

BULLETIN

New activist brings energy, excitement

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by LAURA BUSHEIKIN



ean Lee was an HSA member for 18 years without giving much thought to what she could do for the union, or what it could do for her.

"I had no clue," says Lee ruefully.

This changed radically last February when Lee reluctantly accepted the position of General Steward for St. Pauls Hospital, where she is a laboratory technologist specializing in microbiology. During her steward training, she attended a talk given by an HSA staff member about the state of British Columbias health care system and about the then-upcoming *Conversation on Health*. Lee was galvanized.

"I realized I had no idea what was going on with our health care system. I had no idea what the *Conversation on Health* was. I got really excited, and really upset," says Lee. She jumped head first into activism and hasn't looked back since.

Her union put her in touch with the BC Health Coalition and the Canadian Centre for Policy Alternatives. To augment her HSA training, she began attending events sponsored by these organizations, learning all she could, as fast as she could, to make up for 18 years of passivity.

This summer, empowered by all she had learned in her three months since her political awakening, she attended the Richmond session of the *Conversation on Health*.

"I was so happy to have had the training I had. I knew what was going on, what I wanted to say and how to say it."

Lee's activism is not limited to formal events, however. She sees ... and takes ... any opportunity she can to spread the message that our health care system is threatened. "The seniors had a rally every time there was a session of the *Conversation on Health*, giving out pamphlets to the public. I started going too, giving them our pamphlets and talking to them," she said.

"I go to the BC Health Coalitions rallies. I talk to my peers in the lounge at work, telling them to do more than just complain. I tell them: here, read this information and write a letter. I try to get them involved and keep them informed," says Lee.

As an immigrant from the Philippines, Lee has always appreciated the publicly funded health care system that values the importance of care, rather than the ability to pay.

-In the Philippines there is no universal health care. You have to pay for everything. If you have no money, you will not be treated. You just die, or you sell everything you have so you can be treated," she says. She gave birth soon after moving to Canada, and although she had no Canadian health insurance, she was immediately given treatment ... then offered a long-term monthly payment plan to cover the medical costs. That option made medical care accessible to her.

It would have been different back home in the Philippines, she says. Women who cant afford hospital care give birth at home, even when there are dangerous complications. -You can die; your baby can die," says Lee. -Its so good here in Canada."

She is appalled to see the Canadian system being eroded. -When I hear, for example, that BC is gearing towards privatization of health care, it scares me.

Jean Lee Laboratory Technologist St. Paul's Hospital
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-For instance, weve privatized the cleaners. So the cleaners are from a private company and not from the hospital. In some cases they may not have the proper training for cleaning a hospital, and bacteria can be picked up and and transfered from room to room. Im a microbiology technologist and Im scared. I dont want to get sick," she says

Another critical issue is human resources.

-We are short in all the health science professions. There is nobody to do all the work. If you have a private hospital it will collect more money and so it will pay more, so of course the public hospital people will be siphoned off to work in the private facility. Then what happens to the hospital?" she asks rhetorically.

-By 2015 well be so short of staff well have a hard time coping. Many highly-trained HSA members will be retired by then. It will be sad to leave a workplace where theres no one to replace you."

Health science professionals can end up overlooked in discussions about health care workers, she says.

-The government has already done something for doctors and nurses. They are the obvious ones, the ones people talk about. But what about the others? The medical technologists, pharmacists, physiotherapists ... there are so many of us, and we are not visible. The policy makers and the public dont always know what a health science professional is. People are not always aware that we are critical.

-Im the one who works on the tests to find out if you are sick. The doctor takes the specimen ... say, a swab. We culture it, put in onto a plate, incubate it, check to see what pathogens are growing. We find the organism thats causing the problem. We isolate it, identify what it is, and test it against the antibiotics that will kill it. Were working behind the scenes. People dont know that," says Lee.

She values the work HSA does to change this. -One of HSAs mandates is to make us more visible," she says.

Lee plans to stay active in the union, her workplace and her community.

-I love being a steward," she says. -Im happy that I am more informed now." She enjoys the rallies, the meetings, and the learning curve. And she has a passion for empowering other people to find their political voices, just as she found hers.

-For instance, I have an older friend I regularly visit. She is a retired nurse with slight Parkinsons. I tell her whats going on with health care. I sit at the computer with her and show her how to get involved. I showed her where she can give her opinion on the *Conversation on Health* site. I told her, you have to at least write down something that you feel in your heart; you have to find your voice. Say what you need. Say *something*. She did it! And she was happy.

-Every time I get the chance, I talk to people. Some are receptive; some aren't.

-Someone somewhere will pick up on it. You just have to keep pushing and explaining. That's all there is to it," says Lee. 

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