This will be a great opportunity for new delegates to learn about their role, and for experienced delegates to share their knowledge and plan their labour council work for the coming year.

"I really urge HSA members to get involved in your local labour council", says Davis. "You have a lot to offer, and it's a great opportunity to work with members of other unions on important issues."

R

For more information on affiliating your chapter to your local labour council, or becoming a delegate, contact Carol Riviere at 604-439-0994, toll-free 1-800-663-2017 or criviere@hsabc.org.

Nadia Gale

CONTINUED FROM PAGE 23

leader (Lean is a management style intended to lead to greater efficiency).

As a result of what Gale learned, she led a series of Rapid Process Improvement Workshop events at her workplace. These led to small but significant changes that improved her section's performance.

"For instance, one thing we did was stagger our working shifts, and had two technologists come in at earlier times in the day. This small change helped the work flow so we could get results out to the pathologist the same day rather than having it take overnight," she explains. This, and other small steps, created a synergistic effect which led to "huge increases in work efficiency," she says.

Gale's passion for her work, and her leadership abilities, are also reflected in what she chooses to do in her free time: for three years, she has been a team captain for the BC Ride to Conquer Cancer. This involves organizing a team of about 30 cyclists who join close to 2900 others for a 250 km ride from Vancouver to Seattle, over two days on Fathers' Day weekend.

The ride is a fundraiser for cancer research. Last year her team, called Team OvCaRe, raised \$76,809, which they channeled specifically toward ovarian cancer re-

search. The BC ride raised \$11.1 million altogether in 2011, contributing to the Canadian total of \$43.9 million, making this the largest cycling fundraiser in the country.

Gale is already looking forward to the 2012 ride.

"It's really amazing when there are so many like-minded people together, all doing something challenging, for someone else. By doing the ride, I've met some amazing people I would never have known otherwise. I love the stories, the friendships, and the inspiration I get from those people.

"Everyone has been touched by cancer. It feels good to be able to make a difference," she says.

The ability to contribute is exactly what she loves most about her work.

"The best thing about it is feeling that I have a positive impact on patient care in the province, even though I'm behind the scenes," she says. It's especially nice when this impact gets recognized by a national medical association. **R**

Pension Q and A

CONTINUED FROM PAGE 21

was the first increase since 2005. It was based on the latest valuation report that was done at the end of 2009 and the next one will take place at the end of 2012. So, if an increase is required based on the results of the 2012 valuation, it would not likely take place until sometime in 2014. Hopefully by that time the bargaining cycle will achieve some wage increases to off-set future contribution increases.

Obviously the future is hard to predict, but these are volatile economic times and it will be a challenge for any

pension plan to ride out the market uncertainties without requiring contribution increases at some point to off-set low investment returns. Balancing affordability and value is one of the key issues identified by the MPP trustees as an important long-term priority for your pension plan. For now though, you will not likely see contribution rates increase. **R**



Region 6 Director and Run for the Cure Committee Chair
Anita Bardal (light-coloured shirt) at the 2010 Run.

A passion for finding the cure

WHEN ANITA BARDAL CAME HOME THAT DAY, there was a voice mail from her doctor waiting for her.

Bardal, a radiation technologist at St. Paul's Hospital and director for Region 6, was awaiting biopsy results with outward calm, "but I felt a sense of dread. How bad was this? What was my life expectancy? Would I see my daughters grow up?"

It was breast cancer, but they caught it early. "I have regular check-ups," she says. "When I turned

40 I added annual mammograms to my list of 'must-dos.'

Her daughters were scared. She sat them down, told them what to expect. "I told them I have breast cancer, but it's treatable. Mommy's not going anywhere.

4 STEPS TO GET INVOLVED

1. Go to www.cbcbf.org
2. Register and choose your Run site city
3. Join a team
4. Beside National Team Affiliation: choose HSA and search for the team
5. Join the team

"I'm going to be here tomorrow and the day after that, and yes, you still have to do your homework." Her journey to health was harder, and longer than expected, but she knows it could have been much worse. "If I hadn't kept proactive about my breast health, it wouldn't have been so treatable."

That's why Bardal is so passionate about HSA's involvement with Run for the Cure.

HSA first chose to support the Canadian Breast Cancer Foundation (CBCF) and become an official sponsor of Run for the Cure back in 1998. It was a natural fit; 85% of our members are women, and health science professionals including mammographers, ultrasonographers, cytotechnologists and laboratory technologists, dietitians, nuclear medicine technologists, radiation therapists, pharmacists, psychologists, physiotherapists, occupational therapists and social workers all work on the front line of breast cancer care. Run for the Cure allows us to demonstrate our commitment to finding a cure for this disease while raising the public profile of the work we do daily to fight it.

Each year, HSA gives \$35,000 to CBCF while our members make their own donations by taking part in Run events around the province. Last year alone members raised \$39,302.

These efforts have not only helped reduce the breast cancer death rate by 30% since 1986, they have provided HSA with higher profile and more opportunities. HSA President Reid Johnson chairs a working group looking at health provider workforce issues for the CBCF BC/Yukon division as part of a larger initiative known as the 2020 Task Force: The Future without Breast Cancer. HSA board member Val Avery also sits on the Board of Directors for the BC/Yukon division of the CBCF.

As a health science professional, chair of HSA's Run for the Cure committee and as a breast cancer survivor, Bardal urges members to sign up and participate in the run on October 2.

"You can get involved right on HSA's web site at hsabc.org or at cbcbf.org." **R**



Back to the table

AS THIS ISSUE OF THE REPORT WAS GOING TO PRINT, HSA members who work in the community social services sector were preparing to vote on a tentative agreement reached after almost two years at the bargaining table.

The agreement, like every other provincial public sector agreement in BC in the past two years, was reached within the confines of the government-imposed “net-zero” mandate. That is, any improvements to terms and conditions in the agreement had to be achieved without affecting the bottom line. Simply put, if \$100 worth of benefit was put into the contract, there would have to be \$100 worth of savings from the contract.

The members of the Community Social Services bargaining committee were at the table for almost two years achieving a tentative collective agreement that they felt they could put to the members for ratification. It was the first time a tentative agreement had been reached in the sector without the assistance of a third party arbitrator or mediator, and the first time a sector bargaining committee recommended unanimously approval to the members.

Shackled to the very restrictive mandate, unions across the public sector have managed to squeeze out important improvements for members in the past two years. But, as the saying goes, you can’t get blood from a stone. The coming round of bargaining promises to be a difficult one as the government is sure to plead poverty, and insist that public services including health care and education must continue to suffer from lack of consistent funding.

Combined with the defeat of the HST in the summer referendum and an international downturn in the

economy, governments will count on the general public to buy the message that we all have to tighten our belts and ride the economy out.

But as HSA delegates to the April convention said in passing a resolution forwarded by the Board of Directors, a continuation of the “net-zero” mandate is completely unacceptable.

HSA will join with other unions representing public sector workers in developing a united front that demands the end of the “net-zero” mandate that eliminated any possibility for true, unrestricted free collective bargaining.

In September and October, in conjunction with the union’s annual regional conferences, the union will hold one-day workshops for stewards and activists to consider a strategy for collective bargaining. Later in the year – at the end of the November – members of the HSPBA bargaining committee will be elected at the Bargaining Proposal Conference. Bargaining priorities for the other sectors with HSA members – including community health, and community social services – will also be developed this fall and winter. Registered psychiatric nurses, represented under the Nurses’ Bargaining Association, participated in setting priorities over the past few months.

I encourage all members to participate in upcoming local chapter meetings to set priorities for bargaining at all the tables. Details will be posted on the union website at www.hsabc.org. **R**

Jeanne Meyers in acting as Executive Director of Labour Relations and Legal Services.



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

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