

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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A VICTORY FOR ALL

HSA LEGAL TEAM WINS LANDMARK
CASE AT SUPREME COURT OF CANADA

STATUS QUO IS NOT AN OPTION



WE'RE HEARING A LOT OF INTERESTING THINGS FROM MEMBERS LIKE YOU.

Over the summer, HSA circulated several surveys and invited members to participate in focus groups. Each explored different challenges and opportunities facing our union, and we'll be following up this fall with additional surveys, worksite visits and the annual regional meetings. It's all part of our commitment to giving members a greater say and a bigger role in charting our course.

Members tell us that when there's a problem, they know HSA will be there for them, and that most times these problems are sorted out quickly. But not every time. There is some frustration about the length of time it can take to settle grievances. Stewards have been saying that same thing. And while delays are often due to lack of action on the employer end, we're working on a new plan to provide stewards with powerful new on line tools that will make their work easier, and help clear up the backlog of grievances.

Members believe strongly in HSA's work as the voice of specialized professionals in health care and social services, but they want the public to know more about their role. They believe – and I agree – that a greater public profile will help us build a stronger union, with greater leverage to deal with the workload and wage problems that drive so many of the problems in BC's health care and community social services. That's why we're ramping up our advertising with an emotional new ad that shows how

shortages of health science professionals are affecting our patients. Look for it in October.

Members are dedicated to their work, but they're frustrated with workloads that have become dangerous. That's why we're going to focus on this problem over the next few months, giving members opportunities to work together and put more pressure on employers to stop ignoring this growing problem.

But I am struck by something else we are hearing. Many members feel that they really don't know enough about their union. That unless there's a problem, they don't have much contact.

That's something we need to change, and we will. Our new local leadership training program will play a big part by giving members the tools they need to organize their colleagues and work as a team to build a better worksite. But it also starts with these surveys. By giving members more opportunities to share their concerns with us, we've also inspired them to get more involved. Just one of our surveys identified more than 500 members who want to be stewards, help organize meetings and find other ways to play a bigger role in HSA.

Members are proud of this union, but they also want change. I think that's a smart response to a changing world, and I look forward to making it happen. Working together, we have a very bright future.

“Members are proud of this union, but they also want change.”

Val Avery

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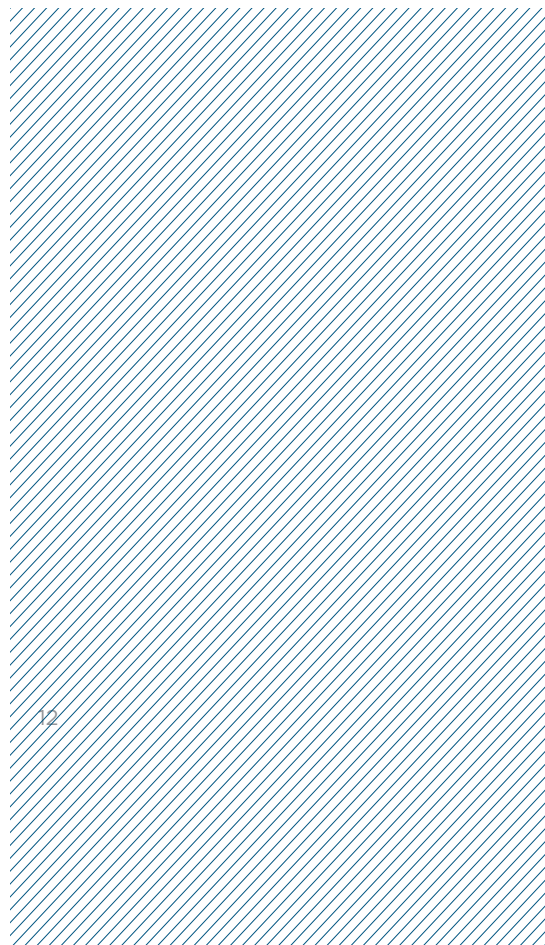
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LOGISTS

PHYSIOTHERAPISTS

MEDICAL LABORATORY TECHNOLOGISTS

SOCIAL WORKERS

RESPIRATORY THERAPISTS

DIETITIA

MANAGEMENT, MEDICAL LINGUISTICS

HEALTH RECORDS ADMINISTRATION

IT'S YOUR TURN.

We're turning to the experts to tell the story of your work – members like you.

Who better to help the public understand the specialized contribution our professions make to the modern health care system every day?

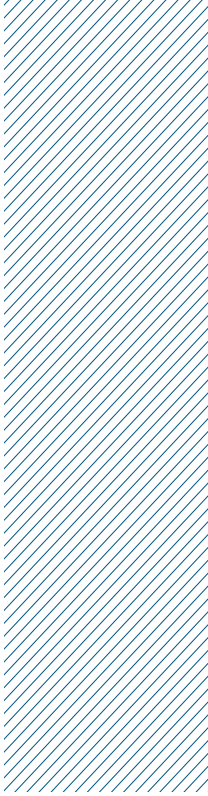
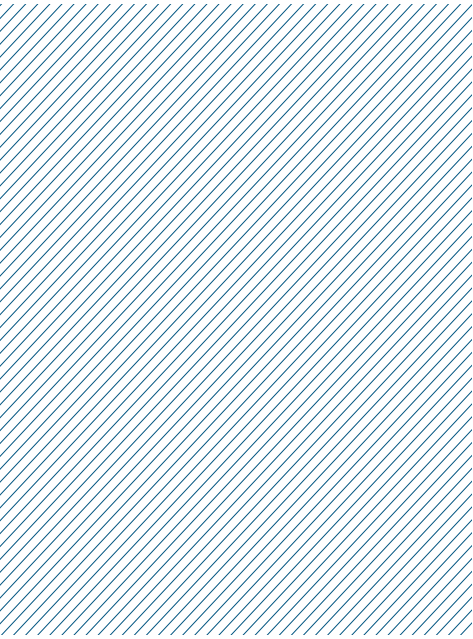
We're launching a contest to find our next great video, and every member is welcome to submit their ideas.

What's the most important thing the public needs to know about HSA? Is it the unique skills of your profession? The way our diverse professions hold the health care system together every day? The worsening impact of shortages and workload? The urgent need for more resources in community social services?

You decide.

The winning videos, as judged by your fellow members, will receive cash prizes: \$5000 for first prize, \$3000 for second, \$2000 for third, and \$1000 each for five runners-up.

Videos must be submitted by January 31, 2017. For more information on rules, visit hsabc.org/videocontest



HSA'S STEWARD TEAM AT ROYAL COLUMBIAN HOSPITAL PUT ON A BARBECUE FOR MEMBERS AT HSA'S NEW WESTMINSTER OFFICE, LOCATED JUST DOWN THE STREET. MORE THAN 100 MEMBERS SHARED GREAT SUMMER EATS AND BIT OF DOWN TIME ON THEIR MEAL BREAKS. THANK YOU TO THE RCH STEWARDS!

IMPORTANT TRAINING DATES

WANT TO BECOME A NEW STEWARD? CONTACT US SO YOU CAN REGISTER ON LINE. WANT TO GET INVOLVED BUT DON'T WANT TO BE A STEWARD? THERE ARE LOTS OF WAYS TO GET INVOLVED. GET IN TOUCH TODAY.

All events located at HSA Office, 180 East Columbia Street, New Westminster.

BASIC STEWARD TRAINING

HSA is offering three-day Basic Steward Training workshops at the HSA office as follows:

- October 17-19, 2016
- November 7-9, 2016
- January 9-11, 2017
- January 23-25, 2017
- February 20-22, 2017
- March 13-15, 2017

The focus of these training sessions is for new, inexperienced HSA chief, assistant or general stewards who have not attended Basic Steward Training in the past. The workshop will familiarize new stewards with the structure of HSA and promote skills to enable stewards to function confidently in their role. Workshop content includes:

- how HSA works as a union
- role of the steward
- advocacy skills
- leadership skills
- contract interpretation
- grievance handling

OHS STEWARD TRAINING

OHS Steward Training: Basic
November 14 - 15, 2016

Workshop participants will discuss:

- rights and responsibilities of safety stewards
- role of the Workers' Compensation Board
- occupational health and safety regulations, policies and guidelines
- hazard identification
- incident investigations
- worksite inspections

- role of a steward/worker rep on the joint occupational health and safety committee
- violence in the workplace
- musculoskeletal injuries
- harassment and bullying at workplace hazards
- making recommendations

OHS Steward Training: Understanding and Conducting Risk Assessments

November 21, 2016

Provincial OHS legislation requires all employers to assess risk in the workplace in a variety of situations. This course will cover when a risk assessment must be completed and will give participants hands on experience in a variety of different methods of conducting risk assessments.

In this course participants will:

- Learn about the risk assessment process specific to hazard identification, analyze and evaluate the risk associated with the hazard and determine appropriate ways to eliminate or control the hazard.
- Learn in practical terms that a risk assessment is a thorough look at your workplace specific to things that may cause harm to workers.
- Summarize hazard prioritization and precautionary principles.
- Learn how to generate awareness of hazards and risks.
- Learn how to implement controlled measures, as a result of conducting a risk assessment.
- Discuss the requirements, who is responsible for meeting them and consequences of non-compliance.

Audience: Joint OHS Committee

Members and Supervisors.

Prerequisite: HSA Basic OHS Steward Training workshop or BCFed OHS Part 1 course is required before taking this course.

OHS Steward Training: Supervisors' OHS Level 1

November 22, 2016

Supervisors play a critical role in the workplace because they have the authority to oversee the work of others. As such, supervisors have considerable responsibilities under occupational health and safety legislation. A supervisor is required to be qualified by knowledge, training and experience in the work they oversee, be familiar with the legislation that applies to their workplace and knowledgeable about actual or potential workplace hazards, so they can in turn advise workers about these hazards.

In this course participants will:

- Discuss legal requirements and responsibilities (see Duties of Supervisors).
- State the supervisor's role in addressing work refusals and conducting investigations.
- Identify the supervisor's role in conducting workplace inspections.
- Learn the principles of demonstration of "due diligence".

REGISTRATION

Register on line at hsabc.org under My Events Registration using the prompts provided. Workshops will be listed under Steward Education events. Please call the HSA office at 604.517.0994 or 1.800.663.6119 if you do not know your HSA member ID number. If you require more information, please contact Karen Rose at the HSA office at krose@hsabc.org.

WE'VE GOT YOUR BACK

HSA LEGAL VICTORY SHOWS THE INCREASING IMPORTANCE OF UNIONS IN A TIME OF GROWING INSECURITY

BY VAL AVERY
PRESIDENT, HSA

DO WE NEED UNIONS ANYMORE?

A lot of people say no, we don't. Maybe unions were a good idea back in the past when bosses were out of control and workers were dying on the job. But, you know, things are different now.

Are they really?

Last decade, there was a group of women working in a medical lab at Mission Memorial Hospital. One day, one of them discovered a lump in her breast. It turned out to be an aggressive cancer. The same cancer that had already attacked her best friend and colleague at the same lab. Over the next few years, no less than seven women developed the same kind of cancer.

An investigation showed that the women were exposed to fumes from a medical incinerator and carcinogenic chemicals, and that the incidence of breast cancer in that lab was eight times higher than would normally be expected. One of the women died. And yet the employer refused to admit responsibility. They argued that there was a chance all these cases of cancer might have come from some other source. Just a big coincidence. If they wanted help, these women were told to provide absolute proof that their work had caused their cancer.

Despite being sick, they didn't give up. They wanted their employer held accountable. And so they turned to their unions for support.

The Health Sciences Association and the Hospital Employees Union, two unions together

Over the last 40 years the scales have tipped steadily against the working and middle class. Real wages have stagnated. Pensions and benefits have dried up.

representing more than 60,000 health science professionals and health care workers, stepped in to provide legal assistance, allowing the women to take their case much further than they could ever have managed on their own as individuals.

The employers fought back with everything they had. The battle went to the Supreme Court of Canada, and last week, after a decade of denial, the court ordered the employers to take responsibility for what these women had suffered.

It was a great victory for the women. But it's also a victory for all workers in Canada who now know that employers will need to take responsibility for protecting the health and safety of their employees or they will be held accountable.

For Canadians in communities across the country, who are unable to work because negligent employers allowed them to get sick or seriously injured, there is now hope. Thanks to this ruling, many of them may finally get the help they need to get treatment, to take care of their families, to return to productive work.

Of course not all employers are so willing to sacrifice the safety of their employees, but we live in a world where cuts and austerity too often make it seem more important to save a few dollars instead of doing the right thing. Where profits are too often more important than people.

Over the last 40 years the scales have tipped steadily against the working and middle class. Real wages have stagnated. Pensions and benefits have dried up. Job security is under siege. Precarious work in the growing "gig economy" increasingly leaves working people completely unprotected by laws needed to ensure safe working conditions, fair hours and minimum wages. At the same time, union membership has declined in the face of political attacks, legal obstacles, and a culture that celebrates individualism rather than common ground.

Working people are under siege. Economic growth is slowing down, limiting opportunity and social mobility. All of us are threatened by the resulting social and economic instability. No wonder citizens are angry and afraid for their future, and the future of their kids.

We need unions now, more than ever, to protect people on the job and push to make sure they can earn a decent living. But it's more than that. We also need unions to speak for working people with a voice that calls for shared goals like a stronger economy and greater opportunity for all. A voice that says we are better when we work together.

This commentary was first published in the Vancouver Sun on July 5, 2016



LEADERSHIP SCHOOL - A LARGE GROUP OF MEMBERS, MOST OF WHOM HAD NEVER VOLUNTEERED WITH THE UNION BEFORE, HELPED LAUNCH HSA'S NEW LOCAL LEADERSHIP TRAINING WITH A PILOT SESSION HELD IN JULY. ADDITIONAL SESSIONS WERE HELD IN SEPTEMBER.

A NEW GENERATION OF WORKSITE LEADERS

NEW LEADERSHIP TO TAKE ON NEW CHALLENGES.

HSA's new Local Leadership Training Program was launched in June to provide members with cutting edge training and professional skills to improve HSA workplaces, protect our professions and build a stronger union. The pilot initiative was so successful, further sessions were offered through September at locations around BC.

"HSA members face increased pressure from governments and employers bent on cutting every possible dollar," said HSA President Val Avery. "We're also facing unprecedented attacks on our professions and our union. The leadership of the BC Nurses' Union is trying to silence the voice of health science professionals by poaching members. Meanwhile, shortages are

getting worse and nurses are being asked to take over health science professional work."

"These challenges provide an opportunity for HSA to innovate and give members new power. The diversity and expertise of our professions is our greatest strength. It's also an opportunity to meet and work with the next generation of local HSA workplace leaders from around the province."

HSA's Local Leadership training instructs members on foundational leadership practices.

"Effective leadership is about enabling members to turn the resources they have into the power they need to make the change they want in their local worksites," said Avery.

"It was a really good introduction, said participant Eric Cheng,

a respiratory therapist at Eagle Ridge Hospital in Port Moody, and a founder of the international charity Respiratory Therapists Without Borders.

"The point was to encourage people to be vessels of change in the workplace. And it was encouraging to realize how extensive the HSA team is; for instance, I didn't know there were five lawyers on staff too. Also, I was impressed with how knowledgeable the HSA employees are about the collective agreement. I'm now appreciating how a union can help us navigate employee/employer waters."

Fall training sessions were held in Nanaimo, New Westminster, Kelowna and Prince George between September 8 and 20.



A NEW HSA AD OUT THIS FALL LETS THE PUBLIC SEE HOW SHORTAGES OF HEALTH SCIENCE PROFESSIONALS ARE MAKING WAIT TIMES WORSE

TAKING AIM AT WORKLOAD AND SHORTAGES

MEMBER SURVEYS REVEAL THAT WORKLOAD AND SHORTAGES CONTINUE TO BE THE GREATEST WORKPLACE CONCERN – AND THE UNION IS TAKING ACTION.

After consulting extensively with members through a series of surveys over the summer, HSA is rolling out a multi-level effort to raise public awareness and get the provincial government to take action on the dire shortage of health science professionals. These shortages continue to create unsafe levels of workload, and contribute directly to wait lists that put patients' lives on hold, or at risk.

Over the coming months, HSA will be running ads that show the public the importance of health science professions in acute shortage. The ads will complement the direct government relations work on the shortage issue, and put the issue

The more members willing to participate, the more pressure we can collectively exert, and the more likely we can achieve the changes needed to reduce wait times and restore safe workload conditions.

on the agenda for the coming provincial election.

Members are also being asked to work directly with the union to track workload issues so that they can be addressed directly with the employer. The more members participate, the more pressure we can collectively exert, and the more likely we can achieve the changes needed to reduce wait times and restore safe workload conditions.

"At May's convention, delegates directed us to build a stronger union," said HSA President Val Avery. "We've started by going to the members themselves, engaging as many as possible

in conversation through surveys and worksite meetings. We've committed to providing new resources to support our stewards, and we've helping members organize stronger worksite teams through the new local leadership training program."

"We aim to make sure every single member has an opportunity to share their concerns and get involved in making their professions stronger and their workplaces better. If you don't hear from us this fall – please feel free to get in touch."



NURSE'S UNION IN CHAOS AS STAFF STRIKE AGAINST LEADERSHIP

ON JULY 22 THE BC NURSES' UNION LOCKED OUT ITS ADMINISTRATIVE AND TECHNICAL EMPLOYEES.

Leadership erected a six-foot fence around the Burnaby office, posted security guards, and illegally locking out BC Nurses' Union staff.

The lockout followed months of fruitless negotiations where Nurses' Union leaders asked for significant contract concessions and repeatedly delayed negotiations. When Nurses' Union negotiators asked the staff - represented by MoveUp - to return to work under a management-imposed contract that gutted benefits and other terms of work. Staff refused to accept the imposed contract and voted to strike.

A week later the remaining staff at the BC Nurses' Union - represented by Unifor - voted to strike in the face of similar concessions demanded by Nurses' Union leadership.

As this issue goes to press, MoveUp members are still on strike against concessionary demands - including, ironically, a sharp reduction in medical leave.

HSA SUPPORTS FIGHT AGAINST PROPOSAL TO HAVE NURSES DO LAB AND IMAGING WORK

In June, HSA learned that health science professionals in the US are now at risk of being displaced by changes allowing nurses to do laboratory and imaging work. In response, HSA immediately sent the following letter of support to the Association of Vascular and Interventional Radiographers, who are now working to prevent this from happening in the US - and elsewhere.

June 29, 2016
David Nicholson, RT
President,
Association of Vascular and Interventional Radiographers
2201 Cooperative Way, Herndon, VA 20171

Dear David,

On behalf of the 14000 health science professional members of the Health Sciences Association of British Columbia, I express our wholehearted support in your efforts to ensure that your members, with their years of skill and experience, do not lose their jobs to nurses who seek to take over work in laboratory and diagnostic imaging.

As the union representing 75 unique health science professions here in BC, we know that these professions require extensive training and unique skills. These professions simply cannot be replaced by nurses looking to expand their responsibilities. Proposals to allow nurses to perform lab and imaging work will undermine professional relationships and threaten the quality of care our patients depend upon. HSA lends our voice to your efforts to protect laboratory and imaging professionals in the United States just as we are vigilant in protecting Canadian health science professionals from being displaced by nurses.

We will be alerting our members and encouraging all of them to speak up as individual professionals, and to immediately report any similar moves by the BC Nurses' Union here in British Columbia.

In solidarity,

Val Avery
President
HEALTH SCIENCES ASSOCIATION OF BC



ANNE MACFARLANE IS NOW ENJOYING RETIREMENT AT HER HOME IN MISSION

HSA WINS MAJOR LEGAL VICTORY

RULING WILL HELP CANADIANS UNABLE TO WORK DUE TO NEGLIGENT EMPLOYERS

ONE DAY, 15 YEARS AGO, ANNE MACFARLANE FOUND A LUMP IN HER BREAST.

The medical laboratory technologist worked at Mission Memorial Hospital, and she knew she was exposed to fumes from a medical incinerator and carcinogenic chemicals. She also knew her best friend, who worked with her at the lab, had recently developed breast cancer.

MacFarlane was diagnosed with the very same type of aggressive breast cancer. And over the next few years, a total of seven women, all working in that lab,

were given the same diagnosis.

And yet the employer denied responsibility. Even though an investigation found that the incidence of breast cancer in that lab was eight times higher than it should be, they maintained that there was a small chance that the women might have picked up the cancer elsewhere. If they wanted compensation, they had to provide absolute proof that their cancer was caused by their work.

That's where their union stepped in.

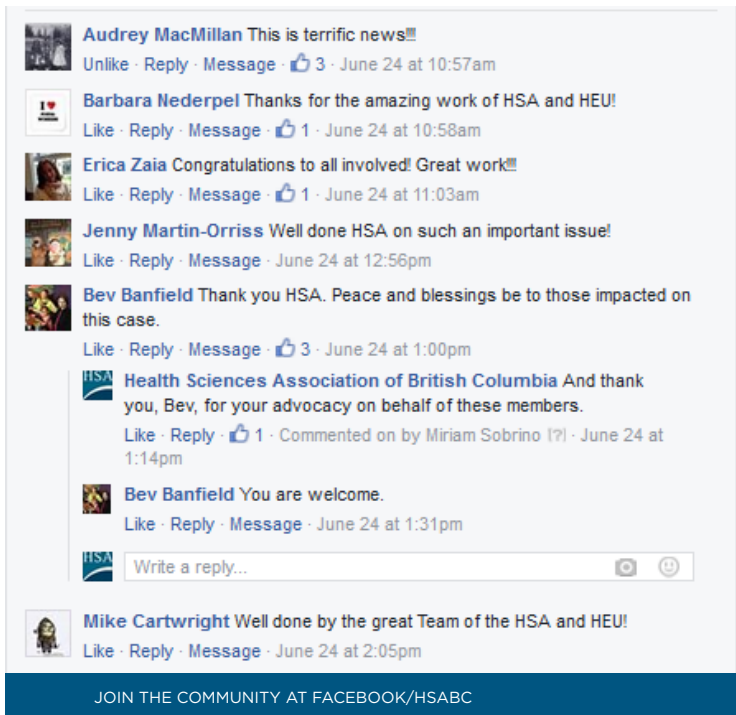
HSA, working with the Hospital Employees Union, mounted a

legal battle on their behalf. A battle that took more than a decade and led all the way to the highest court in the land.

And in June, the Supreme Court of Canada ruled that the employer was responsible.

HSA President Val Avery welcomed the decision, and thanked the workers for their perseverance.

"Beginning almost 15 years ago, these union members embarked on a campaign for compensation because they were sick. Today, they are responsible for setting an important precedent for all workers," she said.



Lead counsel on the case, HSA's Tonie Beharrell, said the Supreme Court of Canada has recognized the authority of the Workers Compensation Act Tribunal (WCAT) to make decisions about causation of disease to a less stringent standard than scientific proof. "If there is evidence that occupational factors are an element in workers' health, a tribunal is able to consider all of the evidence before it, including circumstantial evidence, and, in this case, approve workers' compensation coverage," Beharrell said.

"This is a significant victory for women and men on health care's front lines who in the course of caring for others, become ill because of workplace hazards," says HEU Secretary-Business Manager Jennifer Whiteside.

In rendering its decision, the Supreme Court of Canada said, "While the record on which that decision was based did not include confirmatory expert evidence, the Tribunal nonetheless relied upon other evidence which, viewed reasonably, was capable of supporting its finding of a causal link between the workers' breast cancers and

workplace conditions."

At issue was the role and authority of administrative tribunals like the WCAT, which have specialized expertise in their particular area, and whether the courts ought to be able to dismiss that expertise and reweigh the evidence that was before the Tribunal.

As explained in the unions' submission:

"... the scientists and physicians were weighing the evidence against the standard required to reach "scientific conclusions" based on "scientific evidence." That is a significantly higher test than that required in the administration of the workers' compensation scheme for the adjudication of workplace disease claims, and in fact requiring the Appellants to meet that test would fundamentally undermine the purpose of that scheme."

Their claims to WorkSafe BC for compensation for breast cancer as an occupational disease were initially denied in each case, but the BC Workers' Compensation Appeal Tribunal (WCAT) reconsidered the decisions, and allowed the claims. WCAT

reviewed all of the evidence before it, including expert reports that did not rule out occupational factors as a contributor to the cancer. It found that it was "sufficient to conclude it was as likely as not that some workplace exposure was of causative significance."

Fraser Health Authority, the employer, judicially reviewed the WCAT award and the BC Supreme Court and BC Court of Appeal sided with Fraser Health Authority, stating there was no evidence of work causation.

Writing in the *Vancouver Sun* in early July, Avery said the ruling underlines the increasing relevance of unions in today's world.

"A lot of people say we don't need unions anymore. That maybe unions were a good idea back in the past when bosses were out of control and workers were dying on the job. But, you know, things are different now."

"Are they really?"

"For Canadians in communities across the country, who are unable to work because negligent employers allowed them to get sick or seriously injured, there is now hope. Thanks to this ruling, many of them may finally get the help they need to get treatment, to take care of their families, to return to productive work.

"Working people are under siege. Economic growth is slowing down, limiting opportunity and social mobility. All of us are threatened by the resulting social and economic instability. No wonder citizens are angry and afraid for their future, and the future of their kids.

"We need unions now, more than ever, to protect people on the job and push to make sure they can earn a decent living. But it's more than that. We also need unions to speak for working people with a voice that calls for shared goals like a stronger economy and greater opportunity for all. A voice that says we are better when we work together.

HEALTH AUTHORITY SPENDS A LOT TO DENY A LITTLE

NEWS IN BRIEF

UNTIL THE EMPLOYERS START BUDGETING FOR EDUCATION LEAVE AS BAR-GAINED, HSA WILL GO TO BAT FOR EVERY MEMBER DENIED THEIR CLAIM

BY RANDY NOONAN
HSA LEGAL COUNSEL

ON MAY 17, 2016, FRASER HEALTH AUTHORITY DEMONSTRATED A SHOCKING DISREGARD FOR THE PUBLIC SPENDING OF PRECIOUS HEALTH CARE DOLLARS.

Brenda Daudlin is a dietitian employed by Fraser Health at Burnaby Hospital. Dietitians like her are responsible for a broad range of nutritional practices, some which, if not done properly, can be dangerous and even life-threatening to patients.

That's why in early October 2014, Daudlin gave up a week-end day off work to attend a one-day course on parental nutrition – also known as intravenous feeding – to begin to learn the skills of one of the most dangerous of dietetic procedures. She enrolled in the course well in advance to get the early bird rate of \$135 for course fees. Daudlin then applied to the employer for reimbursement for the cost of the course and half a day paid leave under the education leave provisions of the collective agreement, which specifies that education leave time should be shared between employer paid leave and employee contributed time. The employer denied her application and refused to pay anything towards the course.

Daudlin was shocked.

"I couldn't believe that my employer was being so un-

The employer spent over \$4,000 to ensure that it would not have to give this employee only \$261.12 – more than 15 times the value of the claim. All to try to win a case that would, if they were successful, demoralize their employee and send out a clear message that they just don't care about education upgrading.

portive," she said. "I'd given up my own time and money to take a course on a subject that could only increase my skills which would, in turn, be valuable to the hospital in looking after very sick patients. I completely lost my momentum and enthusiasm for upgrading my skill set. If they don't care, I don't see how they can expect me to be excited about upgrading my skills."

HSA filed a grievance on her behalf. After several meetings involving senior health authority staff, the employer remained adamant in refusing to pay her the amount claimed – just \$261.12 in total.

HSA advanced the grievance to expedited arbitration, which is completely without prejudice and without precedent. That means that neither side can use or refer to the decision of the arbitrator in any future case and that any determination the arbitrator makes on the interpretation of the collective agreement does not bind the parties in any future case. In short, it was

a one-off decision. Future or previous cases would not be affected. All that was at stake was the \$261.12.

Consider how much the employer spent in order to avoid paying this small sum.

They fought the case right through arbitration. They sent two senior staff to the arbitration to defend its position, each of whom are paid more than \$50 per hour. The hearing day lasted eight hours. The employer also used the services of a Health Employers Association of BC lawyer, again at a rate of more than \$50 per hour. They also were required to pay one half of the arbitrator's fee, about a \$1500 expense to the employer. As well, of course, there was the time spent by the HEABC lawyer and the senior staff in preparing for the case. Assuming that only one day was taken to prepare (which is likely on the low side), the employer spent over \$4,000 to ensure that it would not have to reimburse this employee only

\$261.12 – more than 15 times the value of the claim. All to try to win a case that would, if they were successful, demoralize their employee and send out a clear message that they just don't care about education upgrading. At the arbitration, one of the senior staff admitted in cross-examination that they do not budget anything whatsoever to pay for education leave for their health science professional staff. Again, that is in spite of language in the collective agreement giving members the right to education leave and reimbursement for expenses.

HSA President Val Avery was asked why the union was prepared to go to such lengths to obtain a relatively small amount of money for its member.

"This is a very big issue for us,"

she said. "Continuing education for our members is absolutely crucial for several reasons. For patient care and safety, it is vital that health care professionals be up to date. For hospitals to be accredited, they must have staff who maintain high levels of continuing education. Our members are required to be members of professional colleges and those colleges all require members to participate in continuing education. In light of that, we negotiated a provision in the collective agreement which essentially splits the cost of attendance at educational courses between the employer and the employee. Now we are finding that the health authorities are just not budgeting to pay their share and are trying to find more creative ways all the time to avoid paying our members.

"In this particular case, our member did everything right. She tried to better her knowledge for the benefit of the employer as well as herself, and the employer just refused to do its share. Until the health authorities start budgeting for education leave as bargained in the collective agreement and paying their share for education leave, we will go to bat for each and every member who is denied no matter the amount.

On June 9, 2016, Arbitrator Korbin issued her decision. She determined that the money the employer spent to avoid paying their employee was for naught. The arbitrator ruled they had violated the collective agreement and that the employee's costs be paid.



JOINED BY PRESIDENT VAL AVERY, HSA MEMBERS AT WEST COAST MEDICAL IMAGING ENJOYED THE ANNUAL UNION PICNIC AT HUME PARK IN NEW WESTMINSTER IN AUGUST.

WEST COAST IMAGING MEMBERS RATIFY NEW CONTRACT

73% VOTE IN FAVOUR OF NEW CONTRACT AT MEETINGS HELD IN JULY.

West Coast Medical Imaging members voted in July to accept the terms of a new collective agreement reached by the

bargaining committee in June.

The agreement provides improvements in sick leave, family illness, vacation access and uniform policy.

Over the coming months, HSA and the employer will meet to

finalize the collective agreement for distribution and implementation.

The union bargaining committee thanks members for their guidance and support during this challenging round of bargaining



AS THE TRIAL BEGAN, PEOPLE GATHERED OUTSIDE THE COURTROOM

MEDICARE ON TRIAL

BY CAROL RIVIERE

ON SEPTEMBER 6TH, BRIAN DAY AND HIS FOR-PROFIT CLINICS BEGAN THEIR FIGHT IN A VANCOUVER COURTHOUSE TO DISMANTLE OUR PUBLIC HEALTH CARE SYSTEM AND FORCE CANADA TO ACCEPT A US-STYLE PRIVATE SYSTEM.

Day is arguing that legislation guaranteeing Canadians health care according to their medical need rather than their ability to pay violates the Canadian Charter of Rights and Freedoms and should be struck down.

If he succeeds, many Canadians won't be able to afford health care, and will have to wait longer for treatment.

HSA is supporting the BC Health Coalition (BCHC), which is working with a group of patients, doctors and health care advocates as intervenors in the case. Together they will

represent and fight for the vast majority of people in Canada who believe our ability to get health care should be based on need, not ability to pay.

"Brian Day wants Canada to have health care like the US – where people go bankrupt, lose their homes and life savings, or worse, have to go without treatment because they can't afford it," says HSA member and BCHC co-chair Edith MacHattie. "Canada's health care system is admired worldwide. It keeps us healthy without forcing us to choose between feeding our families and paying our medical bills. It's important to protect it, and make it better for everyone – not just those few who can pay to jump the queue."

Brian Day is trying to use the courts to change Canada's health care system so that doctors and private clinics can charge patients whatever they want for health care – from routine check-ups to urgent, life-saving surgeries.

If he wins, we'll move to an American-style system with parallel private care and insurance that puts private insurance companies in the position to deny patients the treatment they need, or to refuse insurance completely to patients with serious health problems.

"Brian Day's lawsuit would make things much worse for regular Canadians," says Machattie. "A win for Day would be a loss for all of us."

How can you help save Medicare?

Find out more about the case, follow the trial and let people know why you value public health care:

www.savemedicare.ca
www.facebook.com/savecd-nmedicare

Donate to the legal fund to save Medicare:

savemedicare-bchealthcoalition.nationbuilder.com/donate

READY TO MAKE A DIFFERENCE

HSA POLITICAL ACTION FUND HELPS MEMBERS SUPPORT CANDIDATES THAT STAND UP FOR THE ISSUES THAT MATTER TO HSA MEMBERS

BY CAROL RIVIERE

HSA MEMBERS ARE LOOKING AHEAD TO THE MAY 9, 2017 PROVINCIAL ELECTION, AND GETTING THE TRAINING THEY NEED TO MAKE A REAL DIFFERENCE.

HSA Member-at-Large Stasia Hasumi is already jumping in with both feet.

"I've been a community activist for a while, but after serving on HSA's Political Action Committee last year, I saw how important it is to help elect candidates who will fight for the things we believe in," says Hasumi. "I got involved in last fall's federal election, and am already working on next year's provincial election."

With support from HSA's Political Action Fund, Hasumi attended the BC NDP's Forward 2016 Conference in Kamloops in June to learn all about the latest in election campaigning and organizing.

"I networked with some fabulous MLAs and other union workers, and learned about some really great tools for on-line organizing," says Hasumi. "While at the event I took the opportunity to invite myself to dinner beside NDP Leader John Horgan, and asked him about his plans for housing in this province. I was inspired by his thoughtful response and support for social housing initiatives - something that I currently see



"I've been a community activist for a while, but after serving on HSA's Political Action Committee last year, I saw how important it is to help elect candidates who will fight for the things we believe in," says Hasumi.

lacking in my role as a housing outreach worker at the Comox Valley Transition Society."

Hasumi wasted no time in translating her new skills into action. "After attending Forward, I was invited to join my local constituency association executive as the young New Democrat representative. And I've been helping to plan and support the NDP's 'days of action' in the months

leading up to the election. We'll be talking to the people in our area to find out about the issues that matter to them."

"I'm very grateful to HSA for the Political Action Fund support. It's helped me get started, and I encourage any member who wants to get involved in electoral politics to look into the support HSA can provide."

A partial list of just some of the asbestos containing material you might encounter in your workplace:

- cement pipes, wallboard and siding
- floor tile and floor backing made of asphalt, vinyl and vinyl sheet
- accoustical and decorative plaster
- textured paints and coatings
- ceiling tiles
- spray-applied and blown-in insulation
- fireproofing materials
- taping compounds
- packing materials
- fire blankets and curtains
- lab hoods, table tops and gloves
- high temperature gaskets

DON'T MESS WITH ASBESTOS

BY DAVID DURNING
HSA OHS OFFICER

IN RECENT MONTHS THERE HAVE BEEN REPORTS OF HAZARDOUS ASBESTOS ABATEMENT INCIDENTS IN SEVERAL BC HEALTH CARE FACILITIES AND LABS.

This is potentially exposing workers and members of the public to deadly asbestos fibres.

It's estimated that more than 145,000 Canadian workers are exposed to asbestos in their workplaces every year and it's now the leading cause of work related death in this country. Since 1996, asbestos-related disease has accounted for approximately one third of all workplace deaths. In British Columbia, asbestos has been identified as the cause in 77 workplace deaths in 2014 and the numbers are increasing.

Prior to 1990, asbestos was widely used as a building material in BC and many older health care facilities and labs still contain significant amounts of the substance. Due to a latency period of between 20 to 50 years for asbestos related diseases to develop, it's expected the death rate will continue to climb for several more years.

Since asbestos containing material is so prevalent in many of our workplaces, it's important to be aware of proper safety protocols in order to prevent exposure. Asbestos is a hazard to health when the fibers are disturbed and become airborne. This means that it poses health risks only when fibres are present in the air and you breathe them into your lungs. Fibres are released when asbestos-containing products break down. This release can happen through deterioration or when the mate-

rial is cut or disturbed, such as during renovations.

Any time renovations are planned in work areas constructed prior to 1990, your workplace joint occupational health and safety representative or OHS steward should be notified to ensure your employer is following proper asbestos identification and abatement protocols.

USEFUL LINKS

WorkSafeBC provides information on asbestos risks, risk mitigation and resources:

<https://www.worksafefbc.com/en/health-safety/hazards-exposures/asbestos>.

HealthLinkBC provides medical, personal and home safety information about asbestos here:

<http://www.healthlinkbc.ca/healthfiles/hfile32.stm>

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

CONSIDERING A STEP DOWN ON THE CAREER LADDER?

BY DENNIS BLATCHFORD
HSA PENSIONS AND
BENEFITS ADVOCATE

I've been in a supervisory position for nearly 20 years and due to the stress and pressures of my job I am thinking of retiring early. However, a junior position will soon be posted in my department and I'm thinking about applying for it. What are the things I should know before making such a decision?

First off, the transition from supervisor to an entry level position in the same department may not be the easiest transition to make. The old saying "be careful on the ladder of success because the people you passed on the way up, may be the same ones you meet on the way down" still applies.

That said, your co-workers may embrace the idea depending on the circumstances and your particular standing among your colleagues. Perhaps you might want to gently "test the waters" before making any decision. You wouldn't want to find yourself regretting the decision and then having few options other than retirement. You will want to be sure that it's the right move for

It may extend your career and you may find the work experience quite enjoyable once you are removed from your supervisory duties.

you as this is one of those decisions that may be impossible to reverse.

On the positive side, it may extend your career and you may find the work experience quite enjoyable once you are removed from your supervisory duties. These pressures seem to creep in over time and it isn't until you are away from them that you realize just how much it was affecting you.

What about the implications for my pension?

Your pension is based on your best five years, not your last five years, so the impact of moving to a lower paid position should be minimal on your pension. Plus, the change in position may end up extending your career; which would result in a higher pension overall.

Are there any other benefits affected?

One impacted benefit you should be aware of is the Cash-in of Sick Leave Credits (Art. 19.12). This benefit is calculated on the employee's *existing* salary at time of retirement; or leaving the workforce past their 55th birthday.

As your current salary is significantly higher than an entry level position, this would have a big impact on the cash-in calculation. Under your circumstances, I doubt it would be a deal breaker for you, but the impact would likely be several thousands of dollars once you do decide to retire. A small price to pay if the transition to the front line is a success for you. Good luck on your decision.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.



CHENG COMES FROM A FAMILY OF ENGINEERS, BUT HE'S THE ONLY ONE WHO DOESN'T FAINT AT THE SIGHT OF BLOOD.

ERIC CHENG

RESPIRATORY THERAPIST

BY LAURA BUSHEIKIN

"I LOVE WHAT I DO. I CAN'T BELIEVE I GET PAID FOR IT."

HSA member Eric Cheng is a respiratory therapist at Eagle Ridge Hospital in Port Moody, and a co-founder of the Canadian charity Respiratory Therapists Without Borders.

Being a respiratory therapist (RT) puts Cheng on the front lines of health care. "We're kind of like the firefighters in the hospital," he says. "We make sure people breathe."

Whether he's holding someone's hand during a difficult moment, educating a client about coping

with chronic obstructive pulmonary disease (COPD), or hooking someone up to life-support, Cheng finds his work deeply meaningful.

"I realize how unrelenting death is, how fragile life is, and what a privilege it is to be alive," he says. "I have seen all kinds of people die - from babies to people of 106 or 107 years old. This reminds me to seize every moment and make the most of every opportunity."

Cheng didn't grow up expecting to work in health care. "I come from a family full of engineers. Aerospace, biomedical, civil, structural - all the engineering disciplines are spoken for." Furthermore, he says with a laugh, just about everyone in his fam-

ily faints at the sight of blood. Cheng duly enrolled in an engineering program at university. A combination of "aha" moments and circumstances led to his decision to change directions.

While he enjoyed working with technology, he realized that his passion was working at the frontline with the public. During a four month co-op work term at the University Health Network at Princess Margaret Hospital, he learned that he was able to tolerate blood and made the transition to a respiratory therapy program. He switched into a joint kinesiology and respiratory therapy program at the University of Waterloo and Michener Institute that fall, and never looked back.

“WE’RE KIND OF LIKE THE FIREFIGHTERS IN THE HOSPITAL. WE MAKE SURE PEOPLE BREATHE.”

Cheng’s passion for RT, and his drive to be of service, inspired him to found Respiratory Therapists Without Borders (RTWB) in 2014. The charity, managed by an international volunteer board conducts all business meetings online to reduce overhead costs, maximizing donor dollars in facilitating respiratory therapy knowledge transfer worldwide. Education can be done on-line from clinicians’ homes to a room full of doctors through video conferencing. If respiratory therapists are available, they are deployed for a minimum of two weeks and up to two years. Some have even stopped off to give a lecture during their vacations.

The idea for RTWB was hatched back in 2007 when Cheng visited Nepal as a student. He was devastated by the medical conditions he saw. “One thing that really stuck with me was watching kids get their burn dressings changed with no sedation,” he says. He vowed to return to provide education and support, which he has done three times so far.

Cheng’s RTWB experience has taught him that international help has to be responsive to local conditions. For instance, an initiative to set up neonatal continuous positive airway pressure (CPAP) therapy in Nepalese hospitals failed due to the simple fact that the sites lacked a steady supply of electricity and oxygen, as well as available personnel.

He has also learned some life lessons, he says. “One big lesson

is what it means to be rich. To be rich is to be guaranteed dinner on the table. To be filthy rich means having a choice for dinner. I’m so rich that I can even choose to skip dinner and I’ll be fine. I have met people who, if they skip another meal, they’re gone. This has given me more perspective on what it means to be rich and encourages me to use my abundance to bless others.”

RTWB not only supports medical communities around the globe, it also contributes to the strength of the still-young RT profession, says Cheng. “This is a way to build a culture of giving back. I hope we can lead by example.”

Cheng’s belief in giving back has also motivated him to get involved in HSA. He recently attended a two-day pilot leadership training program to learn how to be a more effective workplace advocate.

“It was a really good introduction. The point was to encourage people to be vessels of change in the workplace. And it was encouraging to realize how extensive the HSA team is; for instance, I didn’t know there were five lawyers on staff too. Also, I was impressed with how knowledgeable the HSA employees are about the collective agreement. I’m now appreciating how a union can help us navigate employee/employer waters.”

Cheng is now considering attending steward training so that he can provide informed answers to colleagues with

“I realize how unrelenting death is, how fragile life is, and what a privilege it is to be alive,” he says. This reminds me to seize every moment and make the most of every opportunity.”

workplace questions. “I don’t like not knowing. I want to be helpful.”

“Being helpful” is clearly Cheng’s mission. He says his passion for helping comes from growing up in a church environment that valued “really caring about people.” Whether he’s saving lives at work, supporting respiratory therapy around the globe, or learning more about his union, he’s helping people breathe easier, in both the metaphorical and literal meanings of the term.



FORMER HSA REGION 6 DIRECTOR ANITA BARDAL JOINED MEMBERS OF OTHER CANADIAN UNIONS TO OBSERVE THE WORK OF CODEV IN NICARAGUA AND HONDURAS.

ORGANIZING HOPE

LATIN AMERICA HAS TRANSFORMED IN RECENT DECADES.

Thanks to the sacrifice and courage of its people, the region is no longer dominated by authoritarian states. Non-governmental organizations like BC-based CoDevelopment Canada have played a helpful role in this change by promoting and defending the rights of working people. HSA's support for CoDev, through our Political Action Fund, helps otherwise disenfranchised people find their voice in this changing political climate.

Promotion of gender equality

is a priority in all of CoDev's programs. Women's empowerment is the main focus of the work to help thousands who toil at the *maquilas* - foreign-owned factories churning out garments for export. Conditions at these factories - some owned by Canadian companies - are often brutal, and CoDev works with Codemuh, the Honduran Women's Collective, to provide the women who work there with information about their rights and resources to help them organize for safer conditions and better treatment.

For several years, HSA has supported Codev's work with an annual contribution. Anita Bardal,

former director of Region 6, recently joined a delegation of representatives from Canadian unions to observe their work directly.

"We met a young pregnant woman who told us she will be fired," said Bardal. "Glancing at the booklet we provided, she came back to ask us about her labour rights. Now Codev funding enables a local group to represent her to her employer. It's much like having access to HSA resources."

"The demand for these services continues to grow. I urge members to continue this support, and increase it if possible."



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Sharon Geoghegan

Job title and department: Senior Labour Relations Officer - Organizer.

Longest you have gone without sleep: A little over two days when participating in fundraiser for Easter Seals.

What you actually do, in your own words: I have the pleasure of working with HSA members, assisting them to identify their needs to help them build capacity within their HSA teams and make their work places better.

Why this matters: Everyone deserves to be respected and treated fairly in the workplace and when union teams are strong and work together for good workplace conditions, our dedicated members can provide good quality care to their patients and clients.

Secret talent unrelated to job: Silversmith. It's my favorite hobby at the moment.

Person you most admire: My mother, I aspire to be more like her every day.

At HSA since: Permanently since 2011.

Job before HSA: Youth Counsellor at John Howard Society North Island.

Scariest situation you've ever been in: I was about 12 years old, my dad was moving a sailboat from one location to another. In minutes a storm camp up, and we had no sails up, but the boat heeled over with the rail in the water. It was very freaky.

Interesting thing you did to help a member in the last week: I met with a group of stewards and their LRO to listen to their unique workplace needs and assisted them to develop a plan to get more members involved.

Your perfect day looks like: Well, that depends on the season but for the summer, waking up and having coffee in my PJs, spending the day with family and good friends exploring the outdoors and finishing off with s'mores around the campfire.

Worst meal you've ever prepared: You might ask my son. But off the top of my head, right after I got married my very first attempt at roast beef complete with Yorkshire pudding was a complete flop. Yorkshires are meant to be fluffy and puffy, not flat and puck-like.

Guilty pleasure binge-watching TV show: The Good Wife

Why: The politics, the drama. Now I need a new series, any suggestions?



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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