

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

NO. 1
VOL. 38
March 2017



INSIDE OUT

HSA X-ray technologist Yasaman Gheidi asked people to look beneath the surface of mental health, and the response has been global

PHOTO: Jonathan Spooner / The Prevail Project

THINK OF WAGES ON ELECTION DAY

AFTER YEARS OF TAKING AWAY, THE PROVINCIAL GOVERNMENT DECIDED TO GIVE A LITTLE BACK.

The recent provincial budget includes a number of targeted spending initiatives, including new patient care towers at Penticton Regional Hospital and Royal Inland Hospital, additional money for mental health, plus five new MRI machines.

It would be churlish to complain about these investments. But it would also be misleading not to point out that this new spending comes after years of austerity budgeting, and does not even begin to address the strain that has been put on our health care system – nevermind education, social services, housing, transportation, etc – after 16 years of balancing budgets at the expense of growing social and infrastructure deficits.

Perhaps nowhere has this prolonged austerity done more damage than with wages. Health science professionals, along with other public servants in BC, have been forced to accept near-zero growth in wages for over a decade now. The result is exactly what we have been warning the government for years: health professionals are harder to recruit, harder to retain, and with many choosing to move to the private sector or to provinces where they are paid better, the resulting shortages are bringing our public health care system, and the people who keep it running, to the brink.

This is revealed starkly in the results of our recent worklaod survey. Over 4000 HSA members from a wide range of professions and worksites around the province have completed this ongoing survey to date, and more than 1300 of them took

the time to complete a comprehensive version which reveals:

- 53 per cent of respondents say their department currently has a wait list, and 81 per cent of those say that waitlist has increased
- 58 per cent say their department currently has unfilled vacancies, and of those 56 per cent have been vacant for more than a year
- 79 per cent say they work more than their scheduled hours in the day, and of those 70 per cent say they do not claim overtime for this.

You can read more about the results on page 10 of this issue.

The wage austerity problem has become so acute that health employers are even working with HSA to get the government to take action. Employers recently joined forces with HSA in proposing a wage increase to help reduce a dire shortage of sonographers that has over 18,000 British Columbians on Vancouver Island alone waiting for testing. The government response: "no".

If the government won't listen to the people who deliver public health, or the people who employ them, who will they listen to?

I think we all know the answer, and I hope you'll be thinking of that on Election Day.

Val Avery



“The wage austerity problem has become so acute that health employers are even working with HSA to get the government to take action. The government response: ‘no’.”



“My HSA is a dynamic and forward-looking organization.”

“I am so impressed at how our leadership really heard members’ concerns and turned these into a workload campaign that is connecting members across professions and across the province with their union. Whether we are tackling workload, shortages or local issues, we are stronger together.”

MARJAN, PHYSIOTHERAPIST, EAGLE RIDGE HOSPITAL, PORT MOODY

HSA HOLDS CONVENTION APRIL 6-8

DELEGATES TO DEBATE RANGE OF RESOLUTIONS ON UNION BUSINESS

HSA members will soon be preparing for the 2017 HSA Convention April 7 and 8, 2017 at the Hyatt Regency Hotel in Vancouver. The Convention Plenary will begin on April 6 at 1:00 pm.

Convention is the union's annual meeting where chapter representatives from around the province determine the union's future direction. Policies, actions, constitutional amendments, and structural changes are all discussed and debated at convention.

Members who have specific issues that they want to raise at convention attend their local chapter meeting to develop resolutions for debate.

The Annual Report, which includes resolutions and reports on committee work, is published in early March and will be available on-line only, with a limited supply to be printed for use at the annual convention.

Convention forms the basis of the union's decision-making process. Each individual member has an important role to play in determining HSA's objectives and goals for the next year. Please attend your chapter meeting and participate in this vital part of the union's democratic process.

BOARD ELECTIONS

ELECTIONS IN REGIONS 5, 7 WHILE DIRECTORS IN 1, 3 AND 9 ACCLAIMED

Program co-ordinator Anne Davis, medical radiation technologist Cheryl Greenhalgh and physiotherapist Janice Morrison have been acclaimed in Regions 1, 3 and 9.

Members in Region 5 will be voting in a contest between

medical laboratory technologist Ramzan Anjum and counsellor John Christopherson.

Members in Region 7 will choose between medical radiation technologist Jas Giddha and respiratory therapist John Hindle. Anyone employed in a chapter and a member of HSA for at least one year prior to the election is eligible to run as a Regional Director.

Nominations were due in late January, and election results will be announced in mid-March. The new directors take office at the close of the annual convention.

The Board of Directors meets at least quarterly, and directors take an active leadership role in representing the union.

NOMINATIONS OPEN FOR HSA PRESIDENT

HSA'S 2017 ANNUAL CONVENTION WILL INCLUDE AN ELECTION FOR THE POSITION OF PRESIDENT

The two-year term begins at the adjournment of the 2017 convention.

The president is HSA's senior elected officer, and acts as the CEO of the union, overseeing the union's day to day operations, including staffing and budget management. The president is the union's primary spokesperson and ensures that the policies and decisions of annual conventions and the Board of Directors are carried out.

The president is required to work in the position on a full-time basis and shall receive salary and benefits as approved by the Board of Directors and reported to annual convention. The union's office is located in New Westminster, BC.

Nominations for president are open until the final call for nominations takes place on the last day of convention Saturday, April 8, 2017.

IMPROVEMENTS TO OCCUPATIONAL HEALTH AND SAFETY REGULATIONS

THE REGULATION GOVERNING JOINT HEALTH AND SAFETY (JOSH) COMMITTEES HAS CHANGED TO ENHANCE THE REQUIREMENT FOR TRAINING, INCIDENT INVESTIGATION AND EVALUATION OF JOSH COMMITTEE ACTIVITIES

These changes will affect those currently serving on JOSH Committees and those newly elected. Changes take effect April 3, 2017

TRAINING

JOSH committee members are currently entitled to eight hours of training each year. This

training can be the function of joint committees, risk assessment, ergonomics or other health and safety related topics. Your employer must provide you with the time and resources to attend. Check out www.healthandsafetybc.ca for a calendar of courses in your area.

The change to the regulation now requires JOSH committee members to receive eight hours of orientation training within six months of their election to the committee. If you work for a health authority, you will have access to training through your employer's education system. Otherwise, training for both union and employer representatives can be accessed through www.healthandsafetybc.ca.

HSA offers training for its members on various occupational health and safety topics.

INVESTIGATIONS

When an employer is conducting an investigation into an incident or near miss, they must

now involve a worker representative. This change will ensure that worker rights are protected and that the perspective of the worker is taken into consideration during the investigation. The goal is to create a culture of safety that does not rely exclusively on workers.

EVALUATION

Each committee will be required to do a self-evaluation each year. This evaluation will be conducted either by the co-chairs or by an external evaluator contracted by the employer. Sample evaluations can be found on the WorkSafe BC website at www.worksafebc.com.

LETTER TO THE EDITOR

I would like to take this opportunity to share with members my experience attending the BC Federation of Labour convention from November 28 to December 2. The convention provided prospects to meet with local and national level leaders. These leaders were indigenous leaders, labour movement leaders, young worker leaders, and worker of colour leaders. We listened to their achievements, and their progressive ideas for unionized workers. The leaders also highlighted problems within their communities and unions. A positive aspect of these presentations was that these leaders also presented solutions to these problems. These solutions were socially favourable to communities and the welfare of labour. During the convention, the delegates were busy dealing with different resolutions and HSA also offered a fair number of resolutions which were well debated on the floor and passed unanimously.

I also would like to comment particularly on the resolution regarding the raiding of one union by another union. This resolution was positively taken on the floor and a strong message was passed onto those unions doing these type of activities. The message was to stop these unethical actions against unions including HSA.

During the orientation for new participants, I learned that BC Federation of Labour asked workers of colour to participate in the executive council election. I also availed this occasion and represented HSA with the approval of the president of HSA. It is a challenge to succeed in the presence of large unions. However, I consider this a huge success not only for me personally but also for HSA to have their representation in that forum. This was also a good opportunity to learn, while visiting the exhibition hall, that different union members are working for unions that prepare different products and offer services to our union members across BC at competitive rates.

My sincere thanks to Health Sciences Association for giving me the opportunity to participate in this event.

Ramzan Anjum



“Other unions never recognized the specialized training of RPNs like me.”

“Only a few years ago the Nurses’ Union blocked the hiring of RPNs because they didn’t think we were competent enough. HSA has always supported my professional development. They helped me further my education for the College of Registered Psychiatric Nurses continuing competence and paid for me to attend the 2015 BC Psychogeriatric Association in Kamloops.”

BRETT, REGISTERED PSYCHIATRIC NURSE, VERNON JUBILEE HOSPITAL

MANY MEMBERS RECEIVE ADDITIONAL PAY INCREASE

ECONOMIC STABILITY DIVIDEND YIELDS SECOND BONUS INCREASE SINCE 2015

Starting with the first pay period after February 1, most HSA members received a pay increase of 0.35 per cent over and above the 5.5 per cent increase rolling out over the life of the current contract.

This increase is the result of the Economic Stability Dividend, a feature of the current agreement which requires the government to increase negotiated wages when provincial economic growth exceeds official forecasts.

In order to activate the ESD, growth for British Columbia must exceed forecasts set by the independent Economic Forecast Council at the start of the fiscal year. The wage increase is calculated based on 50 per cent of any positive difference between the forecast and the November GDP data released by Statistics Canada. Earlier this month Statistics Canada reported that in 2015 the BC economy grew by 3.3 per cent, exceeding the forecast provided by the Economic Forecast Council of 2.6 per cent.

The ESD will benefit all members covered by the Health Science Professionals, the Nurses' Bargaining Association, the Community Social Services and the Community Bargaining agreements.

REVISED BENCHMARKS FOR COMMUNITY SOCIAL SERVICE MEMBERS

THE COMMUNITY SOCIAL SERVICES EMPLOYERS ASSOCIATION AND COMMUNITY SOCIAL SERVICES BARGAINING ASSOCIATION COMMITTEE HAS BEEN WORKING JOINTLY TO DETERMINE NECESSARY WAGE ADJUSTMENTS, WHICH ARE SCHEDULED FOR APRIL 1, 2017 AND APRIL 1, 2018

The wage grids for 2017, including the Economic Stability Dividend and General Wage Increase, have been posted at hsabc.org

The committee reviewed all 62 benchmarks and agreed to the following revisions.

REVISED BENCHMARKS

(There are no changes to the grid levels)

- Accountant - Minor revisions to qualifications.
- Community Support Worker - Slight language changes were made.
- Secretary, Reception/General Office Clerk, Administrative Assistant and Administrative Supervisor - These positions have been renamed Administrative Assistant 1, 2, 3 and 4, respectively. Language in the benchmarks has also been slightly revised and modernized.
- Occupational Therapist - Updates to qualifications were made.
- Physiotherapist - Updates to qualifications were made.
- Residence Nurse - This position has been renamed Nurse and some modernization and revisions were made to duties, responsibilities and qualifications.
- Behavioural Therapist - Title change to Behaviour Consultant.

NEW BENCHMARKS

New benchmarks were created for the following positions:

- Licensed Practical Nurse - Grid 13P
- Community Connector - Grid 12
- Supervised Access Worker - Grid 10
- Emergency Shelter Worker - Grid 6

JOINT JOB EVALUATION PLAN (JJEP) DOCUMENTS

The committee also reviewed internal and external Joint Job Evaluation Plan documents and can report the following updates:

- The New/Changed Job Form has been revised to include updated contact information and a fillable form is now available by contacting CSSEA.
- The Benchmark and Benchmark Ratings document has been updated to include new and revised benchmarks.

The joint committee will continue to meet to address new and outstanding issues. If you have any questions, call 604-517-0994, toll-free 1-800-663-6119 or email classifications@hsabc.org.

GOVERNMENT PROPOSES NEW COLLEGE

MANY HSA MEMBERS WOULD BE INCLUDED IN PROPOSED COLLEGE

In early December, the provincial government announced a proposal to establish a new college of diagnostic and therapeutic health professions. Many HSA members would be included in the new college.

Professional associations representing members from several health science professional disciplines have for several years advocated for a regulatory college or colleges to oversee their members' practice.

The new proposed college would initially oversee four health science disciplines which would become self-regulated professions under the Health Professions Act: respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.

The government considered, but decided against, including additional health disciplines in the college in this proposal, including nuclear medicine technologists, medical radiography technologists, magnetic resonance imaging technologists, cardiology technologists, diagnostic medical sonographers, medical physicists and medical laboratory assistants.

The government has indicated that once the new college has been substantially implemented, the Ministry of Health will consider regulatory options for these other diagnostic and therapeutic health care disciplines. As described in the government's December 9 news release, a professional college "serves and protects the public, and acts in the public interest at all times, making sure its members are qualified, competent and follow defined standards of practice and ethics. Professional colleges are responsible for responding to complaints from patients and the public. They can also take action if one

of their registrants is practising in a manner that is incompetent, unethical, illegal or impaired by alcohol, drugs or illness."

The proposed regulation outlining the four occupations that would form a new college is posted for feedback until March 9, 2017. Interested parties, including individuals, may submit comments to PROREG-ADMIN@gov.bc.ca by the March 9 deadline.

It is anticipated the new college would be in place 18 to 24 months following the consultation period.

HSA members are encouraged to contact their professional associations for further information.

IWD 2017 WORKSHOP MARCH 8-9

TRUTH AND RECONCILIATION WILL BE THE FOCUS OF HSA'S INTERNATIONAL WOMEN'S DAY WORKSHOP

HSA is committed to work towards fostering a new relationship between indigenous and non-indigenous Canadians in accordance with the recommendations of the Truth and Reconciliation Commission's report. This workshop will examine the legacy of colonial policies in Canada from a woman's perspective.



Recent changes to vacation scheduling at Vancouver General Hospital have left many feeling frustrated. HSA has filed a grievance on their behalf, and on January 20, over 50 members packed a meeting room to talk about next steps, including individual grievances.

NURSES BARGAINING ASSOCIATION SETTLEMENT TO PROVIDE DAMAGES PAYMENT FOR RPNS' 2017 COLLEGE FEES

As the deadline for paying college registration fees approaches, HSA is advising RPN members to submit receipts for registration or renewal of their college fees as proof of eligibility for damages payment by the Nurses Bargaining Association. The damages that are being put toward the fees paid to the CRPNBC arise out of compensation paid by the employer for failure to implement the 2012 safe staffing provisions.

To claim for your damages payment, pay your college fees to the CRPNBC and scan and send your receipt to collegefees@

hsabc.org. Receipts may also be mailed to HSA c/o College Fees, Health Sciences Association of BC, 180 East Columbia Street, New Westminster, BC, V3L 0G7, or faxed to HSA at 604.515.8889 or 1.800.663.6119.

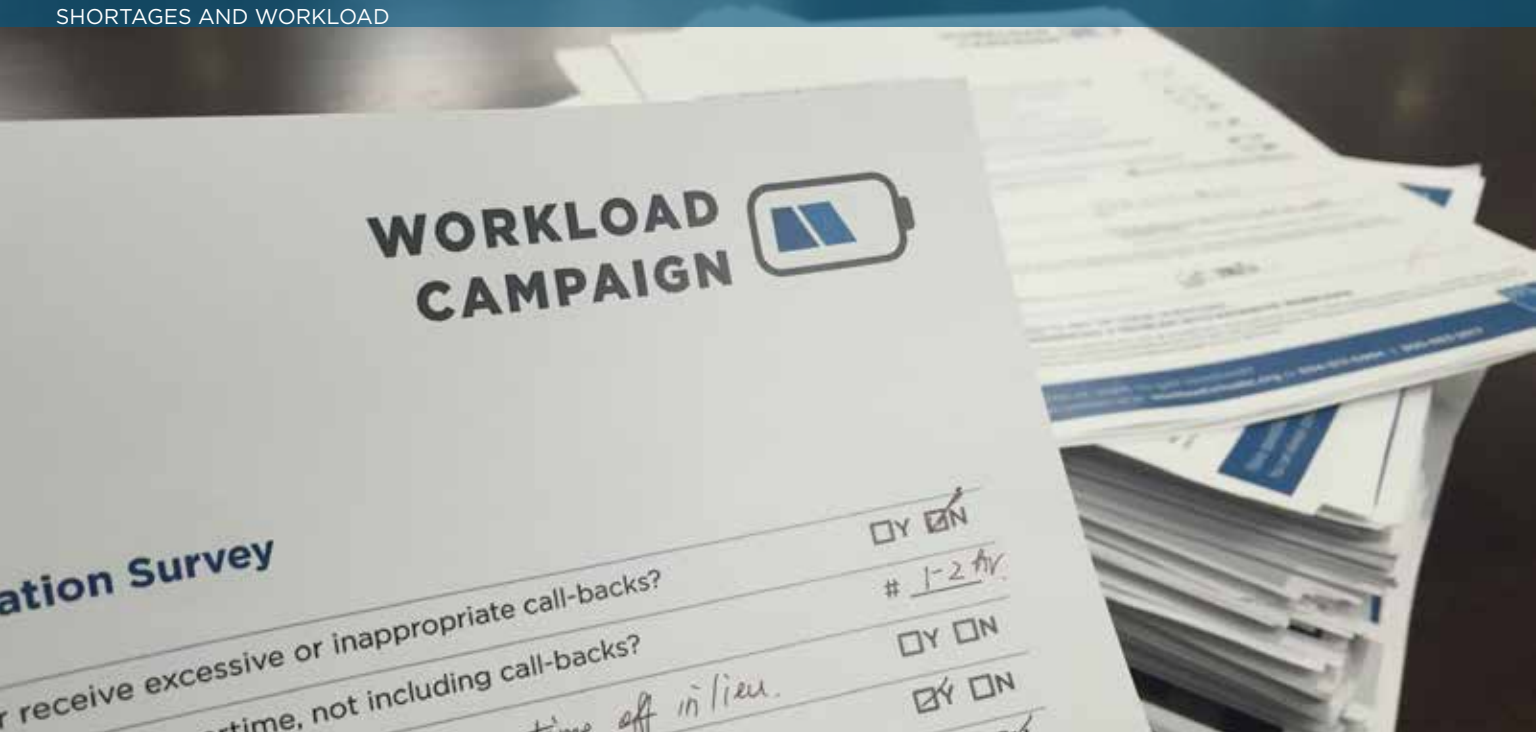
Please include your name, work-site, mailing address and current email address.

Please note this does not constitute reimbursement of your registration fees or CRPNBC fees. The money has been awarded as damages, and the Nurses Bargaining Association takes the position that the pay-

ment is not wages, so will not issue T4 slips or deduct taxes. We recommend that you may want to seek the advice of a tax professional in complying with your legal obligation, having regard to your unique personal, employment, and financial circumstances.

HSA will seek payment from the Nurses Bargaining Association and issue payments to HSA members.

The deadline for submitting receipts is June 30 2017, and payments will proceed after that date.



OVER 4000 HSA MEMBERS FROM A WIDE RANGE OF PROFESSIONS, REGIONS AND WORKSITES HAVE COMPLETED THE WORKLOAD SURVEY TO DATE.

WORKLOAD AND WAITLISTS BECOMING UNSUSTAINABLE

RESULTS OF WORKLOAD SURVEY SHOW PROFESSIONALS STRUGGLING WITH FALLOUT FROM YEARS OF GOVERNMENT-IMPOSED WAGE AUSTERITY

THE FIRST ROUND OF WORKLOAD SURVEYS IS COMPLETE, AND THE RESULTS ARE DEEPLY CONCERNING

Over 4000 HSA members, representing dozens of professions in worksites around the province, have completed the survey as of mid-January.

The results paint a stark picture of health science and community social service professionals driven to the brink as they try to balance growing workload with the needs of patients and clients in a system strangled by over a decade of government-imposed

wage austerity.

“This just isn’t sustainable,” said HSA President Val Avery.

“We have been warning the provincial government that years of wage austerity has made shortages worse and waitlists longer. These results show that patients are paying the price for continued inaction.”

More than 1300 members have filled out a long form of the workload survey, with data indicating:

- 53 per cent say their department currently has a wait list, and 81 per cent of those say that wait list has increased over the last two years.
- 58 per cent say their department currently has unfilled vacancies, and of those, 56 per cent have been vacant and unfilled for more than a year.
- 79 per cent say they work more than their scheduled hours in the day, and of those 70 per cent say they do not claim overtime for this.
- 71 per cent say the error rate has increased in their department
- 69 per cent say excessive

“We have been warning the provincial government that years of wage austerity has made shortages worse and waitlists longer. These results show that patients are paying the price for continued inaction.”

HSA PRESIDENT
VAL AVERY

workload has impaired their mental health

- 41 per cent say there has been an increase in accidents, injuries and illness at their worksite

The workload survey results add to concerns identified in a separate October poll of all HSA members which found that 75 per cent are concerned that workload is negatively impacting patient care.

“I want to thank the members who have taken the time to complete the survey to date,” said Avery. “And I encourage other HSA members to do the same.”

Survey results are being analyzed to determine which worksites, regions and professions are facing the greatest challenges. All information is being kept strictly confidential, but in some cases members will be contacted for follow-up questions by labour relations staff to help HSA make a stronger case while preparing for bargaining to end to more than a decade of government-imposed wage austerity while preparing for the next round of negotiations.

The workload survey can be downloaded or completed online at www.workload.hsabc.org.



HSA ADS ON TV

An ad showing how patients pay the price for waitlists driven by shortages of health science professionals last fall was re-run throughout February on provincial TV news broadcasts and digital platforms including Facebook and YouTube pre-roll. The ads were timed to raise profile with the media, government and public in the leadup to the provincial budget announced on February 21.

MEMBER DEVELOPS ONLINE WORKLOAD TRACKING TOOL

Jason Rapps, a steward at Royal Jubilee Hospital in Victoria, has been encouraging colleagues to track and report workload concerns for some time, and recently, he developed his own online tool to make it easier.

Rapps, a medical laboratory technologist, says he knew it would be possible to build a strong case for a workload grievance if data was collected over a period of time, but only if people found the tracking process easy. Until recently HSA's workload investigation tool was only available on paper, and was too unwieldy for a lot of members.

“I had to make it short and concise to fill out,” he explains, “so that it wouldn't be a burden on already overworked members.” He turned to Google Forms to develop a survey that was customized to address concerns which differ from one department to the next, eliminating unnecessary questions. “Along with the other stewards now using this tool, I take some time to ask the members what things are most affecting their workload and make sure the survey is tailored to address their main issues.”

GOVERNMENT REJECTS JOINT CALL FOR COMPETITIVE SONOGRAPHER WAGES

GOVERNMENT REFUSES TO BUDGE ON WAGES EVEN AS OVER 18,000 BRITISH COLUMBIANS REPORTED WAITING FOR ULTRASOUND TESTING

THE BC LIBERAL GOVERNMENT HAS REJECTED A CALL FOR IMMEDIATE ACTION TO ADDRESS THE CRITICAL SHORTAGE OF SONOGRAPHERS IN BC BY PROVIDING THEM WITH A COMPETITIVE WAGE.

Instead of a wage adjustment and other financial incentives recommended in a report by the joint Recruitment and Retention Committee, which includes representatives from the employer, HEABC, and the union bargaining association, HSPBA, the only recommendation government authorized is an increase in the number of sonographers to be trained in BC. While this increase is welcome, it will not produce additional new sonographer grads until at least February 2018, so will not assist with the current crisis. And failure to provide any financial incentives will not assist health authorities to recruit and retain sonographers, including these additional new grads.

Public sector sonographers in BC earn significantly less than those working in private clinics or in the public sector in most other provinces. Both union and employer representatives on the Recruitment and Retention Committee agreed in making their recommendations to government that the “Sonographers’ recruitment and retention issue is primarily a wage issue” and



JUST WEEKS AFTER THE GOVERNMENT DECISION, HSA RAN A RECENT AD ABOUT HOW PATIENTS ARE IMPACTED BY SHORTAGES OF HEALTH SCIENCE PROFESSIONALS. THE AD RAN ON TV AND DIGITAL THROUGHOUT FEBRUARY.

that “a labour market adjustment is necessary and appropriate for sonographers”. Government rejected this joint finding despite the fact that thousands of BC patients are waiting for ultrasound procedures because hospitals are unable to hire enough sonographers.

“The government’s response in the face of a growing crisis in patient care is extremely disappointing. It’s more than disappointing. It’s alarming. We know that patients are waiting months for necessary diagnostic testing, and as long as they don’t get a diagnosis that leads to treatment, their physical condition will continue to deteriorate. It is a short-sighted approach to health care,” said HSA President Val Avery. Health Sciences Association of BC represents 700 ultrasound

technologists working in BC’s hospitals.

The joint committee submitted a 105-page paper detailing the crisis caused by shortages of sonographers in the health care system and recommended a number of strategies to recruit and retain sonographers in BC hospitals, including:

- A market adjustment for sonographers
- Other financial incentives to help recruit sonographers, such as signing bonuses
- A doubling of training spaces in the BCIT Diagnostic Medical Sonography Diploma program
- The introduction of a fast-track program for cardiac and general sonography



AN ORDINARY HOSPITAL SPACE SET THE SCENE FOR AN OUTBURST OF VIOLENCE THAT LEFT TWO HSA MEMBERS AND A SECURITY GUARD INJURED IN AN OCTOBER INCIDENT.

HSA ASKS TOUGH QUESTIONS ABOUT VIOLENCE AT ABBOTSFORD REGIONAL HOSPITAL

ABBOTSFORD REGIONAL HOSPITAL HAS SEEN 62 ACTS OF VIOLENCE AGAINST STAFF BETWEEN 2008 AND MARCH 2015.

That's when a nurse was savagely beaten in the ER.

Fraser Health Authority responded with a review that led to a series of 29 recommendations by an outside consultant. Many still haven't been fully implemented, and health care workers are still at risk. Since then another three RPNs have been assaulted.

Meanwhile, days after an ARH RPN was assaulted in October 2016, Fraser Health representatives traveled to Dublin to present a paper on the ARH violence prevention program at the fifth International Conference on Violence in the Health Care Sector.

Media coverage of HSA's work on this issue has confronted the Fraser Health Authority with some tough questions. The union's efforts are to help make sure RPNs at ARH and health workers around BC are likely to see quicker results on making their workplaces safer.

From the November 14, 2016 FRONT-PAGE VANCOUVER SUN article by Pamela Fayerman:

Val Avery, president of Health Sciences Association, said health care workers are more likely to be attacked than police.

"The only thing protecting them are some common-sense practices for a safe workplace. When those practices aren't followed, people are attacked, beaten and even killed. There is simply no excuse for delaying or disregarding the recommendations for making Abbotsford Regional Hospital a safe place for health workers, and the patients they serve."

According to the union, the review last year made numerous recommendations which have either not been implemented or only partially. Among them:

- Have three security guards assigned to unit. In the September incident, only one security officer was available.

- Implement a dedicated system for calling for assistance. In the September incident, nurses didn't know if an alarm was activated because it wasn't audible in the ER.

- If the existing quiet rooms are used to interview or hold mental health clients, visibility into the rooms must be improved and windows should not have closed blinds on them. In the September case, nurses closed the blinds to give privacy to the patient who had been asked to change into hospital garb. In a 2014 case at the Penticton Hospital, a psychiatrist was violently attacked by a mental health patient in a room that had only a tiny window so no one could see that the doctor was being beaten.

- Install closed circuit cameras to provide sight into both the waiting area and interview rooms.

- Police should remain with the patients they bring to the hospital until after the patients have been assessed and admitted.

- A communications protocol is necessary to ensure risk of violence information is shared among hospital staff.

IN THEIR OWN WORDS

WHY HSA MEMBERS ARE GETTING INVOLVED IN THE COMING PROVINCIAL ELECTION

BY CAROL RIVIERE

MORE HSA MEMBERS THAN EVER BEFORE ARE WORKING IN THE PROVINCIAL ELECTION TO PROMOTE SOCIAL JUSTICE, AND TO ELECT CANDIDATES WHO SUPPORT PUBLIC HEALTH CARE AND COMMUNITY SOCIAL SERVICES.



**EASTER TOCOL
SOCIAL WORKER**

Easter Tocol, a social worker at Burnaby Hospital, is the campaign manager for MLA Adrian Dix in Vancouver-Kingsway.

I became involved in politics in 2005 because my family was impacted by Bill 29. My father was one of the many hospital workers who were laid off, in his case after more than 25 years of service. My family struggled financially and my mother had to work two jobs to make ends meet.

This is an all too familiar story for many working in health care, as Liberal cuts have gone too deep and we struggle daily with

workload, doing more with less. Many of my colleagues don't feel that their vote matters. However, we lost the election in 2013 by a margin of 2 per cent.

Adrian Dix and I have knocked on the doors of our constituents and heard their heartbreaking stories. This is what drove him as a former health care critic, who worked tirelessly to advocate for increased access to primary care services and to eliminate staff shortages to reduce wait times for diagnostics. This is why I've chosen to work to help re-elect Adrian in Vancouver-Kingsway.

British Columbians cannot wait any longer for change. We are the change makers and we can do it in this upcoming election in May. Every day health science professionals work hard to improve the lives of our patients and clients. The time has come to choose a government that recognizes our work and how it strengthens and promotes the public health care system for all.

For more information about the BC Health Coalition campaign: www.votepublichealthbc.ca

To learn more about the Better Can Happen Here campaign: togetherforbc.ca

For information about training opportunities or how to get involved, or to apply for support from HSA's Political Action Fund, e-mail Carol Riviere at criviere@hsabc.org



**EDITH MACHATTIE
OCCUPATIONAL THERAPIST**

Edith MacHattie, an occupational therapist at the Centre for Child Development in Surrey is the co-chair of the BC Health Coalition. She's working on their campaign to encourage people to pledge to vote for candidates who support public health care.

Every day I see the impact of political decisions on our public health care system. Budget and policy decisions from Victoria determine how many therapy staff (occupational therapists/physiotherapists/speech-language pathologists) are available to provide services to the thousands of kids with special needs and their caregivers who are served by the child development centre where I work. There are many kids who are never seen because we simply do not have enough therapists.

But we have a chance to change that on May 9 and elect candidates who are dedicated to protecting and improving our public health care system. That is why I got involved in the BC Health Coalition's vote pledge campaign. I'm helping to organize the campaign in the riding of Port Moody-Coquitlam. We have already seen that health care is a topic that engages people from all different political backgrounds and is a public service that most of us value deeply.

I urge other HSA members to get involved. People we've

already spoken with appreciate hearing the frontline experiences of health care workers, and our ideas on how we can make this system work better for everyone. Help us elect more public health care champions in Victoria!



**TONYA HARFORD
NUCLEAR MEDICINE
TECHNOLOGIST**

Tonya Harford, a nuclear medicine technologist at Burnaby Hospital has been volunteering on MLA Mike Farnworth's election planning committee in Port Coquitlam, and will serve as his voter contact co-ordinator during the election campaign.

I worked during the last campaign, but in a limited capacity. With support from HSA's Political Action Fund, I recently attended a three-day workshop on voter contact. I enjoyed learning about the best practices for voter contact, as well as meeting others and finding out why they are getting involved in this campaign.

I'm looking forward to working full-time on the election campaign. Without HSA's Political Action Fund, I wouldn't have the opportunity to do that.

I think we should all be getting involved in the upcoming election to help make BC a better place by defeating Christy Clark. She isn't governing for working people, she is only there for big business. If we can all commit to voting, and taking someone

with us to vote, I really think that we can make a difference.



**JOHN HINDLE
RESPIRATORY THERAPIST**

John Hindle, a respiratory therapist at Surrey Memorial Hospital, is taking the skills he developed working on HSA's anti-raid campaign, and putting them to good use on the BC Federation of Labour's "Better Can Happen Here" campaign. This campaign encourages people to vote for a new government that will provide supports for families, strengthen public services, and create good paying jobs.

I decided to work on the Better Can Happen Here campaign because now is the time to discuss policies that will shape the future of our province. The campaign is non-partisan but brings important issues to the forefront. These issues include increasing BC's minimum wage to \$15 per hour, establishing a \$10-a-day childcare program, and investing in affordable housing. We have had a provincial government that has made little-to-no progress on these issues - issues that disproportionately affect low-income families.

I think it is important for HSA members to become involved because we will all benefit from a better-funded health care system, an affordable provincial childcare program, and a better working relationship between labour and government.



HSA SOCIAL WORKERS DANA LEWIS, DEBRA GILLESPIE AND BRITT MOBERG SHOWED THEIR SUPPORT AT THE B4STAGE4 CONFERENCE IN NOVEMBER.

GET LOUD, TAKE ACTION ON MENTAL HEALTH IN BC

THREE OUT OF FOUR CHILDREN DIAGNOSED WITH A MENTAL HEALTH CONDITION IN BC ARE NOT RECEIVING THE SERVICES THEY NEED.

We currently pay for a system of care in the most expensive ways possible. People wait too long for care and too many people get their care from emergency departments and from police.

The Canadian Mental Health Association believes the time to improve our systems of care for mental health and addictions is now. That's why they've launched #B4stage4, an ambitious campaign calling on community organizations, academic

institutions, professional associations, labour organizations, elected officials and business leaders to value mental health and addiction care equally to physical health care.

It's time to focus on prevention, early identification and early intervention.

It's time to offer proven choices and supports to help people recover—clinical services, medications, peer supports, counseling, family supports, and other therapies.

And it's time to keep people connected to their families and their community by intervening as early as possible to preserve a person's education, employment, social supports

and housing, while ending the costly and tragic revolving door of incarceration, hospitalization, and homelessness.

Achieving equality for mental health and addiction care will require investment in education, prevention, and early intervention. It will require coordinated care that is accessible in our communities and from our primary care settings.

It will also require support from people like you – go to b4stage4.ca to sign the petition. You'll be in good company – 97 per cent of British Columbians believe mental health conditions should receive the same or higher funding priority as physical health conditions.



By the time Kaylee Rivard started receiving early intervention speech therapy services, her Greater Victoria family had been waiting for more than two frustrating years.

Unfortunately, the frustration wasn't over. By the time Kaylee began therapy, she was only four months away from her fifth birthday - the cutoff for early intervention therapies. The therapy was barely underway when it was suddenly over, and Kaylee's worried family had no choice but to send her off to kindergarten knowing that her significant speech delay hadn't been dealt with.

"We'd pretty much given up after sitting on that waitlist for two years," says dad Jason Rivard. "We felt better when we finally got some services, but then they were gone. Her speech is still severely delayed, but they discharged her anyway."

KIDS CAN'T WAIT

THE PROVINCIAL GOVERNMENT NEEDS TO DO MORE FOR KIDS LIKE KAYLEE

AFTER A DECADE OF NEGLECT FOR EARLY CHILDHOOD INTERVENTION, WAIT TIMES ARE GROWING.

Service providers are being stretched past their limits and thousands of preschoolers with special needs are losing out, aging out and being left behind.

Families, along with agency leaders and professionals who provide Early Childhood Intervention (ECI) in community-based programs across BC, have a simple message about the urgency of fixing this: #KidsCantWait!

ECI leaders say operating budgets have been frozen since 2006. They're calling for immediate government investment to reduce wait times, measures to increase sector capacity,

improved data collection to track outcomes and a more proactive, coherent and family-focused provincial ECI policy framework.

"This sector has experienced neglect for 10 years and is trying to stretch too little to meet the needs of too many," said Janice Barr, Executive Director of the Richmond Society for Community Living, which currently has 175 Richmond families waiting for supports under the Supported Child Development Program.

Families report feeling overwhelmed by long wait times, lack of support and a confusing system. Too many kids are unable to get the help they need when they need it - before they start kindergarten and become ineligible.

"ECI providers have expertise that can transform the lives of

children with special needs and their families, with significant long-term social and economic benefits," noted Jason Gordon, Provincial Advocate for the BC Association for Child Development and Intervention (BCACDI). "The early years are a critical window of opportunity for development, but limited resources and lengthy wait times mean too many children and families in BC are missing their chance to achieve their full developmental potential."

"BC promised to become the most inclusive province by 2024 but young children and their families can't wait that long," said Inclusion BC Executive Director Faith Bodnar. "Kids with special needs must be able to access these essential programs. We cannot stand by and see them being left out and left behind."



“Too often people with mental illnesses are not taken seriously because there are not always physical symptoms that can be easily seen.”

INSIDE OUT

It started with an anxiety attack at a Christmas party.

That's when HSA medical radiation technologist Yasaman Gheidi realized she had spent too many years trying to hide her suffering as one of millions of Canadians with mental illness.

“I felt really alone. I was scared of sharing – I didn't want to be labelled as crazy,” she later told CTV reporter Darcy Matheson. “I found that by staying quiet it was making it worse.”

“Too often people with mental illnesses are not taken seriously because there are not always physical symptoms that can be easily seen.”

She didn't want to hide it any longer, and as a beauty blogger with a healthy following on Instagram, she took a brave step and posted images with half her face revealing the turmoil she felt inside. She called it the “Inside Out Challenge” and called on others living with mental illness to use makeup to show the world the feelings they hid inside.

“The reaction has been absolutely incredible,” she says. Over 1000 people have shared their experiences and photos at #InsideOutChallenge, and she's received media coverage from around the globe. “I have been so moved by so many of the participants' creations as well as the stories that they have shared. Many people have used the Inside Out Challenge as an opportunity to let their friends and family know about their own struggles.”

“There are so many people who silently suffer with mental illness,” she adds. “The people who struggle are your friends, they are your co-workers, they are your family members - they are familiar faces. Far too many people choose not to talk about their struggle for fear of judgement, alienation, bullying or many other negative effects.

“It's far past due that we, as a community, work together to create a safe place where we can talk about it and truly take steps into helping those with mental illnesses.”

NOT THE CHANGE WE VOTED FOR

THE GOVERNMENT SEEMS TO BE BACKING OFF TAXING YOUR BENEFITS, BUT IF YOU WANT TO KEEP IT THAT WAY, SPEAK UP

BY DENNIS BLATCHFORD
HSA PENSIONS
AND BENEFITS ADVOCATE

What is behind all the media reports about the federal government planning to tax employee benefits? Seems they have backed off recently, but the issue still worries me. Am I over-reacting?

There is still reason to be a bit concerned. It's likely that the federal government isn't done with this issue quite yet, given that Finance Minister Bill Morneau is extremely knowledgeable about the benefit industry – it's what he did in the private sector. He knows the potential for significant government revenues by somehow finding a way to tax employee benefits. And, as everyone knows, the Liberal government has very ambitious spending plans. So it is prudent to assume this trial balloon was not an accident by a rookie finance minister.

What could it mean for our benefit plan and for my future Municipal Pension Plan retiree benefits?

HSA's national body, NUPGE, is keeping a close eye on developments in Ottawa and working with other like-minded organizations to ensure the government knows we are paying attention to this important issue for working Canadians. Like the introduction of legislation to allow for conversion of defined benefit pension plans to targeted benefit pension plans, these are worrying trends that signal

a less secure future for workers and their families. Consequently, our continued vigilance on legislative changes like this is extremely important. It is doubtful that when Canadians voted for change in 2015 taxing health and welfare benefits, or allowing employers to renege on their pension commitments, was what they had in mind.

What's next, are they going to reverse their decision to lower CPP eligibility back to age 65?

There are those who claim they will eventually do precisely that due to rising life expectancies. We'll see how that issue plays out, but on several important policy fronts, the Liberal government has implemented the very plan they were opposed to in opposition. Again, it doesn't seem to be the change many voters thought they were getting under a Liberal administration.

Are you concerned that target benefit pension legislation could impact our defined benefit Municipal Pension Plan? And if so, how?

The main concern is about the trend, rather than any immediate impact on pension plans in this province. In BC, public sector plans are well-funded, jointly-managed and have efficient administrative and investment structures that make them the envy of other provinces. In other jurisdictions pension plans have evolved differently and in less efficient ways. Some of those plans didn't weather the 2008 financial crisis nearly as well as we did in BC. For some of

them, moving to a target benefit model may be the only viable way to bring their plans back to health. But that would be the exception rather than the rule. Like the private sector plans migrating from defined benefit to defined contribution plans in recent years, you always need to be concerned about general trends. More the reason to manage our pension plans well and not give any opening for those who might want to push for an alternate (cheaper) model.

Is there anything I can do as a member to support HSA's efforts to resist these types of trends?

Yes, in fact you can do something and it can be quite effective. There are 16 Liberal MPs in this province – most of them new – and they rode into power promising change and a different approach from the Conservatives. You might ask them how some of the issues you've identified square with those promises of a fairer, more compassionate government. One thing we know from working with members wanting to get more politically involved, is that members can be very effective advocates in their communities. And, the evidence suggests that our elected officials do listen. And why wouldn't they? Members are smart and articulate and respected members of the community. Any politician knows they should only ignore such constituents at their peril. Good luck, and if you need any assistance please contact our member development department.

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



ON FEBRUARY 1, HSA COUNTED EIGHT ER PATIENTS PARKED IN A HALLWAY AND BESIDE THE GIFT SHOP OF EAGLE RIDGE HOSPITAL IN PORT MOODY. MEANWHILE, AN ENTIRE WARD SAT EMPTY, BLOCKED OFF FOR A WEEK OF FILMING.

FILM SHOOT PUSHES ER PATIENTS INTO HALLWAYS

WE LIKE KATE WINSLET TOO, BUT THIS IS NUTS

ARE BC'S HOSPITALS SO STARVED FOR CASH THEY NEED TO PARK PATIENTS IN HALLWAYS WHILE MAKING A FEW BUCKS RENTING OUT SPACE TO MOVIE CREWS?

It certainly seems so.

On February 1, HSA learned that patient care was being compromised when management of Eagle Ridge Hospital

rented space to film an upcoming Kate Winslet romance. Eight emergency room patients were packed into the main floor lobby, crowding a busy hallway and parked outside the gift shop. Meanwhile, upstairs, a ward previously used to ease emergency room overcrowding sat empty, blocked off for filming.

"When I first saw that, I was appalled," said HSA President Val Avery to reporters. "We have

to look at that and say, is that revenue stream worth it?"

"Hallway medicine" places a number of stressors on both patients and health care professionals. Lights and noise remain intrusive throughout the night, making proper sleep difficult. This prolongs the recovery process for all patients, and is extremely bad for patients who are at risk of developing a delirium. Lack of privacy leaves-



A SIGN ON ONE OF THE MANY EMPTY ROOMS AT EAGLE RIDGE HOSPITAL.

Lila Mah Wow, amazing what money can buy. Money over patient care
Like · Reply · Message · 1 · February 4 at 11:19am

Fuzail Ali It's common that ERH gets used to for shows and movies. I can count a dozen times E2A got used.
Like · Reply · Message · February 4 at 11:29am

Sue Elizabeth Ridiculous
Like · Reply · Message · 1 · February 4 at 11:34am

Maria Zio Funding and appropriate patient care has become a delicate balance.... We've all known for some time that funding FOR appropriate care is not winning. What are we to do?
Like · Reply · Message · 2 · February 4 at 11:40am

Kathy Conroy Shameful
Like · Reply · Message · February 4 at 12:00pm

Allison Patterson Riverview is available for hospital ward shots.
Like · Reply · Message · 1 · February 4 at 12:58pm

Sherida Charles This has directly affected dad, who is waiting to get in there. Luckily he's finally going to be moved in on Monday.
Like · Reply · Message · 1 · February 4 at 1:06pm

JOIN THE COMMUNITY AT [FACEBOOK.COM/HSABC](https://www.facebook.com/HSABC)

patients dealing with difficult issues as strangers walk past them. Health professionals don't have enough space to provide appropriate care. Access to only one side of the bed is not ergonomically sound and limits the work of health care providers, including nurses, cardiology technologists who are trying to complete electrocardiograms, and physiotherapists completing mobility assessments. And it's a safety hazard for other patients, many with mobility issues, to navigate down a hallway crowded with beds and busy hospital staff.

Confronted by media, Fraser Health Authority denied the filming was disrupting patient care in any way. But in addition to the obvious problems with ER overflow, a subsequent investigation by HSA found widespread disruption of care for patients waiting for occupational therapy and physiotherapy.



BROOKE CARTER, MEDICAL LABORATORY TECHNOLOGIST,
HORSE ENTHUSIAST, MASTER OF THE MEDIUM

WHAT'S SO FUNNY ABOUT LAB WORK?

QUITE A LOT, AS IT TURNS OUT.

HSA's guest profession tweeter program is a great way to let the public and the media know more about the important work of HSA member professions. It's always informative, sometimes poignant and sometimes funny.

Medical laboratory technologist Brooke Carter's recent turn deftly combined them all: the informative: "An Eppendorf micropipettor-styled retractable pen is a status symbol for a #medlabtech"; the poignant: "What buoys an #MLT: knowing that a patient likely will never meet us but we have made decisions that profoundly improve their outcome"; and the funny, ranging from sly to slapstick: "Remember school-project volcanoes? Trapped gas expands. Faecal samples occasionally behave like that."

Watch for more from Brooke and other HSA professionals at twitter.com/HSABC. And if you'd like to take a turn to promote your profession, contact us at info@hsabc.org.

 **HSABC** @hsabc · 11h
That moment when you feel your contact lens fall out, but you can't do anything about it because your hand is literally in a Petri dish. #MLT

[View Tweet activity](#)

 **HSABC** @hsabc · 11h
Remember school-project volcanoes? Trapped gas expands. Faecal samples occasionally behave like that. It's a sort of initiation for us. #MLT

[View Tweet activity](#)

 **HSABC** @hsabc · 21h
It is currently respiratory season. In #Microbiology we also recognize festival season, barbecue season, and exotic travel season. #MLT #flu


[View Tweet activity](#)

 **HSABC** @hsabc · 21h
A tsunami of sputum samples today. Is this all flora or is there a pathogen? #trainedeye #MLT #medlabtech

[View Tweet activity](#)

 **HSABC** @hsabc · 22h
Those five words that fill us with such overwhelming joy and relief: "You are fully staffed tonight." #MLT #healthcare

[View Tweet activity](#)

 **HSABC** @hsabc · Jan 17
Blood agar plates are indeed made with blood. Chocolate agar plates are NOT AT ALL made with chocolate. #medlabtech #Microbiology #MLT

[View Tweet activity](#)

 **HSABC** @hsabc · Jan 17
I am not immune to a fist pump, and a "Saved a life!" when I go out on a limb to report a nasty bug on a stat Gram, and nail it. #secrethero

[View Tweet activity](#)

 **HSABC** @hsabc · Jan 17
An Eppendorf micropipettor-styled retractable pen is a status symbol for a #medlabtech. You know what I'm talking about. #swag #conference

[View Tweet activity](#)

 **HSABC** @hsabc · Jan 16
The longer I am a #medlabtech, the more I am convinced that the intensive school interviews were screening for a specific, low-acuity OCD.

[View Tweet activity](#)

 **HSABC** @hsabc · Jan 15
What buoys an #MLT: knowing that a patient likely will never meet us but we have made decisions that profoundly improve their outcome. #lab

[View Tweet activity](#)



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Geri Grigg

Job title and department: Senior Labour Relations Officer, Health and Safety

What you actually do, in your own words: I work with OHS stewards and JOSH Committee representatives to ensure compliance with health and safety regulations and represent HSA on various employer, labour and provincial committees dealing with various health and safety issues. The issues range from physical hazards such as ergonomics and slips and falls to personal safety issues such as psychological safety and violence prevention.

Why this matters: Health and social services workers experience high rates of illness and injury related to their work. This needs to change. Workers should come to work and know that they can expect a safe work environment.

Secret talent unrelated to job: I just acquired a serger so ask me again in a couple of months.

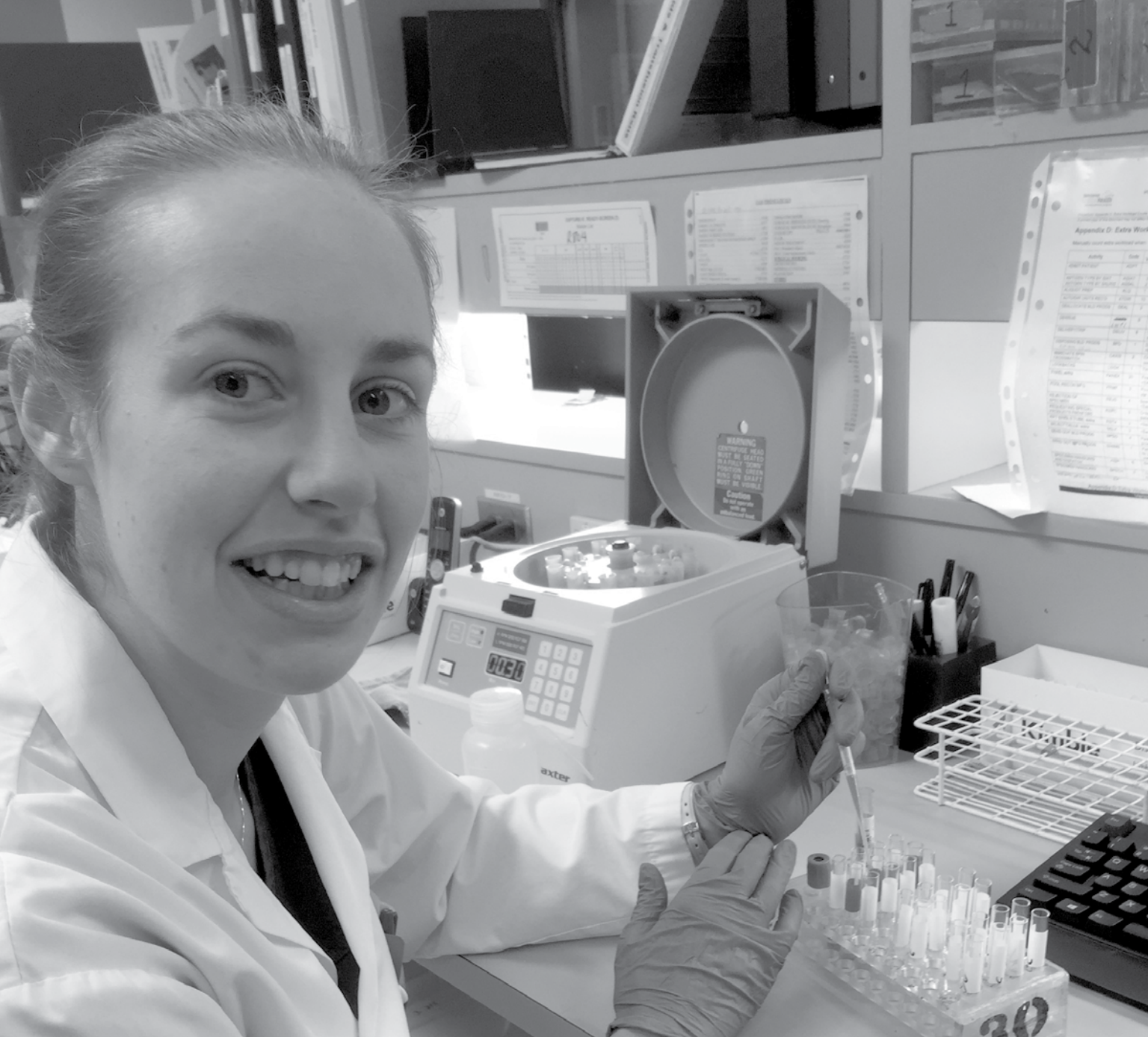
Literary, TV or movie character most inspiring to you: Elizabeth Bennett. Not only is *Pride and Prejudice* one of my all-time favourite books, Elizabeth has a unique commentary on the social structure of the time and the senselessness of attaching honour and prestige without merit. We still see this today. And of course because Elizabeth gets to marry Mr. Darcy.

Job before HSA: I held two part time jobs: Environmental Health Officer and Health Promoter.

Crappiest job you've ever held: Dishwasher. On my first day someone came to get me for coffee and I thought it was the afternoon break. It was only 10 am. I lasted two days.

Interesting thing you did to help a member in the last week: Writing a 21 day recommendation on some violence prevention issues. JOSH committees often feel frustrated with the length of time it takes an employer to deal with health and safety issues, especially if there is cost involved. A recommendation that comes from the JOSH Committee compels the employer to respond within 21 days.

Your perfect day looks like: A place that is special to me is Naramata Centre so the description of my perfect day has to be inspired from there. Class in the morning learning something new. The content of the class is unimportant; it could be cooking, yoga, world religions or homeopathy. Afternoon at the beach swimming, reading, chatting or napping. Smart cocktails at 5. Dinner with friends followed by music or a lecture on something interesting.



“I like that HSA is always there for me.”

“If I or any of our members call the office at any time, there is always a Labour Relations Officer available to talk to and answer your questions. You are never ignored.”

MICHELLE, MEDICAL LABORATORY TECHNOLOGIST, LIONS GATE HOSPITAL