

THE **REPORT**

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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My name is Michael
Pond and your union
helped save my life.

BE SKEPTICAL OF BIG, EMPTY PROMISES



IN EARLY SEPTEMBER, HSA LEARNED THAT THE BC NURSES' UNION PLANNED TO EXECUTE A SWIFT TAKEOVER OF THE UNION OF PSYCHIATRIC NURSES BEFORE MOVING ON TO ACTIVELY RAID HSA'S REGISTERED PSYCHIATRIC NURSES.

This means BCNU organizers will be approaching HSA members at work – and likely at home – and trying to get them to sign a BCNU membership card.

Rest assured they will make big promises. I can't even speculate about the misleading tactics they'll employ.

So here are a few facts our RPNs can count on.

RPNs were one of the founding professions of HSA. For over forty years RPNs have received exceptional services, including labour relations advocacy, a dedicated voice for RPNs at the bargaining table, and education opportunities. All for the lowest union dues in the industry.

By contrast, BCNU has for years worked to discredit the RPN profession. They have tried to eliminate their jobs, suppress their voice at the bargaining table, and argue that any nurse can fill a psychiatric position. They discount the specialized training and skills that make RPNs a distinct and accomplished profession.

In HSA, RPNs have a strong voice at the bargaining table. With two independent seats at the Nurses Bargaining Association bargaining table, HSA can

speak for RPNs in a sea of RNs. We have only one agenda: to promote the collective agreement issues that matter to RPNs. HSA strives for recognition for specialized training, violence prevention, and mental health promotion.

Last year, HSA's RPN members overwhelmingly rejected BCNU's approaches. They voted to stick with a union that knows and speaks up for registered psychiatric nurses. HSA knows RPNs are more than "just another nurse," and the best way to ensure RPNs have a voice and are recognized for their special nursing skills is to maintain a unique identity.

To our RPN members I say this: when BCNU comes calling, remember the years they spent trying to hold you back and eliminate your profession. How can you believe anything they promise now?

HSA will continue to fight for you. We know that RPNs are essential to the modern health care team.

If you have any questions or concerns, please contact your steward, our lead Nursing Bargaining Association labour relations officers, or our mobilizing team and be on the look-out for chapter meetings and RPN meetings at your site.

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Val Avery

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Having a union on your side makes your job and your workplace safer and fairer.

You get paid better and are more likely to have benefits that help you balance work with life at home. Your health and ability to do your job become important, and your right to fair treatment gets enforced.

The Canadian Labour Congress has released this study to show just how much better the union advantage truly is – both nationally and in 50 communities across the country. This study shows that on average, unionized workers across Canada earn \$5.17/hour more than non-union workers, that women with unions earn more (\$6.89/hour) and get paid more fairly, and that young workers (aged 14 to 24) earn more when they work under the protection of a collective agreement.

BUT THIS ADVANTAGE DOESN'T JUST BELONG TO UNION MEMBERS. IT BENEFITS EVERYONE.

Workers in unions are an important part of the local community and economy because that's where they spend their paycheques. Their incomes support local businesses (who create local jobs) and bolster the local tax base, which supports public works and community services that add to everyone's quality of life.

The benefits enjoyed by unionized workers (dental insurance, extended health care coverage and legal insurance, to name a few) attract and support dentists, opticians, chiropractors, therapists, health specialists, and family lawyers whose services are available to everyone in the community.

When unions stand up for fairness, they raise the bar for everyone. Many of the things first won by unions are enjoyed by all workers today – minimum wages, overtime pay, workplace safety standards, maternity and parental leave, vacation pay, and protection from discrimination and harassment.

CANADA'S UNION ADVANTAGE FOR WORKERS

\$823.3 MILLION more every week!

There were **4,694,600** union members working everywhere across Canada in 2013 – about **31%** of the country's workforce.

Those workers earned, on average, **\$5.17/hour** more because their unions negotiated fair wages and work hours.



\$27.71/HOUR

\$22.54/HOUR

This added up to **\$823,292,002** every week!

FAIRNESS WORKS



Women with unions earned **\$6.89/hour** more than women without a union at work. The wage gap* was **\$109/week** smaller for women with a union.

*the gap in average weekly pay between women and men working the same hours, union vs non-union.



Young workers (aged 15-24) earned **\$3.16/hour** more with a union at work. That added over **\$48.2 MILLION** more each week to help start their lives and support their families.

The **UNION ADVANTAGE** really adds up.

Those extra dollars on workers' paycheques stay in the local economy. They get spent at local businesses, where they sustain jobs, and support community services that add to everyone's quality of life.

The labour movement isn't just about negotiating with employers. We advocate politically so everyone can have fair wages and work hours, safer workplaces, pensions for retirement and dignity at work.



Canadian Labour Congress
Congrès du travail du Canada

www.fairnessworks.ca

BRITISH COLUMBIA'S UNION ADVANTAGE FOR WORKERS

\$117.2 MILLION more every week!

There were **595,700** union members working everywhere in British Columbia in 2013 – about **31%** of the total workforce.

Those workers earned, on average, **\$5.60/hour** more because their unions negotiated fair wages and work hours.



\$28.02/HOUR

\$22.42/HOUR

This advantage added up to **\$117,251,631** every week!

FAIRNESS WORKS



Women with unions earned **\$6.49/hour** more than women without a union at work. The wage gap* was **\$21/week** smaller for women with a union.

*the gap in average weekly pay between women and men working the same hours, union vs non-union.



Young workers (aged 15-24) earned **\$4.35/hour** more with a union at work. That added nearly **\$8 MILLION** more each week to help start their lives and support their families.

The **UNION ADVANTAGE** really adds up.

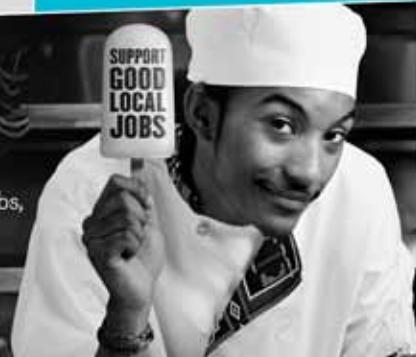
The fair wages and work hours that unions negotiated delivered over **\$117.2 MILLION** more every week into the provincial economy through better paycheques for workers.

Those extra dollars get spent at local businesses, where they sustain jobs, and support community services that add to everyone's quality of life. That's the union advantage.



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"HSA IS NOW THE ONLY INDEPENDENT VOICE ADVOCATING FOR RPNS AT THE NURSES' BARGAINING TABLE." HSA PRESIDENT VAL AVERY TALKS WITH ST. PAUL'S MEMBERS AT A SEPTEMBER 16 CHAPTER MEETING.

HSA INSISTENT ON ADDRESSING RPN CONCERNS DURING NURSES' BARGAINING

WITH THE UNION OF PSYCHIATRIC NURSES NOW MERGING WITH THE BC NURSES' UNION, HSA IS NOW THE ONLY UNION ADVOCATING FOR RPN ISSUES AT TALKS DOMINATED BY REGISTERED NURSES AND LICENCED PRACTICAL NURSES.

While the majority of HSA members' contracts have been negotiated and ratified, the contract for HSA's RPN members is still under negotiations at the Nurses' Bargaining Association, led by BCNU.

In September, the Union of Psychiatric Nurses announced they intend to merge into BCNU, a development which has a sig-

nificant impact on the focus of negotiations.

"HSA is now the only independent voice advocating for RPNS at the nurses' bargaining table," said HSA President Val Avery. "It's a table dominated by RNs and LPNs, and we are the only ones fighting to keep issues important to RPNS from being pushed aside."

"Violence prevention and workplace safety are paramount to RPNS, and we don't intend to stay quiet about these issues."

HSA is represented at the table by Larry Bryan, an RPN at Haro Park Centre and a member of the Provincial Occupational Health, Safety and Violence Prevention Committee, and a member of the Provincial Violence Prevention Curriculum Working Group.

Also representing RPNS is experienced negotiator Randy Noonan, a senior labour relations officer at HSA.



HSA PRESIDENT VAL AVERY WAS JOINED BY DIRECTORS ANNE DAVIS (REGION 1), ALLEN PETERS (REGION 8) AND JANICE MORRISON (REGION 9) AT STOPS AROUND THE PROVINCE

HSA GETS PEOPLE TALKING ABOUT INEQUALITY

"HOW CAN YOU LIVE ON \$906 PER MONTH?"

Having suffered a back injury five years ago, a Penticton resident, now on disability pension, talked of wanting a chance to build a better life. "I want to work. I could be retrained on computers. I could be a translator. Where are these jobs? Open the door. I want in."

That's just one story. One of hundreds told by members of the public greeting the Fairness Express, a nation-wide

campaign co-ordinated by the National Union of Public and General Employees to get people talking about income inequality.

Earlier this year, the big green Fairness Express bus rolled through Atlantic Canada, Ontario and Manitoba, building trust and common cause with people through word of mouth communication – through conversations face to face in their communities and workplaces and through online tools.

As a partner in the campaign, HSA took part in stops throughout BC in August and September. Visiting communities on the Island, the Kootenays, the Okanagan and the Lower Mainland, HSA President Val Avery and several regional directors were amazed at the public response.

"We heard so many heart-breaking stories," said Avery, "but we also met enthusiastic people everywhere who really get it. Income inequality affects us all."



"I work as an occupational therapist with children who have special needs, and I know their families could never afford the kind of for-profit care that Dr. Day supports.

EDITH MACHATTIE,
HSA MEMBER AND CO-CHAIR
OF THE BC HEALTH COALITION

MEDICARE CASE ON HOLD

PROVINCE MUST PROTECT PUBLIC HEALTH CARE IN SETTLING CAMBIE CASE

BY CAROL RIVIERE

DR. BRIAN DAY'S ATTEMPT TO USE THE COURTS TO BRING US-STYLE, TWO-TIER HEALTH CARE TO CANADA WAS SCHEDULED TO GO TO TRIAL ON SEPTEMBER 8.

At his request, and with the agreement of the provincial government, the court recently postponed the trial for six months to give these parties an opportunity to settle the case.

Edith MacHattie, HSA's BC Health Coalition representative, has been following the case closely.

"Given the BC Liberals' record of supporting increased privatization and for-profit health care, and the fact that this settlement is being negotiated behind closed doors, I'm very concerned that the terms of the settlement may damage our

public health care system," said MacHattie.

Day operates the Vancouver-based for-profit Cambie Surgery Centre, infamous for unlawfully billing patients for health care services – in some cases, up to seven times the lawful amount. A government audit found nearly \$500,000 in unlawful billing during a single 30-day sample period at Cambie and the associated Specialist Referral Clinic.

"Brian Day's plan to bring US-style health care to Canada would be disastrous for Canadians," said MacHattie. "I work as an occupational therapist with children who have special needs, and I know their families could never afford the kind of for-profit care that Dr. Day supports. I also know that a for-profit system will drain scarce health professionals and public dollars, weakening the public system that all of us rely on."

"What Brian Day wants will only

make challenges in the public system, like wait times, worse," said MacHattie. "There are many innovative pilot projects across Canada that have been shown to reduce waits, cut costs and improve care. We should put our resources into expanding these proven innovations in the public system, so that all Canadians can benefit."

MacHattie urges HSA members to let the provincial government know that any settlement of the case must protect the basic foundation of Medicare. "It's critical that everyone who supports Medicare let our provincial government know that they expect a strong settlement that protects every patient's right to receive care based on their medical need – not on their ability to pay."

Members can send an e-mail to BC's Premier and Minister of Health from the BC Health Coalition's website at bchealth-coalition.ca.

LOCAL GOVERNMENTS MATTER

BY CAROL RIVIERE

CHOOSING THE POLITICIANS WHO GOVERN OUR COMMUNITIES AT THE MUNICIPAL OR REGIONAL DISTRICT LEVEL, AND THE SCHOOL TRUSTEES WHO MAKE DECISIONS THAT AFFECT OUR CHILDREN'S EDUCATION, IS A CRITICAL ISSUE FOR WORKING FAMILIES.

On November 15th, British Columbians will choose the people who will hold these positions throughout the province for the next four years.

Decisions made at the local level affect every part of our lives on a daily basis – from transportation and housing, to our local environment and our schools. Local politicians are the closest to our communities, and we also count on them to ensure that senior levels of government understand our needs.

HSA is affiliated with local labour councils around the province, through our membership in the Canadian Labour Congress. Labour councils work with local politicians on an ongoing basis on a range of issues affecting our communities. In the lead-up to this fall's local government elections, labour councils have been working to identify candidates who share the values of working families and who want to make a difference on municipal councils and school boards.

In deciding whether or not to endorse a candidate, labour councils consider the candidate's position on a range of issues important to working families, as reflected in such things as the voting record of incumbents, the candidate's responses to a labour council questionnaire and, in many cases, an interview with labour council delegates from several different unions. HSA will be letting members know which candidates their local labour council has endorsed, so that you can consider this when deciding how to cast your ballot.

HSA's labour council delegates around the province are involved in this candidate endorsement process. This is just one of many reasons why HSA encourages members to become delegates to your local labour council. Chapters will be nominating labour council delegates during HSA steward elections this fall. If you're interested in becoming a delegate, then please contact your chief steward, or Carol Riviere at criviere@hsabc.org.

And if you're running or working in a local government election this fall, contact Carol Riviere for information about the support that HSA's Political Action Fund can provide to assist you in this work.

Decisions made at the local level affect every part of our lives on a daily basis – from transportation and housing, to our local environment and our schools.



HSA PRESIDENT VAL AVERY CONFERS WITH BC FEDERATION OF LABOUR PRESIDENT JIM SINCLAIR AT A SEPTEMBER 10 NEWS CONFERENCE

HSA JOINS OTHER UNIONS IN SUPPORT OF TEACHERS DURING DISPUTE

WITH SCHOOLS CLOSED AND THE GOVERNMENT REFUSING TO ENGAGE IN MEANINGFUL NEGOTIATIONS WITH THE BC TEACHER'S FEDERATION IN EARLY SEPTEMBER, HSA JOINED OTHER UNIONS TO SUPPORT TEACHERS ACROSS THE PROVINCE.

"The Premier is attempting to use other settlements in the public sector to create a divide among workers in the province," said Jim Sinclair, President of the B.C. Federation of Labour.

"This tactic is not only an insult to working people in BC, but it also shows how little the Premier understands and re-

spects the collective bargaining process."

Within days, the government returned to serious negotiations, reaching a tentative agreement not long after.

"This show of support made a difference," said HSA President Val Avery. "It showed government negotiators that they couldn't count on splitting the labour movement in this province."

Avery also joined other union leaders in signing a letter stating their full support for the teachers and urging BC Premier Christy Clark to accept the BCTF's proposal to end the strike through binding arbitration.

"We urge you to immediately stop attributing your refusal to bargain critical issues with teachers because you want to be 'fair to other public sector workers,'" urged the text of the letter. "If you want to be fair to all public sector workers, send the outstanding issues to binding arbitration as proposed by the BCTF and remove E80 from the bargaining table."

"BC's teachers are courageously standing up for a public education system that values our children. Health science professionals, registered psychiatric nurses, community health, and community social services workers who are HSA members stand with them," said Avery.

"HSA's board of directors voted

to commit \$10 per HSA member to an interest-free loan to support the efforts of teachers who started their strike for improved classroom conditions last June."

The loan is part of the \$8 million pledged by BC's unions and announced September 10 by the BC Federation of Labour. The loan was to be made available should the BCTF require financial support in a prolonged strike.

"Government keeps talking about 'fairness' in contract negotiations. For the past decade, 'fairness' is not what comes to mind in government's dealings with public sector workers - they unilaterally imposed a two-tiered wage structure on health science professionals, they unilaterally rolled back health support workers' wages by 15 per cent, and they have imposed mandates that make it difficult to negotiate freely," Avery said.

"HSA's health science professionals voted late last year to ratify a five-year agreement with very modest wage increases. Included in that agreement was a "me-too" clause tied to nurses' wages that protects our members from a wage divide that threatens the public health care system's ability to attract and keep the highly educated, skilled, and trained health science professionals British Columbians depend on for their good health," she said.

"We have been there with this government, and we fully support BC teachers in their efforts to work in a very restrictive bargaining climate to achieve the best conditions they can for teaching BC's children," she said.

From early in the dispute, HSA members were encouraged to show public support BC's teachers by attending public rallies, writing letters to media, government ministers and MLAs, and supporting teachers on the picket lines.



ON SEPTEMBER 15 HSA STEWARDS TOOK TIME FROM TRAINING WORKSHOPS TO VISIT TEACHERS ON THE PICKET LINES AT SIR GUY CARLETON ELEMENTARY.

“In 2003, everything started getting cut. I would be cut from a job, then get a short-term contract to do work. There was no consistency for the kids or the services. You could no longer count on programs, or people, to be there to refer kids to.”

A YOUTH MENTAL HEALTH WORKER ON VANCOUVER ISLAND WHO HAS BEEN IN THE FIELD FOR 20 YEARS DESCRIBES THE CHANGES SHE HAS SEEN IN HER FIELD.

FOUR THINGS TO FIX MENTAL HEALTH CARE FOR KIDS

DID YOU KNOW THAT SOME HEALTH AUTHORITY STAFF LIKE YOUTH COUNSELLORS ARE NOT ALLOWED TO TEXT THEIR PATIENTS? IS THERE ANY OTHER WAY TO COMMUNICATE WITH A YOUNG PERSON?

That's just one of the eye-opening facts revealed by health science professionals working in BC's struggling mental health system. Hoping to make positive change and tell the story from the perspective from the front lines, HSA compiled a number of their insights as a recent submission to the BC government's Select Standing Committee on Children and Youth.

The submission highlights four main ways to make our mental health system work better for vulnerable children and young people:

1. The critical challenge in youth mental health is that there are gaps in service delivery. These gaps aren't just 'gaps': they are huge gaping holes lined up beside each other. In some cases, a small island of service may appear, but there are no bridges to the next complementary program or service – just more vast holes.
2. The gaps in the system are not restricted to service. A critical gap is in communication. These gaps cover the whole range of communication: from children

and youth identifying their issues, to families helplessly and desperately trying to support their child through their school or community services, to identifying those services, to mental health and addictions professionals communicating with each other, and to inconsistent transfer of or sharing of information.

3. Youth mental health practice is inconsistent in British Columbia. Practitioners agree that best practices must be evidence-based, adaptable to communities' needs, understood by all practitioners and, most importantly, structurally supported. What is needed is a collaborative approach to maintaining an evidence-based model for mental health care in the province, and infrastructure to ensure the best practice protocols

don't drift.

4. Scarce resources have been a significant factor in the challenges associated with providing effective child and youth mental health services across the province. But those working in the field believe that improved management of the system can result in more effective use of resources. As one worker describes: "The capacity is there. We just need the time, relationships and flexibility to get there."

You can read the whole submission at hsabc.org.

Mental health workers have a lot to offer the system, and they must be heard. On behalf of the hundreds of mental health care workers we represent in communities across BC, HSA hopes this submission can help achieve that.

"If we can connect with children, youth, and families – that can lead to earlier detection and treatment and more successful outcomes."



THE COUCH OF WILLINGNESS

AN ALCOHOLIC THERAPIST BATTLES THE BOTTLE AND A BROKEN RECOVERY SYSTEM



MICHAEL POND / MAUREEN PALMER

BACK FROM THE BRINK

MY NAME IS MIKE POND. I'M FIVE YEARS SOBER THIS WEEK AND YOUR UNION HELPED SAVE MY LIFE.

When I received my Masters in Social Work in 1995, I thought my days as a psychiatric nurse were behind me. But life has a way of throwing us curve balls. After two decades of successfully helping clients battle addictions, I succumbed to one myself. In a catastrophic

free-fall, I lost everything: my practice, my home and my family. What made it worse: as a therapist I was ably positioned to watch myself fall and powerless to prevent it.

By November of 2008, I was homeless, penniless and passed out on White Rock Beach with only a bottle of Glenfiddich swiped from The Boathouse Restaurant to keep me warm. I woke up in the White Rock drunk tank and thought, "this must be rock bottom."

MICHAEL POND AND MAUREEN PALMER RECENTLY RELEASED THEIR NEW BOOK ABOUT HIS JOURNEY, THE COUCH OF WILLINGNESS: AN ALCOHOLIC THERAPIST BATTLES THE BOTTLE AND A BROKEN RECOVERY SYSTEM.

Not by a long shot. Released from the drunk tank with nowhere to go and no one to call, I attended a 700 am AA meeting at a local shelter and from there, boarded a minibus to a down-and-out recovery home. So began my two-year journey to sobriety, with stops in abandoned sheds, back-alley dumpsters, ditches, emergency wards, intensive care and finally, prison.

The Couch of Willingness, the title of my new book, is a real

couch in that recovery home, where I was forced to detox and sleep until I surrendered and admitted my powerlessness over alcohol. If anyone truly “recovered” there, it was a miracle. A rat fell from the ceiling on me as I shaved. A drugged-out crack addict woke me in the middle of the night, shoved his erect penis into my face, jabbed the cold blade of a knife into my throat and growled, “suck this old man.” A fellow client hanged himself. A house staff member and I cut him down and desperately tried to revive him. But failed. That was the second suicide in the house in less than two months.

I knew I wouldn’t get sober here. So mired in misery and despair, I too tried suicide. I did this because I had no “sense of a future self.” As a trained practitioner I had unique insight into my plight. I know it’s in that absence of a “future self,” that many contemplate killing themselves.

My only hope: find work. My license to practice social work had been suspended, but the BC College of Registered Psychiatric Nurses would allow

After two decades of successfully helping clients battle addictions, I succumbed to one myself.

me to work, with conditions. I applied for a job as a psychiatric nurse at Surrey Memorial Hospital and to my astonishment, got the position. With a job, I could get out of the rundown rat-infested recovery home, pay my debts and rebuild my life.

My first week on the job, I relapsed. Filled with self-loathing, I was convinced I was done. But to my disbelief, the Fraser Health Authority contacted me. There was to be a hearing to see whether I could come back to work. I would be represented by my union – the Health Sciences Association. I was humbled, blown away. A

ON ROBIN WILLIAMS

Like Williams, I’ve fought a long battle with addiction, which included three bouts of severe depression. I also tried to commit suicide.

For those of you with a loved one whose depressive behaviour is hard to handle: reach out. Call. Go for coffee. Even if they are withdrawn, ruminating on dark thoughts, when you sit with them, they are no longer alone.

Depression and addiction are illnesses/conditions/disorders, whatever you want to call them. But they need not define the people whose lives they ravage. Robin Williams’ life is testament to that. His death forces us to confront the question: do we do enough, on a personal and political level, to help our depressed loved ones through the darkness?

union, of which I had not been a member for 22 years, was going to fight for me.

The day of the hearing, I got up early. I had to look my best for the most important meeting of my life. A small circle of fellow addicts met me downstairs. I sat propped on cushions in the kitchen while one cut my hair. Then men who basically had nothing, quite literally gave me the clothes of their back. I fought tears of gratitude.

At the hospital, I sat waiting for the meeting to begin. I repeatedly rubbed my sweaty palms on my jeans and prayed for a miracle to walk in. And she did. Maureen Ashfield greeted me with a warm smile. I could see the empathy in her eyes. She explained the union’s strategy. I hung on every word.

The meeting was successful. The union and the Fraser Health Authority drew up a plan to keep me sober and patients safe. Yet I relapsed one more time. Again, both agreed to a medical monitoring program and allowed me a gradual return to work. It is because the enlightened and progressive mental health attitudes of both the Fraser Health Authority and the union, that I am alive today. By allowing me to return to work,

I began to have that “future sense of self.” I came to believe I would flourish one day and my sons would be back in my life. I imagined us snowboarding together again. How many other employers have this approach?

Today, my life and my practice

I believe respect, kindness and compassion like that shown me by the HSA should form the bedrock of all addiction treatment.

are all about paying it forward. I believe respect, kindness and compassion like that shown me by the HSA should form the bedrock of all addiction treatment. Scaffolded upon that, should be a wide array of evidence-based treatment. We have a long way to go to make that a reality.

I have been snowboarding with my three sons again. Thank you, HSA for fighting for me.

YOU'RE A SAVVY INVESTOR.

HERE'S WHY.

HOW YOUR PENSION PLAN PROVES YOU'RE A FINANCIAL WHIZ

AS A MEMBER OF HSA, YOU'RE PRACTICING SMART INVESTMENT STRATEGIES EVERY DAY.

1. Every two weeks, you invest in your future through your pension plan. You're not spending that money on another latte.
2. You do not have all your eggs in one basket. In fact, you have a diversified real estate portfolio – and it's a great example of responsible investing.
3. You are investing in the economy and you are an employer of thousands. Income and spending in BC is about \$1.3 billion higher each year because of the savings in the BC public sector pension plans, created by retirees spending their pension dollars. This savings effect supports around 8,000 jobs per year. That, friends, is enough to support a city the size of Cranbrook. And, on top of all that, \$775 million in income and approximately 5,000 jobs are supported through low management fees.

The truth is, investing can be complicated, and frankly, the riveting details of pension plans don't exactly compete with the latest episode of The Bach-

elor. (Actually, they don't even compete with the Legislature Channel).

No worries – that's why you rely on the experts to handle all the details. Delegating is everything. It's wise though, to know at a high level, how it all works.

Let's take a look at how the contributions you and your employer make are turned into a guaranteed monthly pension benefit that will last your entire life.

YOUR EXECUTIVE SUMMARY – HOW CONTRIBUTIONS BOOST THE ECONOMY AND TURN INTO PENSIONS

While you are toiling away and making those contributions, you'll be glad to know your pension plan isn't just sitting around twiddling its thumbs.

When you retire, the money you receive in your monthly pension benefit will be mostly funded by investment returns earned on the money you and your employer contributed to the Plan over the course of your career.

Approximately three-quarters of your pension will be paid for by investment returns. The contributions from members and employers are placed in a diverse portfolio of investments to maximize the value of the entire pension fund. That is why your Plan can provide a guar-

anteed pension benefit for your entire life.

Think about it – that's an amazing value to you and your family. Just as awesome is the fact that your money is also benefitting your community and the economic well-being of the country. The higher savings rate of BC's public sector plan members will result in around \$60 billion more investment and just over \$85 billion added to the total GDP of Canada between 2012 and 2035, according to a recent study by the Conference Board of Canada.

How does it work? Let's look at one of the many investments managed by the British Columbia Investment Management company (bcIMC). With a global portfolio of more than \$110 billion, bcIMC is one of Canada's largest institutional investors, helping finance retirement benefits of more than 522,000 plan members.

SUPPORT YOUR INVESTMENTS

Next time you book a vacation, consider staying at a Delta hotel. In 2007, bcIMC purchased the Delta management company. Today, bcIMC directly owns 11 of the 43 Delta properties across Canada, and owns two properties in BC as a franchisee (Victoria's Ocean Pointe Resort and Spa and the Grand Okanagan).

SMART FACTS TO KNOW AND SHARE

- Your pension plan investments are managed by the fourth largest pension fund manager in Canada
- Assets under management by bclMC on behalf of BC public sector pension plans exceeds \$86 billion.
- About 75 cents for every dollar of your future pension benefit will be paid for by investment returns
- The large scale and professional management of the Plan enables it to operate very efficiently. So you have the comfort of knowing your contributions aren't being eaten up—or driven up—by high investment management fees. In fact, the total cost of investment management and pension administration for the Plan is significantly less than what most individual investors pay.

These hotels create jobs. Recent renovations to the two BC hotels created 75 full-time and 60 part-time jobs in 2012. Overall, Delta employed 1,397 people in BC in 2011. Developing properties like the Delta hotel creates revenue and ensures long term growth of BC's \$13 billion tourist industry, and adds value to your plan's investment portfolio, which helps fund your future pension.

RESPONSIBLE AND DIVERSIFIED REAL ESTATE INVESTMENTS

Seventeen per cent of real estate assets managed by bclMC are located in the province, and the properties are chosen with long-term sustainability and desirability in mind. Two thirds of the portfolio is aligned with national and international environmental certification programs for commercial buildings such as the Leadership in Energy and Environmental Design (LEED) rating system, the Building Owners and Managers Association Building Environmental Standards (BOMA BESt) and Hotel Association of Green Key programs.

The properties selected are often near existing transit to align with the bclMC environmental stewardship model and to make locations attractive to business. The goal of these investments is to create long-term sustainable cash flows to fund pension benefits. The BC real estate portfolio is diversified to best protect the investment value. Properties of mixed and different use are included to keep the level of risk low. For example, a temporarily low vacancy rate on an apartment building can be balanced by high demand on suburban office space. Chances are, as you travel around BC's cities, you will pass by one of the many properties your pension funds have helped finance and develop.

Here's a few in metro Vancouver:

- Bayview at Coal Harbour (Apartments)
- Residence Inn Vancouver(Marriot Hotel)
- Northwoods Business Park (industrial, retail, residential)
- Braid Street (residential, retail, office)

- Yaletown 939 (apartments)
- 745 Thurlow (office)
- 3030 East Broadway (suburban office)
- Metropolitan (apartments)

SAVVY INVESTMENTS – FROM TOURISM TO TECH

A smart investor diversifies, and while bclMC maintains a portfolio of tourism focused holdings like the Delta hotel properties, they also own commercial real estate.

One example of their many investments in real estate is the Broadway Tech Centre located in Vancouver. This compound will be completed in 2014 with 1.1 million square feet of leasable area in eight buildings, including offices, production, retail and a 5,000 square foot daycare center. When bclMC bought the land in 1995, the long-term strategy was to redevelop the property and increase the use and value of the investment. Tenants include HSBC Bank Canada, BC Assessment, Bell Canada, Coastal Contacts, Nintendo Canada and British Columbia Lottery Corporation. The property has a zero per cent vacancy rate and occupancy costs are less than similar options in the downtown core.

Construction created jobs, and now there are 45 permanent operation jobs and 4,000 employees at tenant companies. Complementary businesses, like food services and retail, have also developed to serve the center. The Broadway Tech Centre model has been so successful, bclMC is taking the model to the 745 Thurlow development.

THINK BIG: SOUND GLOBAL INVESTMENTS

To protect the pension plan investments from changes in a specific country's economic environment, the Plan also invests beyond Canada's borders to keep asset portfolios balanced. The Plan manages risk by ensuring it has a diverse global port-

STORY CONTINUED PAGE 22



DR. JOTI SAMRA, A REGISTERED PSYCHOLOGIST BASED IN VANCOUVER, DISCUSSED THE NATIONAL STANDARD FOR PHYSIOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE AND THE GUARDING MINDS AT WORK PROJECT.

OHS CONFERENCE SETS PRIORITIES TO MAKE YOU SAFER

BY DAVID DURNING
HSA OHS OFFICER

HSA'S OCCUPATIONAL HEALTH AND SAFETY CONFERENCE HELD IN JUNE PROVIDED A GREAT OPPORTUNITY FOR OHS ACTIVISTS TO CONNECT WITH EACH OTHER, SHARE INFORMATION AND PLAN FOR THE FUTURE.

Keynote speakers Dr. Joti Samra and Al Bieksa contributed significantly to a two-day event designed to provide tools, resources and planning opportunities for nearly 100 HSA joint occupational health and safety committee representatives from all across the province.

Dr. Samra, a registered psychologist based in Vancouver, fo-

cused on the National Standard for Physiological Health and Safety in the Workplace and the Guarding Minds at Work project which provides resources for identifying and responding to workplace factors that undermine mental health.

Bieksa, of the BC Federation of Labour's OHS Centre, spoke about improving return to work outcomes by identifying and removing barriers which prevent injured workers from participating fully in their jobs. The participation of HSA Enhanced Disability Management Program (EDMP) representatives greatly enhanced the discussion that followed.

Conference participants took part in a series of skills development workshops to assist them in their OHS roles. Sessions

on how to conduct workplace inspections, incident investigations and on how to effectively make OHS recommendations to employers were all part of the agenda.

The last afternoon of the conference was dedicated to planning for the future. Each participant identified their own priorities to work on in conjunction with their workplace OHS committees and conference participants as a whole developed a consensus around the most pressing issues to deal with in the coming year.

Education was identified as a key priority for the coming year. That included more targeted educational opportunities for OHS committee members – especially training in conducting workplace inspections and



AL BIEKSA, OF THE BC FEDERATION OF LABOUR'S OHS CENTRE SPOKE ABOUT IMPROVING RETURN TO WORK OUTCOMES BY IDENTIFYING AND REMOVING BARRIERS WHICH PREVENT INJURED WORKERS FROM PARTICIPATING FULLY IN THEIR JOBS.

incident investigations. As well, there was an identified need to provide broad-based education for all HSA members about their basic OHS rights and how to connect and work with their workplace OHS committees.

Another top priority identified was the need to deal with barriers that make it difficult for OHS committee representatives to do their jobs. Many reported that even though employers are legally required to provide paid time for OHS representatives to attend meetings and to carry out workplace inspections and incident investigations, in

reality this fundamental right to participate is severely restricted. HSA safety representatives are regularly denied by their managers the time they are entitled to for carrying out their duties. Also concerning is the fact that most committee reps do not have their regular work covered while they are engaged in OHS responsibilities. This creates stress for them and often leads to resentment from co-workers who may be expected to cover for them while they are engaged in their OHS work.

The third priority identified was the need to find ways of

escalating OHS matters more expeditiously so that unresolved safety and health concerns are not left unresolved for long periods of time, as seems to be the case currently.

The goal now will be to work on these priorities so that when we reconvene in 2016 for the next HSA Occupational Health and Safety Conference, we can look back and reflect on our successes in all these areas.

If you have a question or concern about occupational health and safety, contact ddurning@hsabc.org.



UNLIKE MOST MEDICAL DRAMAS ON TV, INGRID'S ROLE ON "EMERGENCY ROOM" SHOWS THE IMPORTANCE OF HEALTH SCIENCE PROFESSIONALS, NOT JUST DOCTORS AND NURSES.

INGRID HAKANSON RESPIRATORY THERAPIST

BY LAURA BUSHEIKIN

WHEN VANCOUVER GENERAL HOSPITAL RESPIRATORY THERAPIST INGRID HAKANSON HEARD THAT A FILM CREW WOULD BE COMING INTO HER WORKPLACE TO MAKE A DOCUMENTARY ABOUT THE EMERGENCY WARD, SHE HAD NO IDEA SHE'D END UP AS A 'STAR' IN A HIGH-QUALITY TV SHOW THAT PUT HEALTH SCIENCE PROFESSIONALS LIKE HERSELF AT CENTRE STAGE.

"I assumed the doctors and nurses would get all the attention, just like in typical TV medical dramas," says Hakanson. She and her colleagues had no idea

that respiratory therapists, represented by Hakanson, would play a major role in the first episode until they attended a special preview screening.

"I don't think anyone expected that. We were in shock! What great promotion for our profession. Anyone who's been, or had a family member who's been, gravely ill knows something about what we do, but nonetheless we are a young and growing specialization still gaining our voice. We've been around for 50 years in North America, and still have no presence at all in many countries."

The Knowledge Network series, entitled Emergency Room: Life and Death at VGH, featured Hakanson in two of its six episodes. Others focused on social workers, the unit coordinator, ambulance drivers, and doctors

and nurses. Hakanson says the filming process, surprisingly, didn't slow down the high-pressure VGH emergency ward.

"The crew were excellent at staying out of our way when things were crazy. They'd wait till we stopped moving then approach to ask if we could clarify in layman's terms what they'd just witnessed, so that people watching could understand," says Hakanson. They also brought Hakanson to the studio for a personal interview which was woven into the footage.

The final product, says Hakanson, provides an honest look at what really happens in a busy urban emergency ward, and how the different staff play their roles. "Everyone involved felt valued. The film crew did a great job!"



"The crew were excellent at staying out of our way when things were crazy. They'd wait till we stopped moving then approach to ask if we could clarify in layman's terms what they'd just witnessed, so that people watching could understand,"

In her job as a respiratory therapist, Hakanson cycles between 10 different areas of the hospital, usually staying in each area for approximately eight shifts. As well as the ER, this includes cardiac surgery, neurosurgery, trauma, wards, the spinal unit, critical care outreach, and patient transports. Hakanson loves all aspects of her job but says the ER is her favourite place to work.

"I like the unpredictability of emergency. There's an adrenaline rush, and lots of running around. We do a lot of problem solving on the fly, and we get to be active participants in diagnosis."

The diversity offered by her profession was one of the main reasons Hakanson chose this career. "The scope of practice for an RT is so enormous. Every day

is different. You interact with all kinds of people," she says.

Hakanson started out with a BSc from UBC. She worked as a lab technologist at the BC Cancer Agency, but found that spending her time staring into a microscope was not fulfilling her needs for action and interaction. When a house guest who worked as a RT explained to her what he did, Hakanson was immediately interested. She soon enrolled in Thompson Rivers University, graduated with a diploma in 2007, and has been working at VGH since then.

"It's a great place to work. We have a really strong team dynamic here," Hakanson says. She's pleased that the Knowledge Network documentary gave her a key role in showing the public what that team

looks like in action, and doesn't seem phased at all by her alternate career as a TV celebrity.

"I went to a respiratory therapy conference soon after it aired [in early 2014] and I felt like a bit of a star! It was kind of fun," she says.

STORY CONTINUED FROM
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YOU'RE A SAVVY INVESTOR

folio – if one country's economy tanks, other parts of your investment remain safe.

Puget Sound Energy is a good example of a bcIMC global investment. In 2009, in partnership with the Canadian Pension Plan Investment Board, Macquarie Group, and Alberta Investment Management Corporation, bcIMC acquired this Washington power company, investing \$535 million. Puget Sound Energy serves nearly 1.1 million electric customers through internal power generation, contracted power generation, natural gas, coal, and wind. Puget owns

three wind farm facilities in Washington making it the second largest utility producer of wind power in the United States. The facility employs 2,800 people, and in 2012 BC supplied about 50 per cent of the natural gas supplies purchased by Puget.

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LROS ARE THERE FOR YOU

HSA MEMBERS CAN COUNT ON EXTRAORDINARY SUPPORT FROM HUNDREDS OF STEWARDS AROUND THE PROVINCE, AND MANY OF YOU KNOW THEM WELL.

But the stewards themselves depend on a team of labour relations staff who many members will never meet. I'd like to shine a light on their work today.

Labour relations officers (LROs) are based at HSA's Vancouver office but spend much of their time at meetings in workplaces around the province. In the year leading up to convention, LROs attended over 250 labour/management meetings to address issues that might otherwise become grievances. The meetings usually last a half or full day and often require considerable travel, so the time commitment is enormous. But it doesn't end there.

Over the same period, LROs also attended more than 400 chapter or steward meetings around BC. They also attended more than 30 meetings to talk about things that can dramatically affect our members: downsizing, restructuring and changes in service delivery.

Careful preparation, added to considerable meeting time, is required, but in many cases LROs are able to mitigate the effect on members.

Besides attendance at these many meetings, LROs must always be on call for unpredictable events that require comprehensive action without

neglecting their other duties. Over the year leading up to our recent convention, such events included ratification of new five-year agreements, negotiation of essential service levels for members in health care, and dealing with issues related to the implementation of a 37.5 hour work week. As many of you know, this last initiative required hundreds of hours of meetings with employers, consultation with members and processing over 1200 grievances.

Grievances are, of course, a big part of the LROs day. In the year leading up to convention, HSA's LRO team dealt with over 1000 other grievances falling into about 120 different categories. Bear in mind that even a relatively "easy" grievance will take several hours of preparation, research and discussion. Most take significantly longer – a harassment grievance, for example, will take as many as 30 hours of LRO time to bring to an agreeable conclusion.

So let's hear it for their continued dedication and excellent representation on behalf of members like you. You may not see them every day, but – much like you – the system wouldn't work without them.



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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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(from left) Anne Davis, Brendan Shields. Derrick Hoyt, Bruce MacDonald, Heather Sapergia, John Christopherson, Anita Bardal, Val Avery, Allen Peters, Marg Beddis Janice Morrison



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