



40
YEARS
1971-2011



ANNUAL REPORT
2011

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care





1971-2011

For 40 years, the union delivering modern health care.

We are the “modern” in modern health care and social services.

Our members are highly trained, highly specialized and highly dedicated. We work at all levels as an essential part of the modern health care and social services team. We’re everywhere – the glue that holds the system together.

We’re dedicated to advancing modern health care and social services by using the smartest and most innovative tools and techniques.

The people we serve come first; we’re committed to making life better for all British Columbians by supporting a strong public health care system and social services that sustain strong communities.

And without us, health care and social services would be set back 100 years.

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**NOTE: Delegates please refer to the agenda
in your delegate kit for final agenda details**

THURSDAY, APRIL 7, 2011

CONVENTION PLENARY AND MEETINGS

- 11:00 AM Registration
- 11:30 AM New Delegates Session
- 1:00 PM Plenary Session
- 4:00 PM Regional Meetings
- 5:30 PM Wine and Cheese Reception

FRIDAY, APRIL 8, 2011

CONVENTION SESSIONS

- 8:15 AM Registration
- 9:00 AM Call to Order
 - Credentials Report
 - Harassment Policy Statement
 - Adoption of Rules of Order
 - Adoption of Agenda
 - Adoption of Minutes of 2010 Annual General Meeting
- 9:30 AM President's Report
- 10:00 AM Elections Committee Report
 - Resolutions Committee Report
 - Run for the Cure Committee Report
 - Finance Committee Report
- 11:00 AM Guest Speaker - TBD
- 12:00 PM Lunch
- 1:30 PM Education Committee Report
 - Resolutions Committee Report
- 3:00 PM Guest speaker - TBD
- 3:15 PM Political Action Committee Report
- 5:00 PM Adjournment
- 7:00 PM Convention Banquet and Dance

SATURDAY, APRIL 9, 2011**CONVENTION SESSIONS**

9:00 AM	Call to Order
	Credentials Report
	Election of President
	Committee for Equality and Social Action Report
	Resolutions Committee Report
11:15 AM	Elections (Trials Committee)
12:00 PM	Lunch
1:30 PM	Guest Speaker - Andre Picard, Globe and Mail health care reporter
	Election Results
	Occupational Health and Safety Committee Report
	Resolutions Committee Report
	Good and Welfare
4:00 PM	Adjournment

Successes to celebrate, and struggles to remember

Every year, in my report to members, I look back at the work of the union for the previous 12 months and reflect on the challenges and successes your board of directors, members-at-large, stewards, and staff have had on your behalf.

This year is no exception. There have been challenges. And there have been successes.

As this annual report goes to print, the 14,000 members of HSA covered by the Health Science Professionals Bargaining Association collective agreement were voting on a proposed contract, reached after nine difficult months of negotiating at the bargaining table.

BARGAINING CHALLENGES UNDER A NET-ZERO MANDATE

What made the job so tough for the bargaining committee was a government-imposed public sector bargaining mandate of “net-zero.” The mandate was imposed after the April 2009 election, and every single public sector union that has concluded agreements – the vast majority, including facilities, community health, and direct government service – has settled within the mandate guidelines.

And as HSA health science professionals vote on a proposed agreement, HSA members working in community social services were attending update meetings in February and March on the progress of

contract talks for a new collective agreement in the Community Social Services Sector. Those negotiations have proceeded for several months, and no headway is being made at the table.

The outcome of the HSPBA ratification vote, and the direction to be taken in the CSSEA talks, will be known after this report is printed, but there is no question that the frustration felt by the bargaining committees was felt by the membership.

It’s a frustration born out of the concerted and consistent agendas of successive governments that fail to address the growing crisis in our public services.

The signs are evident that failure to manage the system is resulting in decreased access to quality health care.

Last summer, Vancouver Island Health advised the union that it planned to close down microbiology services at Nanaimo Regional and Campbell River Hospitals. VIHA served notice that it was beginning a Section 54 process to address job cuts and relocations. HSA members were advised that up to 18 full time equivalent positions would be affected.

HSA lab technologists expressed concerns about the impact such a consolidation would have on the timeliness and accuracy of lab tests. The union was joined by physicians and others in the community urging the health authority to reconsider.

A week later, VIHA withdrew the notice, but did

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not retreat completely. The plan to centralize was resurfacing at the time of printing this report. HSA and the community must continue to be vigilant to ensure the best quality service is available for patients in the community.

Communities are feeling the effects of service cuts in a number of areas: ultrasound, psychiatric nursing, social work, counseling, music therapy, recreation therapy, and autism services, to name a few.

SERVICE CUTS AND REORGANIZATIONS

A critical piece of bringing the public's attention to the cuts to service is getting the story out into the public through the media, and HSA has been active in doing just that: including the cuts to autism services, the elimination of the domestic violence prevention program at Vancouver Hospital, the shortage of ultrasonographers throughout the Inte-



Reid Johnson

rior Health Authority, the failure of WorkSafe BC to protect against violence against psychiatric nurses in Vancouver Island Health Authority, and the failure to address diagnostic wait lists.

Cutting direct services is just one example of the ways that health authorities are looking to cut costs to meet the budget restrictions imposed by the provincial government.

As members throughout the Metro Vancouver region know too well, plans for consolidation of services are being developed in all areas of operations. The first round of consolidation affecting HSA

members was in diagnostic imaging. As reported in the legal services and labour relations report, HSA was able to mitigate losses for members through negotiation, but the turmoil members endured was difficult. At the time of writing this report, consolidation was also actively underway in health information management.

The plans for consolidation are not always well thought out – as evidenced by the about-face in the area of human resources, which was consolidated last year. Earlier this year, the decision to consolidate was reversed.

The reversal was, according to Vancouver Coastal Health CEO David Ostrow “...to reflect the need for high touch services – services requiring a high degree of intimate knowledge of the individual health organization – to be more integrated at the organizational level.”

It begs the question: which areas of health care delivery don't require a “high degree of intimate knowledge of the individual health organization?” Pharmacy? Laboratory services? Rehabilitation?

Consolidations. Reorganizations. Centralization. Decentralization. In HSA's 40 years, we've seen them come and go. Throughout the process, there's always upheaval, anxiety and fear among patients and their families, and among staff. Then, a few years later – or months, even, we go through it again. The objective in reorganizations should be to establish a long term system aimed at increasing and improving the quality of service to the patients who rely on our health care system to be there for them when they need it. Yet we see that objective fall by the side time and time again as the bottom-line becomes the immediate priority.

And with the incredible level of political turmoil BC finds itself in with the resignations of the Premier and the Leader of the Official Opposition within

weeks of each other, followed by leadership races in both parties, there is no certainty about what the political future holds – in the short term, let alone the longer term.

Will we have a new premier in place who carries on through to 2013 with a privatization agenda that brings upheaval to the public services we rely on? Will we be into a snap provincial election? Where will health care and social services be on the list of priorities for a new premier and/or government?

We believe there are improvements to be made in the system that benefit patients, and support the work of the people delivering the care. HSA members are problem solvers, and should be included in developing the solutions. That continues to be a position HSA advances in our meetings with local employers, health authorities, ministry staff, and elected officials. That will be the priority we continue to speak up for.

TELLING THE HSA STORY

Part of the challenge of getting the voices of health science professionals heard is in addressing the long-standing struggle we have had to create an identity for a vast bandwidth of health science professionals without whom our health care system could not function. It is a challenge we have had in our 40 years as a union.

Over the past year, the union turned its attention to developing language and messages that speak to the work of HSA members that members of the public and decision-makers understand. We contracted with a branding firm to help us focus our story so that we – and you – can do a better job of telling our story. We learned that while people don't think of health science professionals as a group essential to their good health, when they stop to think

In the coming year the board of directors has committed to continue to build HSA's presence in the public eye, and with decision-makers. Without recognition of the work of our members, our ability to influence decision-makers to support recruitment and retention, the services HSA members deliver, and understand the vital role our members play in health care and social services is limited.

about their experiences with health care, they know that health care is more than just doctors and nurses. They know that without health science professionals, there is no health care.

Our research led to two advertising campaigns focused on raising the profile of health science professionals in the system. The first campaign was a humour-based radio campaign designed to catch listeners' attention on a very serious subject: wait lists. The radio ads were accompanied by a viral video that received thousands of views, and a website.

In the fall and winter, we turned to television with an unprecedented province-wide advertising campaign. We achieved optimal exposure with the

campaign, with average viewers seeing the ads during prime-time television up to 12 times during the course of the campaign. The focus of the campaign was to succinctly and sharply make the point that without the modern and sophisticated interventions by health science professionals, the health care system can't work.

We have received excellent feedback from many quarters, including members, professional associations, and the labour movement across BC and the country. These campaigns combined made for an unprecedented paid advertising campaign for HSA.

As outlined in my report last year, the board of directors made a commitment to focusing resources on a concerted and strategic approach to increasing the profile of health science professionals amongst the public and decision makers. We are committed to continuing with a sustained public relations program aimed to build on the gains we've made through the success of our constituency liaison program, lobbying efforts, outreach, public relations, and advertising programs.

Our outreach programs include active participation in career fairs – to reach young workers considering careers in health care, continued partnerships and sponsorships with professional associations, and a focused government relations strategy. These programs all bolster the work of our constituency liaisons, who have done an excellent job of ensuring their local MLAs are aware of the role of HSA members, as well as the important health care and social services issues in their communities.

For the past 15 years, our lobbying, public relations, and advertising efforts have continued to grow, and while the results are not instant, we continue to make headway. In the coming year the board of directors has committed to continue to build HSA's presence in the public eye, and with decision-makers.

Without recognition of the work of our members, our ability to influence decision-makers to support recruitment and retention, the services HSA members deliver, and understand the vital role our members play in health care and social services is limited.

While the primary focus for the union this past year has been in bargaining at several tables – in addition to the health science professionals and community social services bargaining, an agreement was concluded in the private sector for CML members in Vancouver and Victoria – HSA has continued its work on several fronts.

HSA IN THE BROADER COMMUNITY

In the fall, HSA joined in our National Union's (NUPGE) All Together Now campaign – a national campaign focused on protecting public services. HSA, working with our sister union BCGEU, has recruited champions for the campaign. These champions are out in their communities speaking in defense of public services, delivering the message that families rely on quality public services every day and when times are tough they need these services more than ever. Cutting public spending on services provided in our local hospitals, or the schools in our community, or the home care that helps frail seniors, or the programs that protect our food and water safety, or the early learning centres that give our children the best start in life would be irresponsible and damage the quality of life for families.

As an officer of NUPGE, I have been actively involved in a dialogue at the national level about the need to address the problem of raiding – the practice of one union intervening in the affairs of another union to try to entice members to switch unions. Raiding is damaging inside the trade union movement. It pits unions against each other, instead of focusing

Outside of the labour movement, I continue to build on the successes of HSA's long-standing partnership with the Canadian Breast Cancer Foundation. Thanks to the work of the 2020 Task Force working group on the health care workforce, which I chaired, the BC Ministry of Health formed the Provincial Breast Health Project.


on the important issues of representing members on wages and working conditions and the broader trade union objectives of promoting healthy communities for all.

I am optimistic that at the national level we will be able to settle our differences and continue to work on a united front against the threats to working women and men across the country.

At the provincial level, this past fall at its annual convention, the BC Federation of Labour bid farewell to Angela Schira, the Federation's long-serving secretary treasurer. A strong representative for working women and men across BC, the board of directors sincerely wishes Angie a well-deserved healthy and relaxing retirement. Elected to replace her is Irene Lanzinger, a former president of the BC Teachers' Federation. HSA looks forward to work-

ing with Irene, and BC Fed president Jim Sinclair, in the coming years as the Federation continues to keep important issues for working people on the agenda. I am excited, too, about the constitutional change that will see the Federation conventions move to a biennial schedule. In the years the Federation does not hold a convention, it is committed to reaching out to communities across the province to help build a face for the labour movement in BC.

Outside of the labour movement, I continue to build on the successes of HSA's long-standing partnership with the Canadian Breast Cancer Foundation. Thanks to the work of the 2020 Task Force working group on the health care workforce, which I chaired, the BC Ministry of Health formed the Provincial Breast Health Project, which was initiated by the Provincial Health Services Authority as a result of the recommendations set out in the Breast Health Action Plan (2010). This project unites government, the six health authorities and community partners to work together on a provincial strategy to improve breast cancer screening, diagnosis and prevention.

As we head into our 40th year as a union, we have many successes to celebrate – and we have struggles to remember. And our future is no different. The role of a union is to work collectively to enhance the experiences of our members and our communities. It's not an easy job, but one that HSA members and staff are up for. 

Defending our members on several fronts

COLLECTIVE AGREEMENT ADMINISTRATION

It has been an extremely busy year for the staff of the Legal and Labour Relations departments at HSA.

Much of 2010 was spent preparing for bargaining and in face-to-face bargaining with the employer. It actually began long before the 2010 bargaining year with an effort in the spring of 2009 to reach an agreement in advance of the provincial election. This was followed with a Bargaining Proposal Conference in November 2009 where the union's mandate was determined by the members. As members are aware, it was a very difficult round of bargaining in the face of PSEC's net-zero mandate. The process of bargaining involved a tremendous amount of research, discussions, foresight and creativity on the part of the HSA staff and the elected members on the negotiating committee.

Another area that drew much attention and staff resources was the Health Authorities' drive to consolidate existing services in the Lower Mainland. HSA faced the employer head-on to force it to back down from unreasonable demands for change as well as to ensure job protection for HSA members. The first service area to be consolidated was diagnostic imaging. Following the agreement reached in that area, other plans to consolidate service areas slowed as the parties examined the possibility of negotiating consolidation at bargaining table. While no further consolidation

agreements were reached through collective bargaining, the proposed agreement did improve protection for members from layoff through an expanded seniority unit.

Those are a couple of the highlights. Much more happens on a day-to-day basis as Legal and Labour Relations staff advocate on behalf of the members of HSA. I am very proud of these folks and wish to thank them for their dedication and hard work this past year.

BILL 29 EDUCATION FUNDS

The disbursement of professional development funds under the Bill 29 agreements is nearing completion although there is still some activity under the HSPBA and CSSBA funds.

The last deadline for applications in the HSPBA was November 15, 2009. We received many more applications than we were able to fund. However, some members were not able to use the funding that was allocated for them so, as that money becomes available, we have continued to approve additional applications that were submitted by the deadline.

Applications from 17 CSSBA members were approved for amounts up to \$1700. The deadline for submitting receipts was March 31, 2011. Any funds remaining following that deadline will be reallocated to other CSSBA applicants.

BARGAINING

Over the past year, both the HSPBA and the CSSBA have been working hard to reach a deal for the renewal of collective agreements that expired on March 31, 2010.

We reported last year on the agreements that were reached by the Nurses' Bargaining Association and the Health Services and Support (Community Subsector) Bargaining Association.

Health Science Professionals Bargaining Association

After nine months of bargaining, a tentative agreement was reached on December 22, 2010.

The agreement was reached in an extremely tough bargaining climate and had to work within the provincial government's "net-zero" mandate.

The bargaining proposal conference in November 2009 identified five key priorities:

- Wage increase
- Improved benefits
- Protection of quality health care
- Strengthening of job security
- Modernization of classification system

With the exception of a general wage increase, the tentative agreement addressed every other priority area. The HSA bargaining committee and HSA board of directors recommended that members support the proposed agreement.

At the time of printing of the Annual Report, ratification meetings were in progress.

Community Social Services Bargaining Association

CSSBA negotiations broke off in December of 2010.



Maureen Headley

The CSSBA had been negotiating since the fall of 2009 with no progress to report. The unions were struggling with the extremely difficult net-zero mandate and had not been able to make progress on any other issues.

At the time of printing of the Annual Report, membership meetings were being held across the province to consider options and next steps.

ENHANCED DISABILITY MANAGEMENT PROGRAM

In the spring of 2009, HSA agreed to participate in a pilot project in Vancouver Coastal Health Authority

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

creating a joint employer/union disability management process that is designed to streamline the process, maximize opportunities for disabled members to participate in the workplace, and reduce costs associated with sick time and Long Term Disability. At the same time, we began joint discussions with the BC Nurses' Union and with HEABC toward creating a similar province-wide program. Those discussions were ongoing through January 2011 and at the time of writing, we expect that a new disability management program that provides a process for individualized case management plans jointly developed by the steward and the employer will be implemented April 1, 2011. In anticipation of this new program, HSA has been developing a comprehensive steward training program that will ensure our stewards have the skills and resources they need to serve our members.

PENSIONS AND BENEFITS ADVOCACY

As reported last year, HSA continues to participate in an important dialogue about the future of the Municipal Pension Plan (MPP). These multi-party discussions, which began in October 2009 through an initiative of the MPP Board of Trustees, include our other Plan Partners and Appointing Authorities participating in the Municipal Pension Plan.

Issues being discussed include funding options, maintaining inflation protection, early retirement incentives, and revisiting the transitional agreement on surplus – which is the cornerstone of the Plan trust agreement.

We anticipate that this work will be ongoing throughout 2011 as participating Plan member organizations like HSA consider how changes to the Plan would impact their members in both the short and long term.

As an extremely important part of the benefit pack-

age for active members – and the most important part for retired members – securing the pension benefit for members at all stages of their career is a major priority for HSA. Consequently, any changes to the Plan design would be made very carefully and with full consideration of the Plan as a whole to ensure it remains as viable and secure as possible during these turbulent economic times.

HSA members working in the community social services sector became eligible to join the Municipal Pension Plan in April 2010 because of gains bargained during the 2006 round of bargaining. To ensure that members understood the value of participating in the MPP, HSA held regional information sessions throughout in the province that were generally well attended – and all well received. We believe that over time, the introduction of the MPP to the community social services sector is a very positive development that will help foster long-term stability to these important community services.

Despite concerns about the resulting impact on program funding and the general fiscal uncertainty in the sector, members, when given the opportunity to weigh the benefits of joining the Municipal Pension Plan, did so in overwhelming numbers.

Another area of intense activity in the advocacy department during 2010 has been to support of the work of the LTD trustees as they deal with some major funding challenges for the two remaining closed LTD Trusts.

Like many pension or LTD plans, the turmoil of the economic meltdown in 2008 is still playing out as steep losses were incurred by the trusts, affecting the long-term viability of providing the current level of benefits to claimants. As these trusts are closed and no money is coming in, trustees are faced with some hard decisions under difficult conditions.

RESEARCH

Research continued to provide support for bargaining in 2010. HEABC has provided HSA with the Health Sector Compensation Information System (HSCIS) payroll information and Difficult to Fill (DTF) information for 2009 to support the work of the bargaining committee.

As a result of the Lower Mainland consolidation, HSA researchers have requested financial and statistical information through Freedom of Information (FOI) requests from Fraser Health Authority Provincial Health Services Authority, Providence Health Care, and Vancouver Coastal Health Authority. Information has been requested for Medical Laboratory Services, Pharmacy, Biomedical Engineering, Health Records, and Diagnostic Imaging.

To date, a significant amount of information has been gathered on Magnetic Resonance Imaging (MRI) in British Columbia. This has been done through information interviews with contacts within health authorities. We are expecting a response on the Freedom of Information (FOI) requests sent to the Health Authorities and the Workers' Compensation of British Columbia in early 2011.

To support research efforts, we have strengthened our relationship with external parties. This provides for a greater network of individuals to draw upon when fielding research requests. We have developed or maintained key contact(s) with the following organizations:

- British Columbia Medical Association (BCMA)
- Ministry of Regional Economics and Skills Development
- Ministry of Health Services (MOH)
- Public Sector Employers' Council (PSEC)
- Health authority contacts working in finance, human resources and information systems
- Professional organizations and unions in other provincial jurisdictions
- British Columbia Institute of Technology. In January 2011, there is a scheduled meeting with the Dean of Health Sciences and the two Associate Deans to discuss issues associated with training spaces and education for allied health professions.

Other research activities include the tracking of Section 54 cuts in a database to ensure that all relevant information is captured, and maintaining a comprehensive 'professions catalogue' to support the work of the classifications department.

CLASSIFICATIONS

Health Science Professions Focus Groups

In anticipation of achieving the HSPBA's bargaining goal to modernize the classification system, HSA convened 15 focus group meetings in 2010. Each full-day meeting was dedicated to a specific profession, with the primary purpose being to discuss an HSA-drafted document that described the duties, responsibilities, and qualifications for the profession's entry level position.

HSA member participants were selected to provide input from as broad a perspective as possible. Members provided valuable input from their experiences working at the entry or leadership level, and in a variety of practice areas, institution, or community settings, and geographic locations. Participants also included representatives from the constituent unions in HSPBA, relevant educational institutes, professional associations, and regulatory colleges (where applicable). Given the collective breadth of knowledge and expertise possessed by each meeting's participants, the discussion also covered workplace, education, professional, and regulatory developments.

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

Information obtained through these focus groups has helped update HSA's extensive classifications records.

Memorandum of Understanding re: Medical Technology Special Procedures and Additional Procedures

Pursuant to a collective agreement requirement, the HSPBA and HEABC reviewed the 1990 MoU to identify those procedures that currently satisfy the Special Procedures and Additional Procedures definitions. The parties agreed to revise the MoU by adding one Special Procedure, deleting one Additional Procedure, and amending three Additional Procedures. Along with an explanatory covering memorandum, the revised MoU has been sent to all Medical Technologists and their Chief Stewards.

Classification File Statistics

During 2010, we received some 400 new or revised HSP job descriptions which generated 116 policy grievances. Also, the department took conduct of 46 member-initiated grievances.

Twenty-nine member-initiated HSP classification grievances were settled in 2010, reflecting HSA's continuing priority to resolve matters grieved by its members. A further 108 classification policy grievances were settled during the same period.

Some 30 classification files were resolved in each of the Community Health Services and Support and Community Social Services subsectors in 2010.

WORKERS' COMPENSATION APPEALS

HSA continues to provide members with full representation throughout the course of the WCB (now known as WorkSafeBC) appeals. We have an overall

success rate of 81.8% (Review Division and WCAT) and a WCAT success rate of 79.3% which is significantly higher than the WCAT average of 37% (WCAT 2009 Annual Report – latest data available).

As always, the majority of HSA work injuries are repetitive strain injuries or ASTDs as they are known (Accumulative soft tissue disorder). Imaging technologists continue to represent the majority of claims, followed by ultrasound technologists, physiotherapists and occupational therapists.

We have seen no change in the volume of injured ultrasound technologists who must fight through the appeal process in order to have their claims accepted.

This is in spite of the fact that HSA now provides a full expert ergonomic assessment for virtually every ASTD appeal. WorkSafe BC fired its ergonomists in 2003 and delegated the responsibility for doing these assessments onto their already overloaded case managers. This necessitated HSA having to obtain and provide appellate tribunals with our own expert reports. It is the quality of these reports that largely accounts for HSA's substantial success rate significantly higher than the WCAT average.

WorkSafe BC has not substantially changed any policies allowing greater entitlement to workers in 2010 and the current government has not made any legislative changes to reinstate any benefits it legislatively stripped from workers in 2002 and 2003. However, the courts on judicial review have referred several issues back to the WCAT resulting in referrals back to WorkSafe BC that may positively affect entitlement to workers.

We have upgraded the information available to our members on the HSA website. As always, our goal is to provide our stewards as well as our members with easy access to critical information concerning their rights in respect of safety at the workplace as well as their rights and the process of workers' compensation claims. We are also finding that stewards and members are in-

creasingly contacting the advocates for advice before filing WorkSafe BC claims to assure that important and relevant information is provided at the outset to avoid, if possible, the appeal system.

LONG TERM DISABILITY AND RETURN TO WORK

The past year has seen a marked increase in the number of LTD appeal files being managed by the HSA benefits advocates. Member claims are being denied or terminated at all stages: many when the application is first filed; some which have been accepted and then are terminated part-way through the 24 month own occupation timeframe; and, increasingly and often with little notice, for members who have been on claim for many years.

In addition, there has been a substantial increase in the number of claims which continue to be declined on reconsideration, i.e. when the union advocate submits a written argument along with additional new supporting medical information. This has resulted in an approximately 400% increase in the number of appeals which are referred to a Claims Review Committee hearing. With the average Claims Review Committee hearing costing around \$5,000, this represents a significant expense. We have been tracking the outcome of the files which go to hearing. Although the process is slow, we can report that we are successful in the vast majority of the cases which have gone to hearing to date.

The jointly governed disability management project at Vancouver Coastal Health Authority has been in place for more than 1½ years. With stated goals of providing early and appropriate support, maintaining an employee's connection to her workplace, offering options for rehabilitation services, as well as offering early and safe return to work opportunities, the project has assisted many employees in realizing a faster return to health and a productive lifestyle. In addition, the

program has successfully reduced the number and duration of long term disability claims filed.

The success of the Vancouver Coastal model has also encouraged other health authorities such as Fraser Health to consider developing a similar disability management program.

LRO SERVICING

The LROs were very busy in 2010 dealing with many of the employer's new programs, reorganizations, consolidation of services, as well as bargaining. And these activities continue to stretch resources as programs become larger in scope and require an additional level of coordinated response by the union. LROs are now routinely involved in meetings at the local, health authority, and provincial levels.

After many false alarms, the employer moved forward with plans to reorganize existing services in the first of five consolidations impacting HSA members, diagnostic imaging. The amount of change is staggering and HSA met on many occasions with the employer to fight back the more unreasonable parts of the intended changes as well as to ensure there would be no layoffs. And while we achieved success in preventing layoffs, we also negotiated expanded seniority units so that members will have new options to follow transferred work in the new operation and set their own direction for their career path. At the time of writing HSA is actively addressing the Health Information Management change to a consolidated service and HSA strives to achieve a similar outcome.

LROs have also responded to a number of the employers' planned reorganization of services. This includes:

- Reorganization of services at many residential care units on Vancouver Island and Fraser

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Health such that Licensed Practical Nurses have replaced many RPNs

- Reduction/ elimination of autism intervention services at Queen Alexandra Hospital in Victoria; Central Okanagan Child Development association in Kelowna; Thompson Nicola Valley Resource Society in Kamloops and Okanogan Similkameen Neurological Society in Penticton
- Reduction of FTEs at Vancouver Mental Health
- Reduction of Community Living services and Outreach at Future Focus
- Reduction of employment services for mentally ill clients at Open Door Group
- Closure of VCH Workability Centre and MSIP Program
- Restructuring of psychiatric services in Fraser Health
- Restructuring of Microbiology Laboratory services in Fraser Health, Northern Health, and Vancouver Island Health
- Closure of convalescent care centre at Queen's Park Care Centre
- Elimination of social work positions in Fraser Health
- Reductions in recreational therapist and music therapist positions at different sites throughout province
- Reductions related to digitization of film at CML Healthcare
- Relocation of Riverview beds; Transition of RPNs and health science professionals

LROs are also involved with the increasing number of members requiring assistance in managing their way through the requirements to prove illness and pursuit of accommodation in the workplace to allow for continued employment. HSA has been working with the Vancouver Coastal Health Authority on a pilot project

that focuses on providing those members on sick leave but not yet on LTD claim with the necessary supports required to get back to work. While a number of matters are dealt with by stewards, the union is experiencing more complex cases that include a labour relations concern in addition to medical matters. This has meant added labour relations resources for this new category of employees returning to work in addition to the already growing number of members coming off LTD claims looking to return to work and requiring accommodation.

Another area HSA has been increasingly involved with is programs such as the Attendance Promotion Program in Vancouver Coastal Health. These programs can be harmful to our members and the union is meeting with the employer to reduce the potential for harm and increase assistance to members in need. This is particularly important with programs that have the potential to be applied in additional health authorities.

LROs have also been involved in collective agreement negotiations. Negotiation of the HSPBA collective agreement involved many LROs in a variety of planning phases as well as direct assistance at the negotiating table. LROs also have assignments to other negotiations: Community Health Support; Community Social Services, and CML Healthcare.

LEGAL DEPARTMENT

It has proven to be another very busy year for legal department. We said good bye to HSA staff lawyer, Stephen Hutchison, in July 2010, as he returned to private practice, and welcomed Greg Mullaly as a new staff lawyer in August 2010. Greg brings with him many years of union side labour law experience including 10 years as a vice-chair with the BC Labour Relations Board.

Aside from the committee and project work un-

dertaken by our two lawyers, they were also kept busy with matters before the arbitration board, professional bodies and the Labour Relations Board.

Advocacy

This year 49 files were opened by the legal department requiring a wide range of representation. Of these 49 files, 38 were grievances filed pursuant to the collective agreement or were complaints to the professional colleges to which our members belong. The breakdown was as follows: 23% involved representing members regarding complaints before professional colleges, 22% involved excessive discipline and discharge, 24 % were disputes related to the classification and wage rate provisions of the collective agreement and 31% involved other issues in the collective agreement.

We continue to see an increase in the number of complaints about members to the colleges.

One growing “complaint” category is breach of patient and client confidentiality. This is an area strictly enforced by most employers and we see a number of discipline grievances, often with a corresponding complaint to the member’s professional body. We strongly encourage HSA members to be aware of their employer’s policy and be careful that their practice complies.


We continue to make use of the expedited arbitration provisions under Section 104 of the Labour Relations Code. Section 104 provides for an expedited process which most often includes the appointment of a settlement officer. In most cases these applications result in a settlement. This expedited process is particularly useful in discipline and dismissal grievances. Dismissal grievances are often resolved within 60 days thereby reducing ongoing harm to a grievor resulting from procedural delays.

LABOUR RELATIONS BOARD

We applied for and were granted standing in several matters before the Labour Relations Board (the Board) this past year. The cases before the Board in which we applied for standing were of particular labour relations interest to HSA and we wanted to ensure that certification rights of the HSA were not undermined.

In one particular application, the BC Nurses’ Union applied to be certified to represent a unit of the emergency room attendants at Surrey Memorial and Royal Columbian Hospitals. The bargaining unit applied for was in the Health Services and Support – Facilities Subsector (the “Facilities Subsector”). The Hospital Employees’ Union opposed the BCNU’s applications, calling them “untimely partial raids”.

HSA took interest in the broader issue that the units sought by BCNU were not appropriate for bargaining because they result in an unacceptable proliferation of bargaining agents at RCH and SMH within the Facilities Subsector. This position was accepted by the Board and the BCNU’s applications for certification were not granted.

The original decision of the panel was upheld and leave for reconsideration by the BCNU was denied. 

*Respectfully submitted,
Maureen Headley, Executive Director
of Legal Services and Labour Relations*

Working to provide the best support for members like you

It has been a busy and exciting year for the Human Resources and Operations department as we continue to develop the department and ensure that our priorities and goals are aligned with HSA organizational objectives – the primary being the effective representation of HSA members.

A major priority for our department is organizational effectiveness – in other words, ensuring that we provide outstanding support to HSA members and staff in the most cost-effective way possible.

In 2010, we began a three-year strategy to co-locate our network infrastructure into a data centre environment through a strategic partnership with Telus.

Using this approach, we reduce the risks and costs associated with maintaining our infrastructure on-site and avoid retrofitting our real estate to accommodate the storage of technology equipment.

As an added benefit, we can leverage this approach to facilitate new working styles, greatly increasing performance of “access anywhere” technology and enabling our servicing staff to be more efficient on the road.

In addition, we inherit long-term business continuity and disaster recovery benefits to protect your investment in technology and the important data required for operating our union.

Finally, the strategy allows us to refocus informa-

tion technology resources on user support, which has a direct benefit to staff and members.

The co-location of our IT infrastructure helps to address another priority for HSA: finding a long-term solution to our space crunch.

For the past eleven years, HSA’s head office has been in our current location adjacent to the Joyce Street Skytrain station in Vancouver. During that same time, HSA’s membership has grown significantly – approximately 43 per cent – creating extra demand for offices, meeting rooms, training facilities and storage.

This year, HSA initiated a space planning exercise to examine our current and future space needs and evaluate different options for addressing them. Part of this exercise involves examining ways to maximize our space by changing the way the office is designed to reflect how staff actually work. It also means equipping staff with the tools they need to work productively from outside the office given the highly mobile nature of the work.

HSA recently engaged the services of Avison Young Commercial Real Estate and Kasian Architecture who will work with us over the next year to evaluate the different options available to us and identify a solution that works for us both operationally and financially.

Staff training and development continues to be a





ELECTIONS

The president of the Health Sciences Association is elected by delegates at annual convention in odd-numbered years. Members are encouraged to seek nomination and to run for the position of president. Nominations are open until the balloting procedure commences at the convention.

The Annual Report prints statements and photographs of candidates submitted prior to the deadline publicized in December. For more information, talk to your steward, or contact the HSA office at 1-800-663-2017 or 604-439-0994.

Candidate statements printed on the following pages are presented in random order as determined by draw.



PRESIDENTIAL ELECTION 2011

Norm Smith

Norm Smith is a Radiology Department Manager. He has been Chief Steward at three hospitals during his 16 years with HSA. Norm also has a long background in politics and activism, with over 100 published interviews, articles and opinions representing various causes.

HSA GETS WEAK CONTRACTS BASED ON ECONOMIC DECEPTION: The BC Liberals gave themselves pay raises of 29%, and Campbell got a \$60,951 raise (48.1%). The website gov.bc.ca forecasted massive economic growth including 3.5% GDP growth. Canada's five largest banks also predicted 3.5% growth. Then the government and the employer's union had the audacity to insist that HSA members get 'net

zero', supposedly because the economy is really, really bad. Give me a break.


We must call BS when we see it. Either the economy is hot or not. HSA can't let them have it both ways. HSA should have raked the employer over the coals on the six o'clock news, and in the newspapers. We should have put the government and the employers union in a position where they had to publicly attempt to defend their totally conflicting economic stories.

We should have commenced rotating strikes to draw attention to the government/employer arrogance and deceit. We could have won the public over for reasonable 'cost of living' raises. Fair is fair.

Collective agreements must always keep up with the cost of living (3.5% annually). As HSA President I will establish HSA as a strong labour union that insists on fair wage increases, like the BCNU always gets. There is nothing greedy about that. In fact, cost of living increases are very modest and fair when compared to those lavish, greedy government raises.

LOWER MAINLAND CONSOLIDATION: The collective agreement says "In the event of a reduction in the workforce, employees shall be laid off in reverse order of seniority..." Something went terribly wrong. Many senior HSA positions were eliminated, including lots of front line workers. Are you next? HSA must defend our contract. "Last hired, first fired" is a bedrock labour union principle that goes back hundreds of years. Seniority must be respected.

ONE MEMBER, ONE VOTE: Only 2% of HSA members get to cast a vote for our union's President. I will put this issue on the front burner and fight for every member's right to cast a vote. Let's make HSA a democracy.

That's my opinion. 



PRESIDENTIAL ELECTION 2011

Reid Johnson

After four years, I'm excited to run again as your HSA president. These are turbulent times and I offer experienced leadership in weathering this economic and political storm.

HSA members are struggling with this uncertainty. Government appeared to value your contributions in health care and social services after a promising 2006 agreement. But this round has proven otherwise. Government is bent on privatization and devaluing public services.

As president, I have focused on raising our profile, increasing our influence and speaking up for the value of your contributions in health care and social services. We have made significant strides drawing


media attention to our issues and building public profile for our members. But we are still in this struggle. Our work must continue.

Being president of HSA is a complex job. The president oversees union governance, is the chief spokesperson for our members, and is the CEO of the union's operations. While my previous experience serving four terms on HSA's Board and three years as Secretary-Treasurer helped prepare me for the role, understanding the complexities of the role in practical terms is no easy feat; one I'm still striving to learn.

It takes time to build the credibility and skills to effectively represent HSA to government, health authorities and the broader labour community. Investing in these forums has been a primary focus of my presidency. My priority is to build HSA's credibility and influence wherever the opportunity arises. I believe my experience will allow me to do just that.

Prior to being elected president in 2007, I worked in acute care, psychiatry and community social services. I had served many years in leadership roles, managing people and resources, building the skills and experience necessary to handle the intensity of directing the business of our union. I have brought positive and effective leadership to HSA's operations, building our servicing workforce for members while demonstrating our values in balancing innovation with financial responsibility.

Members can find out more about me at www.reidjohnson.ca, sign up for my Facebook page or follow me on Twitter.

Difficult times call for continuity, determined leadership and a commitment to build on the progress achieved over the past four years. Though we are in a struggle, we must not lose heart. As Tommy Douglas said, "Courage my friends; 'tis not too late to build a better world." I appreciate your support in re-electing me president of HSA. 



PRESIDENTIAL ELECTION 2011

Kevin Towhey

My name is Kevin Towhey. I have been an X-ray technologist for ten years, and have been active with HSA for six of those ten years. For the first two years I served on the Run for the Cure committee. This year as a member at large I am sitting on the resolutions committee.

Before becoming an X-ray technologist I had a variety of jobs, ranging from sales to manual labour which has helped me appreciate my chosen profession. Let me tell you without a doubt this is the best job I've ever had. I respect the struggle of those that came before me, the sacrifice of long-time members to provide the newer member with all of the benefits and protections afforded us under the collective

agreement.

Our publicly-funded health care system is something Canadians hold near and dear to their hearts and should not let go without a fight. The Canadian health care system is built on the principles of: public administration, comprehensiveness, universality, portability and accessibility. These principles must be maintained and protected. I share with my members a sense of disillusionment and a feeling of being undervalued by the present government. This is our fault because we have been ineffective in communicating the vital role we play in health care. The attempts we have made thus far in educating the public on the important work that HSA members do every day has fallen short.

I am running for the office of president because I feel a change is needed in the leadership of the HSA at this time. I believe the organization as a whole needs to be less humble and more vocal. We are a valuable and integral part of the health care system in this country. The essential work HSA members do day after day needs to be put front and centre to make the public aware. When there is a health-related issue in the news I want the media at HSA's door asking for our opinion. I believe the time is now to make a change for HSA's future. 2011





RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



John Christopherson, Mandi Ayers, Val Avery, Erna Erwin, Kevin Towhey, Gwen Derosa, Dave Noga, Erna Bruce, Irene Hobbins, Rosemary DeYagher, Christin Lumsden, Cheryl Greenhalgh, Janice Morrison

The HSA constitution states: “members of the union may bring matters before a convention for consideration by means of resolutions submitted to, and approved by, their chapter. These resolutions may include proposed constitutional changes or policy matters.” The Board of Directors may also put resolutions forward. It is the mandate of the resolutions committee to study and make recommendations to the convention on all resolutions.

The structure of the committee is one elected member at large from each of HSA’s ten regions, one member of the Board of Directors and the vice president who is the chair of the committee.

When resolutions are received they are reviewed for:

- Their structure; all the “whereas” statements must be a statement of fact.
- There must be a clearly stated “therefore be it resolved” statement(s) that stands alone and

Your committee:

Val Avery
(Chair and Vice President)
Janice Morrison
(Director, Region 9)
Irene Hobbins
(Member at Large, Region 1)
Erna Bruce
(Member at Large, Region 2)
Cheryl Greenhalgh
(Member at Large, Region 3)
Erna Erwin
(Member at Large, Region 4)
John Christopherson
(Member at Large, Region 5)
Dave Noga
(Member at Large, Region 6)
Christin Lumsden
(Member at Large, Region 7)
Kevin Towhey
(Member at Large, Region 8)
Gwen Derosa
(Member at Large, Region 9)
Mandi Ayers
(Member at Large, Region 10)
Maureen Headley (Staff)
Rosemary DeYagher (Staff)

provides direction to the union as to what the resolution is attempting to achieve.

- The resolution must be no more than 150 words.
- Resolutions that deal with bargaining are not addressed by the committee. They are put forward to the bargaining proposal conferences for the respective bargaining units.

After passing the initial review process the resolutions are then categorized as constitutional, edu-





COMMITTEE
REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



Wendy Reilly, Colette Barker, Suzanne Bennett, Kimball Finigan, Irene Hobbins

Your committee:

Suzanne Bennett
(Chair and Director, Region 1)
Kimball Finigan
(Director, Region 5)
Irene Hobbins
(Member at Large, Region 1)
Colette Barker
(Member at Large, Region 6)
Wendy Reilly
(Member at Large, Region 8)
Yukie Kurahashi (Staff)

On behalf of HSA, the Committee on Equality and Social Action promotes economic and social justice, equality, and labour solidarity. CESA encourages members to join other HSA activists to advocate for positive social change.

The members of this year's committee worked to continue broadening awareness, and increasing recognition and support for women's issues.

As decided by delegates at the union's annual convention, the committee's primary domestic focus is BC, and our international focus is Central and South America. The committee works with other organizations and groups to exchange information, share ideas, and raise members' awareness and participation in working towards social justice.

ISSUE EDUCATION AND OUTREACH

As chair of the Committee on Equality and Social Action, I represent HSA on the National Union's

Advisory Committee on Women's Issues. NUPGE brings together the chairs of the women's committees of constituent unions to form this committee. While HSA is one of only two participating unions without a women's committee, I am proud of our union's contributions in advancing women's equality. Last spring, this national committee sponsored a conference of working women from across Canada. Participants in NUPGE's Quality of Women's Lives conference explored the issues of balancing responsibilities at work and at home, culminating in difficulties finding time to get involved in their unions, or run for political office.

Throughout this year and last, we have worked to highlight the importance of ensuring the union's elected representatives and activists reflect the makeup of our union. The chairs and staff of four HSA committees – Education, Political Action, Elections, and Equality and Social Action – met last year to explore this issue. At the fall regional meetings, the regional

directors were asked to lead discussions on various barriers to participations that different groups might have, and how the union can help overcome these barriers. We invite your ideas.

FUNDRAISING

Many union conventions and social action events include a small “marketplace” of vendors and display booths. Two winters ago, HSA’s board of directors voted in favour of the committee’s recommendation that the union develop an application process to encourage such participation.

This year marks the second time HSA’s convention has had such a marketplace.

In exchange for any fundraising activities at HSA’s convention, social activism groups are asked to provide educational materials and a spokesperson to engage convention delegates about their cause. Their materials and energy for social change will help HSA delegates become more informed about what we can do – as individuals, union activists, and as part of the broader labour movement – to make a difference.

At convention again this year, regional baskets – filled by HSA members from each region with local specialties – will be raffled to raise even more funds towards the Equality and Social Action Fund.

Proceeds from this year’s convention raffle will go to Camp Jubilee. BC’s labour movement established Camp Jubilee – located on the shores of Indian Arm – to create outdoor recreational opportunities for children of lower income families. Today, it is a vibrant camp and conference centre and HSA President Reid Johnson serves on the board of Camp Jubilee as vice president. Learn more at campjubilee.ca.

Every \$500 raised through the raffle will send one more child to summer camp. Last year’s raffle raised more than \$2000; let’s see if we can do better this year!

PROTEIN FOR PEOPLE

This year’s committee is again especially proud of our partnership with Protein for People. Protein for People is a BC labour movement initiative to donate canned salmon to food banks. Each can carries a label identifying labour’s contribution, and the project provides cans for a fraction of the cost that food banks must pay to provide similar protein-rich cans.

Protein for People also conducts successful “community forum” events, held in partnership with local food banks. Participants enjoy burgers served by firefighters. There are also various booths, such as BC Housing, where some people facing eviction have been placed into housing on the spot; and employment standards booths with advocates who can answer questions about workers’ rights. A “health services” booth seems a natural fit for these forums; Protein for People and HSA are discussing the possibilities. HSA’s continuing contribution as a member of the “affiliates’ council” is noted.

TAKING ACTION

The committee encourages members to bring to our attention issues of social justice or solidarity. Delegates at last year’s annual convention gave direction on various issues through convention resolutions. The following is a summary of how the committee continues to take action.

Resolution #14: advocate through the Canada Haiti Action Network to ensure the reconstruction of Haiti is done in the best interest of Haitians.

- CESA encourages members to visit the websites of the Canada Haiti Action Network and Zanmi Lasante to learn about community-based rebuilding and the health care models being delivered in partnership with Haitian communities.
- Canada Haiti Action Network: canadahaitiaction.ca/earthquake_aid
- Zanmi Lasante: pih.org/pages/haiti

Resolution #15: lobby the International Monetary Fund to cancel Haiti's foreign debt.

- The good news: Haiti's existing foreign debt was cancelled without conditions soon after last year's earthquake.
- The bad news: Haiti has incurred subsequent debt due to reconstruction efforts.

Resolution #16: survey women's shelters for direction on donation of hotel toiletries.

- At union events, HSA routinely collects unused hotel toiletries from delegates and participants and donates these to local women's shelters. This resolution asked HSA to investigate this practice.
- On behalf of the committee, Irene Hobbins – a women's support worker at Haven Society in Nanaimo – undertook a survey of all women's organizations at which HSA represents members. The organizations unanimously asked for the toiletry donations to continue.
- A selection of comments from the survey:
 - » "Yes, we use them in the transition house, our downtown office, and at drop in. They are the perfect size."
 - » "They are especially useful for people who live on the street. I don't think people understand how difficult it is for people who are homeless and do not have access to personal hygiene resources."
 - » "Low- to no-income population really like them. They are free, easily transportable. Works well in crisis shelters, and is nice to give in a welcome bag."

Resolution #18: continue to support international aid agencies providing services through health science professions.

- This is ongoing, through our partnerships with

CoDevelopment Canada and Zanmi Lasante, among others.

Resolution #19: lobby to ensure the Olympic Village retains the percentage of social house as originally planned; lobby to provide adequate social housing.

- In the days following last year's convention, Vancouver City Council considered a motion to reduce the number of social housing units at Olympic Village. HSA President Reid Johnson wrote a letter to Vancouver City Council calling attention to the resolution passed by HSA convention delegates. Johnson urged the mayor and council to consider the health and social costs that can be alleviated through adequate social housing.
- An excerpt from the letter:

"Our members work in counselling and outreach on the Downtown Eastside, as well as in emergency rooms and transition houses. Over the years, health care and community social service professionals have seen a steady increase in the health and social costs of poverty and homelessness – as well as an increase in the human suffering that they see in their clients every day.

On behalf of the members of our union, I urge you to continue in the leadership role you took when you promised during the 2003 Olympics plebiscite that the Athletes' Village would include a significant level of social housing.

Providing adequate social housing will ultimately serve to cut the City's costs in emergency response and security, as well as reduce the province's overall costs for health and community services. Adequate social housing is also the first step towards reducing the number of women who feel they must stay in violent relationships."

As a final note, I would like to thank all the commit-

tee members for their hard work this year. As I am retiring in the upcoming year, this will be my last year as committee chair. Of all the union activities that I have had the privilege of participating in, the work of this committee has been one of my greatest pleasures. I hope all union members will continue to carry for-

ward the work still needed to achieve equality, eliminate discrimination, and develop fruitful partnerships across BC and beyond our borders. ²⁰¹¹

*Respectfully submitted,
Suzanne Bennett, Chair*

Equality and Social Action Fund: Donations: 2010

Due to various government cutbacks and the economic downturn, request volume this year was unprecedented; requests totaled more than \$100,000. This year's committee had the difficult task of balancing the requests from more than two dozen organizations, all with worthy, well-delineated projects.

Canada Without Poverty	2000
CoDevelopment Canada	14000
Living Wage for Families Campaign	2000
Coalition of Child Care Advocates of BC	2600
Downtown Eastside Women's Centre	4000
Sierra Club of BC Foundation	1000
First Call: BC Child and Youth Advocacy Coalition	1000
Vancouver Rape Relief Society	1500
"We Can All End Violence Against Women"	
BC Campaign	1000
World Peace Forum Society	1500
Protein for People	3000
Qmunity	2500
South Okanagan Victim Assistance Society	2500
BC Coalition of People with Disabilities	1500
Positive Living North:	
No Kheyoh t'sih'en t'sehena Society	2768
West Kootenay Women's Association	2500
Check Your Head:	
the Youth Global Education Network	4000

Nanaimo Women's Resource Society	2500
Penticton and Area Women's Centre	2500
Vancouver Co-operative Radio	2500
Haiti Union Solidarity Fund	2000
West Coast Legal Education and Action Fund (LEAF)	4000

TOTAL **\$62,868**

Horn of Africa
\$1969.26 from HSA's credit card cash back accumulation

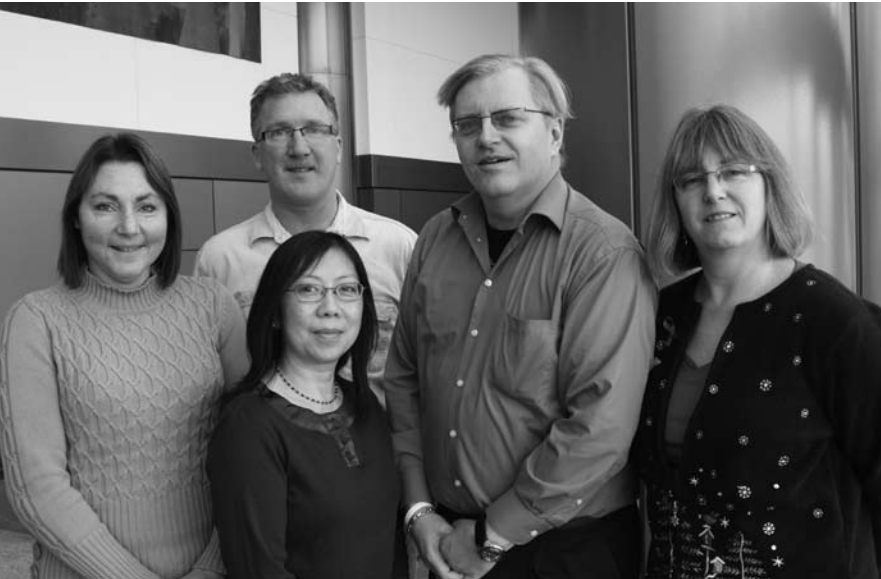
Vancouver Rape Relief
Additional \$984 from 2009 convention vendor donations

Camp Jubilee
approx. \$3000 projected fundraising at convention

Additional donations:

- Convention vendors donated a percentage of their proceeds to the Equality and Social Action Fund, as follows. On behalf of HSA, CESA extends thanks to:
 - » Kirsty Babcock "Semiprecious" jewellery: \$412
 - » Sally Salter "Orient Expressed" jewellery: \$350
 - » Canadian First Marketing: \$222

EDUCATION COMMITTEE



Leila Lolua, Jim Christensen, Anita Bardal, Larry Bryan, Marg Beddis

Your committee:

Marg Beddis
(Chair, Director, Region 7)
Anita Bardal
(Director, Region 6)
Larry Bryan
(Member at Large, Region 5)
Jim Christensen
(Member at Large, Region 8)
Rick Lascelle
(Member at Large, Region 3)
Leila Lolua (Staff)

Overseeing HSA's comprehensive education program is the mandate of the education committee. Education is vital to ensure that stewards have the knowledge and tools required to represent members and HSA's interests. The role of the steward includes organizing within HSA chapters, advocating for members' rights and being involved with HSA as a political organization. There continues to be increasing demand for core steward training – three-day workshops for new stewards and two-day workshops for health and safety stewards. Constituency liaison training has increased to meet the expanded number of HSA members who have stepped up to educate MLAs about HSA and issues important to our members' interests. HSA provides labour council delegate training for members who participate in their local CLC labour councils to ensure that our activists have the knowledge to represent HSA effectively. The education budget has been increased to accommodate the growing number of stewards attending these core workshops.

The committee considers ideas for workshops they would like to see offered, based on issues that affect our members. The committee makes recommendations to the Board of Directors regarding policies and programs consistent with the goals and objectives of HSA.

EXTERNAL LABOUR EDUCATION

The committee also oversees the selection of HSA scholarships that offer members the chance to participate in external labour-sponsored education at the Canadian Labour Congress Winter School and the Summer Institute for Union Women. HSA funds wage replacement and costs to make it possible for members to experience these valuable, multi-union educational opportunities. This year, because of a dispute between NUPGE and the CLC, HSA members did not participate in the CLC Winter School. At this time, it is unknown whether or not HSA will participate in the Summer Institute for Union Women, which will be held at the University of Victoria,

July 13 to 17, 2011. Please see our website for updated information.

FINANCIAL AID AND AWARDS PLAN

HSA's Financial Aid and Awards Plan supports members and their children through bursaries (20 full-time and four part-time) and scholarships (ten full-time) for post-secondary study in a public education facility. As always, the committee is impressed by the quality of applicants. Applications are ranked according to established criteria including: academic marks, a statement of interest and an essay about unions (for scholarships); and financial need, a statement of interest and an essay about unions (for bursaries).

As a way to encourage aboriginal people to enter HSA-related fields, HSA offers two \$1,000 aboriginal bursaries for students entering post-secondary education. If you know of any aboriginal students in your community who would qualify, please encourage them to apply. The application deadline for all of these awards is generally the end of February each year. Refer to the HSA's website, under 'Education', for more details.

The committee oversees the Madden Memorial Fund which funds members taking labour-oriented training in areas such as human rights, labour relations and health and safety.

YEAR IN REVIEW


The budget for pre-convention workshops was increased to accommodate the growing number of delegates who attend pre-convention workshops each year. Members attended workshops ranging in topics from public speaking, contract interpretation, defending public health care and international solidarity. Facilitated by HSA staff and external experts, these workshops deepen the understanding of members who are new to union activism as well as long term activists.

HSA supports union members who are supervisors

by offering "Supervisors in the Union" workshops to help clarify their rights and obligations under the contract. Feedback from participants demonstrates how valuable it is for supervisors to discuss concerns with their peers from various workplaces and to develop a better understanding of the contract from HSA's perspective. Look for bulletins advertising supervisor workshops which will be held in late spring this year and please ensure that your supervisors are encouraged to attend.

Regional workshops are held in conjunction with fall regional meetings. As this was a bargaining year, communication was the focus of the workshop, specifically, communicating HSA's messages to members, the communities we serve and to those who influence our working terms and conditions. HSA's membership is diverse and complex, and communicating who we are as HSA members is difficult. As part of an ongoing strategy, members were given training on communicating our message. Finally, to help recruit students to enter HSA-related professions, workshop participants received training to help prepare them to go to high schools to promote HSA-related career options.

The committee knows that pensions are important to our members and previous pension workshops have been popular. HSA will be hosting Municipal Pension Plan pension seminars – "Your Pension, Your Future and Thinking About Retiring" – throughout the province this year. Look for information on HSA's website.

Education helps to mobilize and energize our activists and keep them engaged with their union, in their workplaces, and communities. Your committee welcomes your feedback on our education programs and works to be responsive to your union education needs. 

*Respectfully submitted,
Marg Beddis, Chair*

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



Your committee:

Heather Sapergia
(Chair, Director, Region 10)
Brendan Shields
(Director, Region 4)
Mike Trelenberg
(Member at Large, Region 3)
Nadine Soukoreff
(Member at Large, Region 4)
Charles Wheat
(Member at Large, Region 10)

Marty Lovick, Charles Wheat, Brendan Shields, Heather Sapergia, Nadine Soukoreff, Mike Trelenberg

The Occupational Health and Safety Committee is a standing committee reporting to the HSA's Board of Directors. In conjunction with the Education Committee, OHS makes basic and ongoing safety steward training available. The committee supports best safety practices as adopted by outside agencies such as the International Labour Organization. The committee receives reports about emerging issues and makes recommendations to the HSA Board. The committee promotes and raises awareness of safety initiatives for members. It also acts on resolutions assigned from convention.

THE YEAR IN REVIEW

This year was very active for the committee; we held four regular meetings, in addition to a special meeting held just before the second biannual OHS conference. The conference was very successful and registration numbers were higher than anticipated.

The World Café format provided a wealth of indepth information. It became clear from responses to questions that some safety stewards lack basic knowledge about OHS. This feedback will help direct future education for safety stewards.

Two excellent keynote speakers provided practical information at the conference. Lynda Monk spoke on the issue of workplace wellness and Dr. Ray Baker addressed addictions in the workplace. All participants had an opportunity to view highlights of the on line violence training curriculum and OHS Connect, a resource for OHS information. The conference concluded with a question and answer session involving employer, union and Worksafe BC representatives. Soon after the conference, the keynote speakers' power points were made available to participants. A video of Dr. Baker's presentation on workplace addictions will be available on the HSA website at a later date.

The committee reviewed the ultrasound study

being undertaken at two hospitals in VIHA. Data has been collected and is now being analyzed. The results will be collated into a pamphlet about best ergonomic practices. Two phone surveys are underway; the first is a short survey of members who work at sites where there have been reports of problems with helicopter fumes, the second a longer survey of violence issues experienced by registered psychiatric nurses in their workplaces.

There were no resolutions assigned to the committee this year.

THE YEAR AHEAD

Work is continuing on the on call study. HSA has partnered with the Northern Health Authority and the University of Northern BC to research the health effects of being on call. In January, the parties met by teleconference to review the proposal and move it forward.

Also continuing this year is a revamp of the OHS section of the HSA website.

Thanks to the other committee members: Brendan Shields, Mike Trelenberg, Nadine Soukoreff and Charles Wheat. Your commitment to OHS matters and your enthusiasm and knowledge that helped make this a very productive committee. As ever, thanks to our staff person, Mary Lovick, for his unwavering dedication and Karin Herbert for administrative²⁰¹¹ support.

*Respectfully submitted,
Heather Sapergia, Chair*

POLITICAL ACTION COMMITTEE



Marg Beddis, Feriba Rasool, Doug Brydle, Joan Magee

Your committee:

Joan Magee
(Chair, Director, Region 8)
Marg Beddis
(Director, Region 7)
Doug Brydle
(Member at Large, Region 7)
Anna Morton
(Member at Large, Region 2)
Feriba Rasool
(Member at Large, Region 4)
Carol Rivière (Staff)

The mandate of the Political Action Committee (PAC) is to support the involvement of HSA members in the electoral process, and in approved grass-roots political activism. It oversees the use of the Political Action Fund, the work of our constituency liaisons, and other lobbying efforts assigned by the Board of Directors. The committee reports directly to the Board at each board meeting, and to the membership in the annual report and at convention.

THE YEAR IN REVIEW

Since there were no federal, provincial or municipal elections in 2010, PAC was able to focus on other issues of importance to HSA during the first half of the committee year.

Constituency Liaisons

We now have more than 60 constituency liaisons

meeting with MLAs around the province. It is important for our elected representatives to know who we are, and the importance of our work in health care and social services. Two workshops were held this year to train nearly 30 liaisons.

Constituency liaisons are currently meeting with their MLAs to provide a new information package emphasizing the many benefits of delivering medical diagnostic testing through the public healthcare system, rather than through private, for-profit providers. MLAs are being asked to deliver this message to the Minister of Health.

“All Together Now” campaign

In the fall, we sent four HSA members to Ottawa to take part in the NUPGE training for the “All Together Now” national campaign. They are now speaking in and around their communities about the value of public services, defending public employees, and the

importance of fighting for tax fairness.

Labour Councils

The Board has recently assigned PAC a role in supporting the work of HSA's labour council delegates. This will include implementing resolution 44 passed at HSA's 2010 convention, which directed the union to educate members about the role of labour councils and encourage members to participate in labour councils.

PAC has also developed a recommendation to implement resolution 7 passed at HSA's 2009 convention, which directed the union to provide members with information about the criteria that labour councils use in recommending or endorsing candidates running for political office.

Political Action Fund

In response to resolutions passed at HSA conventions, the Political Action Fund can be used to support member involvement in grassroots political action that supports HSA objectives. During the past year, the fund was used to provide such support to members participating in NUPGE's "All together Now" campaign, as well as to an HSA member serving as the labour co-chair of the BC Health Coalition. HSA's involvement with the BC Health Coalition is one way that HSA is implementing resolution 48a, which was passed at HSA's 2010 convention and directed HSA to help educate members and the public about the impact of public private partnerships (P3s) on our public health care system.

HSA's Political Action Fund can also be used to support members' involvement in electoral politics. In particular, members may receive wage replacement to run for elected office, or work on election campaigns in provincial or municipal elections, as long as the candidate and party (if any) meet HSA's criteria for support. We hope many members will


apply for Political Action Fund support to participate in the elections expected in 2011.

THE YEAR AHEAD

2011 will see new leaders for the two major provincial parties, and the possibility of a provincial election. There could also be a federal election, and there definitely will be municipal elections in November.

This year's committee has begun planning to support member involvement in these elections, but it could still be a very busy year for the 2011/2012 Political Action Committee.

Two election campaign schools will be held early in 2011 for HSA members who have never been involved in an election campaign. They will provide members with basic knowledge about campaigns to determine if they would like to become more involved in these campaigns. The more members we have involved in politics, the more influence we will have on legislation and policy.

A group lobby is also being planned in 2011. Our constituency liaisons will go to Victoria to meet with a group of MLAs from each party. This activity will increase MLAs' awareness of HSA members as essential members of the modern health care team. 

*Respectfully submitted,
Joan Magee, Chair*

RUN FOR THE CURE COMMITTEE



Val Avery, Brent Jeklin, Janice Davis, John Christopherson, Anita Bardal, Donna Mason

Your committee:

Val Avery
(Chair, Director, Region 2)
Anita Bardal
(Director, Region 6)
John Christopherson
(Member at Large, Region 5)
Brent Jeklin
(Member at Large, Region 7)
Donna Mason
(Member at Large, Region 9)
Janice Davis (Staff)
Karin Herbert (Staff)

At the 1998 HSA convention the members passed a resolution to have HSA become an official sponsor of the Canadian Breast Cancer Foundation's annual Run for the Cure. The objective of the sponsorship was to raise awareness about the disease and the health science professionals who care for breast cancer patients. Over the past 13 consecutive years

Since 1986 the breast cancer death rate has fallen by more than 30 per cent. The fundraising efforts of HSA members are contributing to making that difference.

HSA members have organized fundraising events and participated in the Run day activities. In recent years, HSA members have been keynote speakers at the Run.

The role of the Run for the Cure Committee is to promote, coordinate and oversee HSA activities associated with the Run. The work of the committee, and the participation of the members, raises awareness of the essential role HSA members have in the diagnosis, treatment and rehabilitation of breast cancer patients.

The Run for the Cure is the largest annual fundraiser of the CBCF, whose goal is to create a future without breast cancer. The CBCF is a leader in Canada in funding:

- relevant and innovative breast cancer research
- meaningful education and awareness programs
- technology for early diagnosis and effective treatment

- initiatives that improve the quality of life for those affected by breast cancer

Since 1986 the breast cancer death rate has fallen by more than 30 per cent. The fundraising efforts of HSA members are contributing to making that difference and the committee is proud to report that in 2010 the total raised by HSA members through all fundraising events was \$34,407, which will be added to the \$35,000 annual sponsorship HSA provides the CBCE.

The committee would like to acknowledge the HSA team's top five participants:


- Mary Hatlevik, West Kootenay - \$4,133.00
- Anita Bardal, Vancouver - \$1,851.25
- Carmela Di Francesco, Vancouver - \$1,618.75
- Mari Mills, Vancouver - \$1,370.00
- Terri Coleman, Kelowna - \$1,310.00

To all those HSA members who hosted a Lunch & Learn meeting, held a Think Pink Week event, raised funds at a chapter or regional meeting, walked or ran, volunteered at a tattoo table or donated, the committee extends its thanks. Our special thanks to the Run site and chapter coordinators for helping organize the HSA team and tables, and to Tanis Blomly, an HSA member who worked in the union office assisting other members to organize their fundraising events.

The Run Committee would also like to thank HSA staff for all the spirit, commitment, and fundraising efforts they bring to this important cause, and especially to the committee support staff Janice Davis and Karin Herbert.

I would also like to thank the committee members – Anita Bardal, John Christopherson, Brent Jeklin and Donna Mason – whose guidance and work carried on the tradition of making this such a successful HSA event.

Breast cancer is a complex disease and there is

much work to be done to find a cure for all those affected. The next Run for the Cure will be Sunday, October 2, 2011. We encourage you to come, bring your family and friends and be a part of the HSA team that is making such a difference! 

Respectfully submitted,
Val Avery, Chair





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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Counsellor, John Howard Society

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(From left) Marg Beddis, Janice Morrison, Reid Johnson, Bruce MacDonald, Anita Bardal, Joan Magee, Suzanne Bennett, Brendan Shields, Heather Sapergia, Val Avery, Kimball Finigan.



