

History of the HSA



HSA began in 1971 with nine health science professional disciplines at two Lower Mainland hospitals.

The union now represents more than 20,000 health care and social services professionals in hospitals, child development centres, transition houses and other community agencies around the province. From an organization of professionals who traditionally negotiated their own salaries (that began in part because members wanted to avoid being a union), HSA now bargains in concert with others and sets as its goals nothing less than the preservation of public health care in Canada.

The first 25 years

HSA was formed in 1971 by representatives from a number of groups, including dietitians, medical record librarians, pharmacists, physiotherapists, occupational therapists, social workers and X-ray and laboratory technologists. Individually each group had a small voice. Collectively, they formed a strong organization that could have an impact.

HSA has 'Association' rather than 'Union' in its name because of historical roots. Although always legally a union, originally HSA's constitution guaranteed that its members would not strike. This was because members viewed strike as a conflict with their responsibilities to their patients.

In 1975, after negotiations had continued for six months without even a wage offer from the employer, members at the annual convention angrily voted to remove the "no-strike" clause. Within two weeks the employer presented an offer.

Since that time, the controversy between "professional" and "union" members has diminished; HSA members have learned that HSA and the law make ample provision for the safety of patients even in the event of a strike, and that the final responsibility for safety and patient care rests with the employer.

Another significant step in HSA's evolution occurred at the 1981 annual convention. The previous year the BC Nurses' Union obtained a contract which put its members' wages 11 per cent ahead of HSA's members. In a demonstration of determination to regain comparable wages, HSA members voted to increase their union dues from \$10 monthly, to \$25, and to put that money into a defence fund to provide strike pay or other means that could help regain comparability.

The 1982 annual convention brought about two major changes in HSA. First, members changed the traditional Executive Council representation from a basis of occupational discipline, to one of geography. In HSA's early days, there were ten disciplines which made up the membership, and these disciplines each elected Councillors. With growth in sophistication of technology and membership, the number of paramedical groups included in HSA grew dramatically and the system of discipline representation was inadequate. Therefore, at the 1982 annual convention, delegates overwhelmingly agreed to change to a system of regional representation.

The second issue concerned delegate representation at the annual convention. The previous system allowed any member to attend convention and vote on the issues. The debate was heated but, in the end, the convention voted to adopt a system where all members could attend and speak at convention, but only delegates could vote on the issues.

At the 1986 annual convention, HSA members decided to join the National Union of Public and General Employees. This decision gave HSA a national voice on issues that affect the education, health, and economics of union members and society as a whole.

By far the single most important event of 1986 was the HSA's first strike for the Master Collective Agreement, which won the best contract settlement in the public sector.

In 1987, HSA fought Bill 19, the anti-labour legislation ushered in by the newly elected provincial government under Premier Bill Vander Zalm. HSA members around the province participated in a one-day walkout opposing the legislation. HSA, as well as other unions, boycotted the legislation until the Bill was withdrawn in 1991 by the NDP government. That same year, HSA convention delegates decided to join the BC Federation of Labour.

In 1989 bargaining focused on the issue of pay equity. A study commissioned by HSA showed that wages of HSA's female members with similar qualifications to men were, on average, 24 per cent behind male wages. In time, HSA reached a tentative settlement with HLRA (Health Labour Relations Association), just as the BCNU walked out for what was to become the longest strike in the history of BC public health care. HSA and HEU members respected the BCNU picket lines but felt frustrated when a high number of nurses continued to work under their essential services agreement with HLRA. The nurses strike was finally successful due to the strong support from both HEU and HSA.

Wage controls hit again in 1991, with the Socred government's Compensation Fairness Act. The new program, like the 1983 wage controls, kept public sector wage settlements behind the rate of inflation. Thus, HSA found itself questioning its role in the broader context, beyond collective bargaining and "bread and butter issues." The 1991 convention delegates endorsed a position paper which recommended that the union become involved in political and human rights issues because "Every time we promote fair labour legislation or better health care policies, we engage in politics."

A change of provincial government in 1991 brought radical changes to health care. Traditional acute-care services were transferred to community clinics. This restructuring meant the loss of thousands of jobs in the acute-care sector as government moved health care services to the community and reduced the number of available hospital beds.

The health care unions urged an orderly transition to community-based care. The government responded, and negotiations among the unions, the employers and the government began in early 1993. In July, an

Employment Security Agreement was ratified by members of HSA, BCNU and HEU. For three years health care workers enjoyed what might be termed 'relative stability within the throes of major change.' The Health Labour Accord - the full name for the process which guaranteed virtually no layoffs, job retraining, job sharing and fully paid re-education, with the operations handled by local committees which included union representatives - gave labour a voice in the changes which affect its destiny.

As a result of health care reform in BC, the Health Sector Labour Relations Commission (also known as the Dorsey Commission, or Bill 48) was appointed in January of 1995. The recommendations of the commission included a reduction in the number of unions in the health sector from 19 to seven. HSA became part of a bargaining association with the BCGEU representing paramedical professionals in health care. This meant HSA would gain members and lose members. Some HSA members in all-employee certifications had to vote to pick another union to represent them, as they could not be part of the paramedical professional bargaining unit. Paramedical professionals in other unions such as CUPE and the Professional Employees' Association chose to join HSA. Registered psychiatric nurses in the health sector also chose HSA to represent them.

In March 1996, HSA prepared for hard bargaining. The primary issue sought by all health care unions was a new Employment Security Agreement and once again, the employers' group - now renamed the Health Employers Association of BC - resisted. BCNU, HEU, HSA, the BCGEU, and the International Union of Operating Engineers, all took positive strike votes. The government stepped in, appointed mediator Vince Ready and proposed legislation - Bill 21 (the Education and Health Collective Bargaining Assistance Act), which forbade strikes and lockouts and allowed Ready, now appointed Industrial Inquiry Commissioner, to make recommendations which could be imposed as a settlement. Following a provincial election which returned the NDP to office, the government imposed a settlement which extended employment security for one year after displacement and referred several contentious items to employer-employee committees to be resolved by early 1998.

Gaining influence

Over the years, HSA gradually increased its influence. And the union truly became an activist one when members voted to make the position of president a full-time job, according to former HSA president Reid Johnson.

"The watershed moment in terms of HSA being more of an activist union and less passive was really in 1997 when Cindy Stewart went from being a part-time president to a full-time president," Johnson said.

"It brought the members' perspective to the day-to-day administration of the union but it also allowed more time and effort for the president to build relationships in the broader labour movement, to be more active in social advocacy, in policy development and the small-p political side of influencing decision-makers."

The result was that from 1997 on, more members began to realize they could have an effect on the policies governing their working lives, such as health, social services and budgetary policies. Being full-time allowed HSA's president to become a labour leader in the broader sense, with involvement in the BC Federation of Labour and on a national level through the National Union for Provincial and General Employees (NUPGE), as well as the Canadian Labour Congress (CLC).

HSA increased its lobbying efforts and let the government know it wanted a greater role in discussions on the direction of health care and community social services.

"The members saw that the world around them was changing - and they asked the president and the board to make more inroads into the political sphere," Johnson said.

"I remember the first time we bought a table at an event for [then Health Minister] Penny Priddy. There was a lot of discussion about how appropriate that was for HSA." But it was a very effective meeting, Johnson recalled, with the minister coming to understand HSA's issues and signalling HSA's new role advocating for its members in the political arena.

An increasing number of members joined in local activities, becoming delegates to labour councils and lobbying local politicians and health boards.

"We started putting more resources into occupational health and safety and engaging in more advocacy," including greater emphasis on workers' compensation claims, Johnson said.

The pace of the activities reflects the union's growth in numbers over the years, mirroring the expansion of the public health sector - despite government cutbacks - and new members choosing to join HSA.

"We've also become more active with the professional associations our members belong to," says Johnson. "It's in our constitution that we seek to build relationships with those associations. More and more we're trying to find ways to work together on common issues."

In its 25th year, HSA also became involved with the BC-Yukon Branch of the Canadian Breast Cancer Foundation's Run for the Cure, the annual national fundraising event to support research to eliminate breast cancer.

It only makes sense, as then Region 8 director Maureen Ross wrote in the November/December 1998 issue of The Report: "85 per cent of our members are women. One in nine women is diagnosed with breast cancer, and breast cancer also strikes two per cent of men.

"Often it is HSA mammographers who make the first diagnosis; it is sonographers who assist with the biopsy that goes to the cytotechnologist who reads the slide.

"After the diagnosis it is HSA radiation therapists and pharmacists who plan radiation and chemotherapy treatment, HSA physiotherapists and occupational therapists who aid in the physical recovery of the patient, and HSA social workers and psychologists who counsel the patients," she noted.

In 1997 HSA became an official sponsor of the event and that relationship has continued and grown. Today, Johnson is a member of the Foundation's Task Force 2020, which has that year as the target to ending the life-limiting effects of breast cancer. He chairs a working group on the healthcare workforce.

While HSA continued to build its profile as a health care advocate, the union continued to advocate for members.

In 1998, nine months of frustrating negotiations and a strike led to the appointment of mediator Brian Foley. His subsequent report formed the basis for a 1999 collective agreement accepted by 94 per cent of health science professionals represented by HSA. While adhering to the government's "zero, zero and two per cent" formula, the contract defended the classifications system against employer-demanded concessions, improved language governing work hours and assignments, improved seniority portability, provided money and improvements to Long Term Disability and extended care, and applied all provisions of the agreement to the members in community services.

That year HSA held the first bargaining proposal meeting of the community and social services employees in early May. Members sought to narrow the wide gulf between wages paid in that sector and those for similar or equivalent jobs in the health care sector. HSA declared that a key objective in bargaining was "levelling" the wage gap, following on repeated promises by the provincial government to address the inequity.

Members in the social services sector had to strike for 11 weeks in their pursuit of that goal. By late May 1999, they reached an agreement that, in the words of HSA negotiator Julio Trujillo, was historic because it would remove the wage divide. The BC Liberal government would subsequently tear up this agreement, leading to anger and disappointment across the sector.

Johnson can testify to the wage gap. He saw his pay increase by 30 per cent after moving from a social work job in the community to one in a local hospital, doing essentially the same work. "Social services has been the poor sister for a long time. We've got hundreds of members in the sector who are woefully underpaid. The system is grossly underfunded. We're making some headway, but it's slow."

With a tradition of trade unionism growing, HSA members were increasing their expectations of how they could make a difference in and through their union.

Growing stronger together

In 1994, the organizing model of trade unionism was adopted at three facilities. The name refers to a system developed by the American Federation of Labour in 1988, replacing the “top down” style of unionism whereby stewards and labour relations officers assist members, to one in which members themselves solve many of the problems of the workplace. By 2000, members at nine facilities were trained in the advocacy and facilitation techniques required for the organizing model.

Having chafed under government restraint in the latter 1990s, members were seeking substantial wage gains in 2001. Frustrated by the employer’s refusal to engage in meaningful talks, HSA members launched a series of “rolling strikes” between May and June that garnered national media attention and highlighted the various roles and critical importance of HSA professions.

The newly-elected provincial Liberal government legislated a cooling-off period in the dispute between the Paramedical Professionals Bargaining Association and the Health Employers Association. After weeks of stonewalling from HEABC, members’ frustration again boiled over – this time into defiance of Bill 2, the back-to-work legislation. They walked out July 23 for two days of job action that ended after the government petitioned the BC Supreme Court to find the health science professionals in contempt of a Labour Relations Board order prohibiting strike action.

What particularly galled HSA members was HEABC’s two-tiered wage proposal. Yet that was what the government imposed on August 7. “After that job action, we – through our national union and the Canadian Labour Congress – brought a complaint to the International Labour Organization [under the United Nations]. They investigated and sanctioned the Liberal government. It wasn’t enforceable, but certainly it recommended change,” Johnson recalled.

“That was really pioneering for HSA in that this ILO sanction created an international stir and brought attention to this Liberal government. In many ways we’d matured as an organization when our executive met and ratified an illegal job action – and by the second day even more members were off the job. Our members are passionate about their jobs and their patients. They are slow to anger, but the employers and the government managed to force us to take a stand. Our willingness to stand up to them showed we’d come of age in some way. It was a proud moment in HSA’s history and another benchmark for us.

“After that, we negotiated a basic rollover contract in 2004,” Johnson relates. “We did get some basic contract language improvements that we wanted.” In 2006 the government settled a four-year agreement with several public sector unions to cover the period through the 2010 Winter Olympics. “We won a lot of really good things in that collective agreement. We got some reasonable wage increases but also they started to fix the wage split between our members, at our insistence.” Additionally, HSA joined the employer’s LTD plan and achieved “decent wage increases.”

With yet another lesson about political action under its belt, HSA moved forward in 2003, with the development of a constituency liaison program that assigned individual members to develop relationships, share information, and lobby government and opposition MLAs. “Our members weren’t used to doing that,” said Johnson. “But we’ve seen the benefit in that individual MLAs are more educated about who we are and what we do.”

Involvement in the political process as an important tool in educating decision makers continued. The July-August 2004 issue of *The Report* cites HSA board discussions regarding the union’s expanding role in political activism. HSA endorsed the BC Federation of Labour’s campaign of member-to-member contact, subsequently entitled “Count Me In.” The board reported on the expanded membership of the union’s political action committee and endorsed a senior citizens’ campaign to defend medicare. A political action fund was announced in 2005 offering financial support to HSA members running in municipal elections.

In 2004, HSA joined with the BC Federation of Labour in a campaign against four years of cutbacks to benefits and occupational health and safety regulations of the Workers’ Compensation Board (now WorkSafe BC). That year, 134 workers died from injuries and illnesses caused at work. The campaign aimed to educate communities about the effects of the cutbacks.

"It's been interesting to watch as our activists have seen the benefit of becoming more political," Johnson observes. He credits HSA's affiliation with the BC Federation of Labour, and the National Union of Public and General Employees (NUPGE) and through it to the Canadian Labour Congress for greatly increasing the union's scope. "Through that we have influence on what our country does nationally and internationally. Also NUPGE belongs to Public Services International, and through that we have awareness and input into how public services are delivered and how public services unions are operating around the world."

In 2002 the BC Liberal government imposed the notorious Bill 29, under which the government tore up existing contracts with health unions and handed large sections of public health care services to private corporations. Health care unions launched a challenge that made its way to the Supreme Court of Canada, which ruled several sections of Bill 29 unconstitutional. "Late in 2007, we started negotiations with the provincial government for compensation. By January of 2008 we had an agreement," says Johnson.

Unions in the Health Sciences Bargaining Association - formerly the Paramedical Professionals Bargaining Association - negotiated a \$3-million settlement. "This was significant in that we achieved compensation for professionals whose jobs were contracted out and also funding to encourage professional development," said Maureen Headley, then HSA's executive director of legal services and labour relations.

"Through this process, we achieved expedited arbitration of classification grievances. Processing these grievances has been tremendously tedious, and we had been frustrated for many years by slowness of the process. We also got semi-annual direct consultation with each of the health authorities. It's a significant benefit not only to our members but to the health sector in that we are part of the solution - and we want our abilities to be called upon," Headley said.

HSA members have also brought value to an increasingly complex debate on health care in the province.

In 2006, the provincial government launched its Conversation on Health, a series of public meetings around the province. Well-known for its sympathies to privatizing health care - the opening session featured an address from outspoken private medicine advocate Dr. Brian Day - health policy experts suspected the government was hoping its privatization plans would get public support. Yet the overwhelming message it received was that British Columbians liked their public system, and would protect it, while suggesting innovative improvements. Helping bring that message to the meetings were activists in HSA.

They, along with other unions and health care advocates, demonstrated outside the forums and gave presentations. Some 12,000 submissions later, the government's report acknowledged that the "vast majority" of British Columbians want health care to remain public but still indicated it would implement "reforms" to the system. "It is up to each and every one of us to continue to work to ensure that government's actions reflect the commitment to a public system so strongly and consistently expressed during the Conversation on Health," Johnson wrote in his column in *The Report*.

"The Liberals misread the public," Johnson asserts. "When the public learned what privatization had done in other jurisdictions, they said, 'That's not what we want!' and that came through loud and clear."

In 2007 former HSA president Cindy Stewart ended 14 years of leadership with an announcement that she wouldn't seek re-election. In her regular column, she reflected on the growth of HSA's activism. "The evolution of member involvement and activity can be tracked through the decade, including the high profile showdown during the 2001 job action. It was a time that members needed to step forward in their communities and speak about the importance of the work you do.

"It is a genie that we will never put back in the bottle and marked yet another turning point for our union."

Reid Johnson was elected to the position at the 36th annual convention in 2007. A five-term regional director, and former secretary-treasurer of the union, Johnson said a key priority for the union should be to fight the labour shortage in the health professions through increased funding for training. In his first column, he praised HSA's growing activism and its participation in broader organizations such as the BC Health Coalition.

"We're a medium-sized union, 17,000 plus," Johnson notes. "Our voice is somewhat limited so we've been amplifying it through partners like the BC Health Coalition. We have staff and members who sit on their

committees. We also sit on the board of the BC office of the Canadian Centre for Policy Alternatives. We chose to do that; we wanted to build our influence through the kind of research and campaigns the CCPA operates under."

In 2010 HSA returned to the bargaining table in a post-Olympic era and a prolonged economic downturn. The provincial government imposed de facto wage freezes on all public sector unions -- first calling it "net zero" then "co-operative gains" -- and continues to use international financial instability to erode wages and benefits for public sector employees.

Johnson stepped down in 2013, and vice president Val Avery was elected president in 2014.

TOWARDS A MORE ENGAGED UNION

HSA has managed to make steady if modest gains for its members despite a difficult bargaining climate for all unions.

"Given the current economic climate, collective bargaining is a challenge," says Avery. While that may put a downward pressure on wages and benefits, but there's also an urgent need for training and recruitment of health care and community social service professionals.

"The increase in vacancy rates for a number of our disciplines is growing. We have said that to address the shortage of health science professionals that the government has to have same political will that put higher levels of funding towards training for nurses and doctors."

"We used to be able to recruit from across the country for people to come to BC to work." But higher wages in other provinces and the well-known long hours leading to burnout are turning potential recruits off, says Avery. "If you don't pay people for their expertise, qualifications, and the responsibility, then you're not going to attract the people to do the job."

"We are going to continue to be a voice in that debate and we'll continue to amplify our voice through other organizations."

With a tougher bargaining climate, professional shortages increasing workload and hurting patient care, and recent attempts by the leadership of the BC Nurses' Union to raid RPN and health science professional members, HSA has begun to tap into the strength of its 18,000 to create a more engaged and stronger union.

"Members are proud of our union," says Avery. "But the world is changing, and we need to change to meet new challenges. Status quo is not an option. Working together, we've got a very bright future."

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