

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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JEANNE MEYERS, CHIEF NEGOTIATOR FOR THE HEALTH SCIENCES PROFESSIONALS BARGAINING ASSOCIATION, DELIVERS A BRIEFING ON THE TENTATIVE AGREEMENT TO HSA STEWARDS.

TIME TO VOTE

Health science professionals reach three-year tentative agreement addressing decades-old issues

ADDRESSING YEARS OF EROSION

I am pleased to report that a tentative agreement has been reached between the Health Science Professionals Bargaining Association (HSPBA) and the Health Employers' Association of British Columbia for the term of April 1, 2019 to March 31, 2022.

I'm proud of our bargaining team and their tireless work to reach an agreement that strengthens our public health system through strategic solutions and delivers on the bargaining priorities set out by members.

In addition to a general wage increase for all, this tentative agreement addresses issues that health science professionals have struggled with for the past two decades: unsustainable workloads, chronic shortages and vacancies of critical members of the health care team, a dysfunctional system of addressing increasing challenges in health and safety and work, and valuing the important contributions of every member of the health care team.

A key element of the collective agreement is it delivers \$10 million in funding to address decades-old inequities in job categories. The tentative agreement lays a foundation for an improved system to recognize the changing nature and work responsibilities for health science professionals into the future by equalizing professions with pay grids that don't currently adhere to the same logic found across other job families when it comes to monetary recognition for educational credentials, advanced practice, and leadership and supervision roles.

This agreement works to modernize the classification system

and will deliver significant, immediate pay increases to many of our members who, for too long, have been subject to job classification models inferior to fellow members in the HSPBA.

Through two and a half months of bargaining, both the union and employer bargaining committees focused on negotiating collective agreement solutions that address years of erosion in the system that affected our members' ability to provide the care that British Columbians expect and deserve. It is an agreement that has been one year in the making, starting with HSA's Bargaining Proposal Conference in December 2018.

The message from members at that conference was that after almost two decades of government neglect, we had an opportunity to focus on stopping the downward spiral that public services was in.

The impacts of those two decades of neglect were felt acutely all around us: the highest child poverty rate in the country, a minimum wage that was falling behind, a crisis in mental health and substance use care, and deterioration of early childhood services and support. In acute care, it was seen in waitlists, dwindling resources, and crisis-driven management that undermined confidence in the public health care system.

As the new government has demonstrated, it is committed to a reset, with dramatic action on improving access to primary care services, addressing acute care backlogs, reducing diagnostics waitlists, focusing resources on mental health and addictions services, and growing multidisciplinary health care



Watch your email and the HSA website for details on information and voting meetings. If HSA does not already have your home email address, please provide it to us by visiting the hsabc.org.

teams. In addition to a \$3-million professional development fund achieved outside the collective agreement, a \$400,000 annual professional development fund was negotiated into the collective agreement.

The terms of the tentative agreement you will be voting on are the result of some tough negotiating that focused on achieving a solid foundation on which to build long-term solutions to the challenges in the public health care system – challenges that did not appear overnight. The changes negotiated start us on a course to ensure that the expertise, knowledge, and services health science professionals bring to the modern health care team are reflected in the collective agreement.

Val Avery

APPLY FOR THE AFFORDABLE CHILD CARE BENEFIT!

In September 2018, the province introduced the Affordable Child Care Benefit. The benefit is available to families with a pre-tax household income of less than \$110,000. With the benefit, some families could save up to \$15,000 a year per child on child care expenses.

Approximately 80,000 B.C. families are eligible for the benefit, and must apply in order to receive it.

Parents may apply online through the new online system My Family Services. The website includes an estimator tool to calculate a family's eligibility and benefit amount.

The Affordable Child Care Benefit has been introduced alongside the Child Care Fee Reduction Initiative, as part of the government's overall affordable child care strategy. Earlier this year, the province announced it would be investing one billion dollars over three years to lay the foundations for a universal child care system.

NURSES BARGAINING ASSOCIATION REACHES TENTATIVE AGREEMENT

A tentative three-year agreement has been reached between the Nurses' Bargaining Association (NBA) and the Health Employers Association of BC (HEABC).

The tentative agreement addresses key priorities and protects nurses' ability to provide safe, quality patient care.

HSA's Board of Directors is recommending HSA RPNs, who are covered by the collective agreement, vote yes. Watch for information and voting packages in the mail.

INSIDE THIS ISSUE

COVER

HSAPBA tentative agreement 6

PRESIDENT'S REPORT

Addressing years of erosion 2

NEWS

Affordable child care benefit 3

NBA tentative agreement 3

E-voting at HSA 4

Convention resolutions deadline 4

New women's transition housing fund 5

Postal workers and the right to strike 8

FEATURE

A look back at the year's public health care victories 10

FOOD FOR THOUGHT

Commemorating December 6th 14

Gender-affirming care 16

Getting creative with OH&S education 18

Your pension and early retirement 19

Intergenerational interview 20

Introducing Sylvia Marques, organizer 23

NICOLE MCINTOSH AND ALYSON WARNER, HSA BARGAINING COMMITTEE MEMBERS FOR THE NBA, WITH CAROL KENZIE FROM THE HOSPITAL EMPLOYEES' UNION.



E-VOTING COMING FOR 2019 HSA BOARD OF DIRECTOR ELECTIONS

In January, nominations will open for five Regional Director positions representing HSA members on the union's board of directors.

For the first time, members will be able to cast their vote online. Please be sure to update HSA with your e-mail address so that the union can contact you with your individual login access information to vote for your representative on HSA's Board of Directors.

Visit hsabc.org to update your contact information.



DEADLINE FOR RESOLUTIONS TO HSA CONVENTION: JAN. 25, 2019



PREPARATIONS ARE ALREADY UNDERWAY FOR HSA'S ANNUAL CONVENTION, WHERE DELEGATES REPRESENTING MEMBERS FROM THROUGHOUT THE PROVINCE SET GOALS, DEBATE POLICIES, AND RECOMMEND ACTIONS FOR THE UNION AND ITS MEMBERS TO CARRY OUT FOR THE YEAR.

All resolutions must be submitted to the HSA Resolu-

tions Committee through local union chapters or the union's board of directors by Thursday, January 25, 2019.

In the lead-up to this date, local chapters hold resolution meetings where general members of the chapter vote on which resolutions should be submitted to the HSA Resolutions Committee. All members are encouraged to propose resolutions, attend the meetings, and

participate in the democratic process of setting the union's course.

The Resolutions Committee includes member representation from each of HSA's 10 regions. Those representatives are elected by member delegates at the union's annual regional meetings. The Resolutions Committee may make amendments to a resolution prior to convention, in consultation with the submitting chapter, and establishes a voting recommendation for each resolution submitted.

Resolutions forwarded to convention will be available on the HSA website in early March for members to review.

HSA's annual convention will be held April 4 and 5, 2019 at the Hyatt Regency Hotel in Vancouver.

To contact your chief steward for more information about a resolutions meeting at your worksite, visit: www.hsabc.org/find-your-steward.



PARLIAMENTARY SECRETARY FOR GENDER EQUITY MITZI DEAN SPEAKS ABOUT THE PROVINCE'S PLAN TO SUPPORT WOMEN AND CHILDREN FLEEING VIOLENCE.

PROVINCE ANNOUNCES WOMEN'S TRANSITION HOUSING FUND

\$734 million to be invested over 10 years

THE PROVINCE OF BRITISH COLUMBIA HAS ANNOUNCED PLANS TO CREATE 280 TRANSITION HOMES FOR WOMEN AND CHILDREN FLEEING VIOLENCE, DELIVERED THROUGH 12 PROJECTS ACROSS THE PROVINCE.

The initiative will be funded by the newly launched Building BC: Women's Transition Housing Fund. The province will inject \$734 million into the fund over 10 years, which will be used to create 1,500 new transition housing, second-stage hous-

ing, and affordable rental housing spaces for women and children fleeing violence. The fund is part of the government's 30-point housing plan, launched in Budget 2018, which allocates seven billion dollars over 10 years to a province-wide housing strategy.

The province projects that 500 of these units will be underway in the next three years. The housing will be operated by non-profit organizations that deliver housing and supports for women and children experiencing

violence.

The fund will also support the development and delivery of a range of additional services, including emotional support and safety planning for women and children.

The 12 housing projects supported by the fund will be in Burnaby, Chilliwack, Vancouver, Invermere, Kamloops, Kelowna, Kitimat, Prince George, Smithers, Nanaimo, Port Alberni, and Langford.

HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION REACHES TENTATIVE AGREEMENT

BY SAMANTHA PONTING

HSA COMMUNICATIONS

After two and a half months of bargaining, the Health Science Professionals Bargaining Association (HSPA), under the leadership of the Health Sciences Association, has reached a tentative agreement with the Health Employers Association of B.C. (HEABC).

“Through two and a half months of bargaining, both the union and employer bargaining committees focused on negotiating collective agreement solutions that address years of erosion in the system,” said HSA President Val Avery at a December tentative agreement briefing for HSA stewards.

Previous rounds of negotiations for health science professionals were routinely characterized by government neglect for public services and disregard for those who deliver them. When the B.C. NDP took power in 2017, they faced a significant social deficit to address over the course of their mandate.

“As the new government has

demonstrated, it is committed to a reset,” she said.

The bargaining committee entered negotiations with the aim to stop the deterioration of the health sciences professionals’ contract and chart a new course in which the work and expertise of health science professionals are valued.

“It will take us a while to rebuild, but we have a very good start,” said Chief Negotiator Jeanne Meyers in an address to HSA stewards.

In a report drafted for members by the HSA bargaining committee, committee co-chairs Janice Morrison and Mandi Ayers state that the tentative agreement meets the bargaining priorities set out by member delegates at the 2017 HSA Bargaining Proposal Conference, which include competitive wages, a modernized classification system, recognition on multidisciplinary teams, and strategies to address workload.

According to Meyers, bargaining committee members “undertook a major task, negotiated

long and hard, and have finally brought in some significant changes and improvements to the classifications system.”

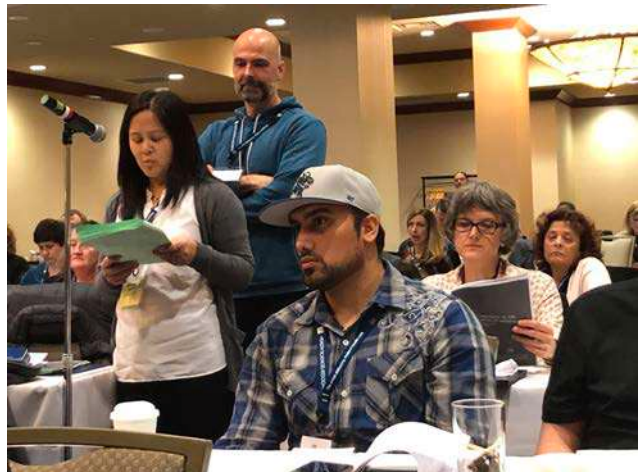
The agreement also delivers gains in areas such as occupational health and safety, disability management, leave, paid steward work, and recruitment and retention.

The tentative agreement was signed by both parties on Nov. 8, 2018, and requires ratification from HSPA members in order to take effect.

Voting on the tentative agreement will be conducted throughout January 2019 in communities across the province. In addition, members will have opportunities to attend telephone town halls and in-person information meetings in January. For members in communities where no in-person voting is available, members will receive information and voting packages by mail.

The HSA Board of Directors voted in favour of supporting the recommendation of the HSPA bargaining committee to vote in favour of the agreement.

HSA MEMBERS DISCUSS THE TENTATIVE AGREEMENT AT A DEC. 2018 BRIEFING



AGREEMENT HIGHLIGHTS

A general wage increase

The agreement achieves a six per cent wage increase over three years at a rate of two per cent annually. This aligns with a mandate from the Minister of Finance and is consistent with the base general wage increase set out in three public sector collective agreements ratified earlier this year. In addition to this wage increase, significant funding has been provided to address wage inequities in the classification system.

In addition to a general wage increase, health science professionals would see call-back pay increase to double time from time-and-a-half.

Modernization of the classification system

The tentative agreement secures \$10 million to fund the first step of a wholesale restructuring of the classification system to address decades-old inequities in job categories.

“Not only will there be immediate improvements for many of our members, but we will eliminate some of the situation that’s been created by having quite a few industry-wide miscellaneous rates and separate memos,” said Meyers.

In the current collective agreement, not all job classifications are treated equally. For example, there exists a lack of cohesion surrounding the recognition of education credentials and advanced practice. The tentative agreement would address these inequities, and apply a cohesive rationale across job categories to the recognition of leadership and supervision.

The tentative agreement has laid the groundwork to put all HSPBA members on a level playing field, and gives a lift to many members who have been treated unfairly. The redesign would continue beyond the term of the collective agreement.

A joint working group would be

established to make changes to that classification system, which would address existing inequities, and most adjustments would be seen in year one of the collective agreement. The working group would lay the groundwork for further modernization of the classification system beyond the term of the collective agreement.

New measures to address workload

The tentative agreement creates a working group designed to address workload issues proactively, with a mandate to develop, produce, and support the implementation of guidelines, which would include tools and strategies for employers and employees to identify, assess, and address workload issues affecting health science professionals.

Article 38.5 of the collective agreement has been amended to include a Workload Dialogue process for employees to raise excessive workload concerns. The process obliges the employer to perform an assessment of the issue raised. The new language negotiated also strengthens the requirement of the employer to meaningfully address workload issues in a timely manner.

A new provision was created to allow for the creation of regular relief positions to cover work during such instances as leaves of absence, temporary workload, and vacation.

The creation of domestic and sexual violence leave

The new tentative agreement provides up to 17 weeks of unpaid leave for employees who have experienced domestic or sexual violence, and for employees whose dependent child has experienced domestic or sexual violence.

“It is not necessary for employees to do a big song and dance with respect for the need for the leave,” said Meyers. “They have to be able to confirm that they

need it for that purpose but they do not have to provide any exhaustive particulars of any kind.”

Under the new provision, casual employees would not need to be available for shifts for up to 17 weeks.

Improvements to OH&S

The agreement mandates the establishment of a working group to make recommendations surrounding the creation and implementation of a provincial framework on occupational health and safety in health care, including the implementation of the Canadian Standards Association’s (CSA) standards on psychological health and safety in the workplace.

The agreement requires the employer to contribute \$250,000 annually to HSPBA for the Joint Provincial Health and Safety Violence Prevention Committee.

An end to contracting out

The government has introduced legislation to repeal Bill 29, marking a significant victory for public health care and union rights. The bill allowed for the contracting out of non-clinical health services, even if layoffs were generated. The bill overrode protections negotiated in collective agreements.

Appendix 18 of the HSPBA collective agreement was drafted to align with Bill 29. The new tentative agreement strikes Appendix 18.

“And there was no attempt by the employer to get cute about it and try to give a new definition for what was a non-critical service. They just agreed to delete it,” said Meyers. “It’s a new day.”

To view the tentative agreement’s changes in full and to access an HSA report detailing the proposed changes, visit hsabc.org. Details surrounding the voting process are also available at hsabc.org.



PHOTO COURTESY OF CUPW

POSTAL WORKERS LEGISLATED BACK TO WORK, CONSTITUTIONAL CHALLENGE LAUNCHED

BY SAMANTHA PONTING
HSA COMMUNICATIONS

IN A DISTURBING TURN OF EVENTS, BILL C-89 WAS PASSED ON NOV. 26 IN THE CANADIAN SENATE, FORCING POSTAL WORKERS TO RETURN TO WORK AFTER FIVE WEEKS OF ROTATING STRIKES.

The emergency bill was rushed through the House of Commons the week earlier, with the Minister of Labour, Patty Hajdu, citing concerns for businesses and consumers in the wake of the Christmas season.

Postal workers across the country voted in favour of launching rotating strikes when the union's appeals for improved job security, better health and safety, an end to forced overtime, and equality for rural and suburban mail carriers were ignored at the bargaining table.

On Dec. 11, the Canadian Union of Postal Workers (CUPW) filed a constitutional challenge with the Ontario Superior Court because B C-89 violates postal workers' rights to free collective bargaining under the Charter of Rights and Freedoms, according to the union.

Bill C-89 undermines union rights, and sends a bleak message to unionized workers across sectors that the democratic choice to withhold labour during collective bargaining negotiations is not respected by the federal government when business profits are impacted.

This is not the first time CUPW members have been legislated back to work. In 2011, the Harper government imposed back-to-work legislation following a lock-out by Canada Post. The Ontario Superior Court later found that the legislation violated rights to freedom of association and freedom of expression under the Charter.

In the 2015 Supreme Court case *Saskatchewan Federation of Labour v. Saskatchewan*, the Supreme Court of Canada ruled that the right to strike was constitutionally protected. The court stated that the right was essential to levelling the playing field between employers and employees.

With the recent legislation, postal workers are now required to work under a contract that has expired, under provisions they had sought to amend at

the bargaining table in the face of serious concerns.

According to a CUPW press release, from the date postal workers returned to work to Christmas Day, "At least 315 disabling injuries will happen to postal workers, rural and suburban mail carriers will work roughly 250,000 hours without pay, and urban postal workers will work thousands of hours of forced overtime."

In response to Bill C-89, community picket lines went up outside mail processing plants in areas including Ottawa, Hamilton, Kingston, and Halifax.

Demonstrations in support of postal workers' rights to strike have been organized across B.C. and the rest of Canada. On Dec. 2, six peaceful protesters were arrested outside the Halifax Mail Processing Plant in a heavy-handed response to protest by Halifax Regional Police.

A Go Fund Me campaign has been launched to support the legal fees of the Halifax 6. To donate, visit: www.gofundme.com/support-the-halifax-6.



HSA President Val Avery and HSA Secretary Treasurer Cheryl Greenhalgh at a rally in support of postal workers Nov. 29, 2018.

THE RIGHT TO STRIKE

A strike is when workers withhold their labour in order to obtain better working conditions and wages. Collective agreements often contain provisions that prevent a union from taking strike action during the course of the contract. However, when a contract expires, the right to strike becomes an essential component of free collective bargaining. This right is upheld in the *Canadian Charter of Rights and Freedoms* and in the Canadian Constitution.

In the face of often powerful employers, an employee's right to strike remains one of the most effective tools available to level the playing field and exercise leverage during contract negotiations.

A strike can be difficult for workers – it means having a reduced income and walking picket lines for often long hours in sometimes harsh weather conditions. But when workers vote to take collective action and strike, they can win gains not just for themselves, not just for future employees, but for workers everywhere. Gains made through a labour strike can raise industry standards and spawn economic prosperity across communities.

These are some of the reasons so many allies have stepped up to form community picket lines in solidarity with postal workers who have been legislated back to work.



MAY 17, 2018: HSA CONSTITUENCY LIAISONS AT HSA LOBBY DAY



PREMIER JOHN HORGAN AND

A LOOK BACK AT THE YEAR HEALTH CARE VICTORIES

BY SAMANTHA PONTING
HSA COMMUNICATIONS

For a decade and a half, our public health system has been deteriorating rapidly. Under the B.C. Liberals, British Columbians had a government that didn't value the delivery of quality public health care – a government that rarely sought input or acknowledged the value of the health care professionals who work tirelessly every day to deliver primary and community care across BC.

At the beginning of its tenure, the previous government declared war on public health care workers with wage roll-backs, imposed divisive union contracts, and legislation designed to privatize, cutting jobs and services British Columbians depended on. And throughout the past decade and a half, the attack continued with “net-zero” and “cooperative gains” union contracts that forced concessions on health care workers' contracts.

We saw a government that underfunded the public health care system – spending undercut the province's growing service demands and fiscal capacity. The previous government facilitated growth of the private health sector and ignored evidence-based policy proposals that put the public interest before corporate profits. We saw a government that was often hostile to health science professionals at the bargaining table. 2018, however, has been a year of meaningful reforms to B.C.'s public health care system, with new funding allotments that target wait times, expand primary care, and invest in capital and human resource infrastructure. We've seen new and continued funding for mental health and addiction services, and new investments in the professional development of health science professionals.

With 2018 coming to a close, it's important to celebrate the wide-ranging changes underway that are leading to a more accessible, quality public health care system. Alongside the B.C. Health Coalition, HSA has been a longstanding vocal advocate for a stronger public health system, offering up compelling proposals for health care reform. We can be proud of the victories that have come to fruition in 2018.

Here's a look back at them.



AND B.C. HEALTH MINISTER ADRIAN DIX

HSA PRESIDENT VAL AVERY AND EDITH MACHATTIE AT THE B.C. BUDGET 2018 MEDIA LOCKUP

OUR'S PUBLIC

JANUARY

MSP PREMIUMS REDUCED, TO BE REPLACED BY EMPLOYER HEALTH TAX

On Jan. 1, the government cut Medical Service Plan (MSP) premiums by 50 per cent. It plans to completely eliminate MSP premiums by Jan. 1, 2020. MSP is a regressive tax whereby low-income earners actually pay a larger share of their earnings towards the premium, compared to high-income earners. B.C. is the only province that funds health care through regressive premiums, and HSA and the B.C. Health Coalition have, for many years, advocated that the government eliminate them.

In January 2019, the government will be implementing a 1.95 per cent employer health tax (EHT), calculated based off an employer's total payroll. Employers whose payrolls fall below \$500,000 will be exempt from the tax. When fully implemented, the EHT is expected to save British Columbians \$50 million annually by eliminating inefficient administrative costs associated with the MSP system.

FEBRUARY

REDUCED DEDUCTIBLES ON PRESCRIPTION DRUGS FOR LOW-INCOME HOUSEHOLDS

Budget 2018 announced \$105 million in funding for B.C.'s Fair PharmaCare program, which will be used to completely eliminate drug prescription deductibles for households whose annual income falls below \$30,000, and reduce deductibles for families making below \$45,000 annually. Family maximums – the amount



CANADIAN LABOUR CONGRESS PRESIDENT HASSAN YUSSUFF AND HEALTH ECONOMIST STEVE MORGAN

a household must spend on prescription drugs before its co-pay is eliminated – have been lowered for those whose household incomes fall below \$45,000. These changes will come into place beginning Jan.

1, 2019.

While HSA has been a loud voice in favour of a universal national Pharmacare plan with no deductibles or co-pays, these changes at the provincial level are a step forward in making prescriptions more affordable for British Columbians.

MARCH

REDUCTIONS TO SURGICAL AND DIAGNOSTIC WAIT TIMES

This year, the B.C. government unrolled a four-part surgical strategy to reduce wait times, with the goal of increasing the number of hip and knee replacement surgeries performed in 2018-2019 by 34 per cent. The new strategy increases pre- and post-surgical supports for patients and centralizes surgical waitlists, while creating five new hip-and-knee replacement programs across B.C.

The province has allocated \$11 million to fund the delivery of 38,000 additional MRIs in 2018-2019, compared to the previous year, marking nearly a 20 per cent increase in the number of MRIs performed. Further increases are planned for 2019-2020.

As part of the strategy, the government bought two private MRI clinics to return the services to the public system and improve access.

CONTINUED ON PAGE 12



JUNE 7: PREMIER HORGAN TALKS TO HSA MEMBERS AFTER ANNOUNCING THAT AN URGENT PRIMARY CARE CENTRE WILL BE OPENING IN SURREY.

ATTENDEES LISTEN TO A PANEL DISCUSSION AT HSA'S 2018 PRIMARY AND COMMUNITY CARE CONFERENCE.

CONTINUED FROM PAGE 11

APRIL

B.C. GOVERNMENT REVEALS PLAN TO ENFORCE THE MEDICARE PROTECTION AMENDMENT ACT AND END EXTRA-BILLING

Until this year, the government turned a blind eye to illegal extra billing routinely carried out by for-profit clinics. In contra-

Protection Amendment Act, was passed into law in B.C., but sections of it were never brought into force in response to relentless lobbying efforts from for-profit clinics and doctors. In April, the government announced it would be bringing sections of Bill 92 into force starting in October 2018.

Under the policy shift, extra-billed patients may pursue a refund with the Medical Services Commission, and clinics that extra-bill may be fined up to

challenge is expected to have concluded in the courts.

MAY

IMPROVEMENTS TO PRIMARY CARE THROUGH THE EXPANSION OF MULTIDISCIPLINARY HEALTH CARE TEAMS.

Budget 2018 allocated \$150 million in new funding for multidisciplinary primary care teams.

In the spring of 2018, the province announced that it was launching a new primary care strategy, which would focus on the expansion of team-based care. Primary care reforms will see the development of urgent primary care centres, community health centres, and primary care networks. The reforms seek to increase local access to health services, improve social coordination, integrate social services with the delivery of primary health care, and expand preventative health care.

A BAN ON PAYMENT FOR BLOOD OR PLASMA

The Voluntary Blood Donations Act was passed in the B.C. legislature in May of this year. The act makes it illegal for a clinic to pay for blood or plasma collected in B.C., intended for sale on the international market. For-profit dealings compromise donation collection by Canadian

"In April, the government announced it would be bringing sections of Bill 92 into force starting in October 2018."

vention of the Canada Health Act (CHA), doctors illegally charged patients for medically-necessary services, and in some cases, concurrently billed the province.

In 2003, Bill 92, the Medicare

\$10,000 for a first offence, and \$20,000 for a second. This new direction is accompanied by a new provincial strategy to expand surgical and diagnostic capacity.

While this dramatic policy shift is an important victory for health patients and the public health care system, a November 2018 B.C. Supreme Court decision has caused a troubling setback, granting an injunction to delay the application of Bill 92 – filed by private clinic orthopedic surgeon Brian Day, infamously known as "Dr. Profit."

The injunction has been granted until June 1, 2019, at which point Brian Day's constitutional

HSA MEMBERS RALLY AGAINST ILLEGAL EXTRA BILLING.



Blood Services and deplete the national stock. This change ensures that all blood and plasma collected in B.C. remains part of the national supply. Ontario, Alberta, and Quebec have similar legislation.

SEPTEMBER

\$3 MILLION PROFESSIONAL DEVELOPMENT FUND FOR HSPTS

In September, HSA announced the establishment of a \$3-million professional development fund for health science professionals represented in the Health Science Professionals Bargaining Association (HSP-BA) agreement, made possible through a contribution from the Ministry of Health.

The fund is a victory for the public health system – it helps address health science profession shortages and improves health care service to rural and remote areas of B.C. Improved access to professional development will support health care team members to increase specialization.

NOVEMBER

REPEAL OF BILL 29 AND 94

On Nov. 8, B.C. Minister of Health Adrian Dix introduced legislation to repeal Bill 29 and 94, 16-year-old legislation that was part of a hostile and concerted attack on health care and community social service workers.

Bill 29 gutted health care and community social service con-

tract changes hands at a health facility.

TENTATIVE AGREEMENT REACHED FOR HEALTH SCIENCE PROFESSIONALS

Following nearly ten weeks of bargaining, the Health Sciences Professionals Bargaining Association, under the leadership of HSA, reached a three-year tentative agreement with the Health Employers' Association of BC. With a focus on address-

“Bill 29 gutted health care and community social service contracts.”

tracts. It nullified certain clauses that aimed to bring community workers' wages into parity with health science professionals. Severance protections were ripped out of the contracts. It excluded non-clinical health sector workers and care aides from protections in the B.C. Labour Code. Despite collective agreement protections, the bill allowed for the contracting-out of non-clinical services.

Bill 94 was enacted in 2003 to help further facilitate the privatization of health services, and, like Bill 29, paved the way for contract-flipping, mass layoffs, and union busting. These attacks largely affected women, and together led to the layoff of approximately 10,000 workers.

Under the new legislation, employers will no longer be able to rehire workers with lowered wages and benefits when a con-

ing a decade and a half of erosions to the public health system, the new tentative agreement reflects a new direction in the delivery of public health care.

The agreement works to address unsustainable workloads and chronic staffing shortages on health care teams, and takes steps to improve occupational health and safety, including violence prevention measures. It allocates \$10 million to initiate the first step of a comprehensive restructuring of the classification system, with attention to addressing longstanding inequities in job categories.

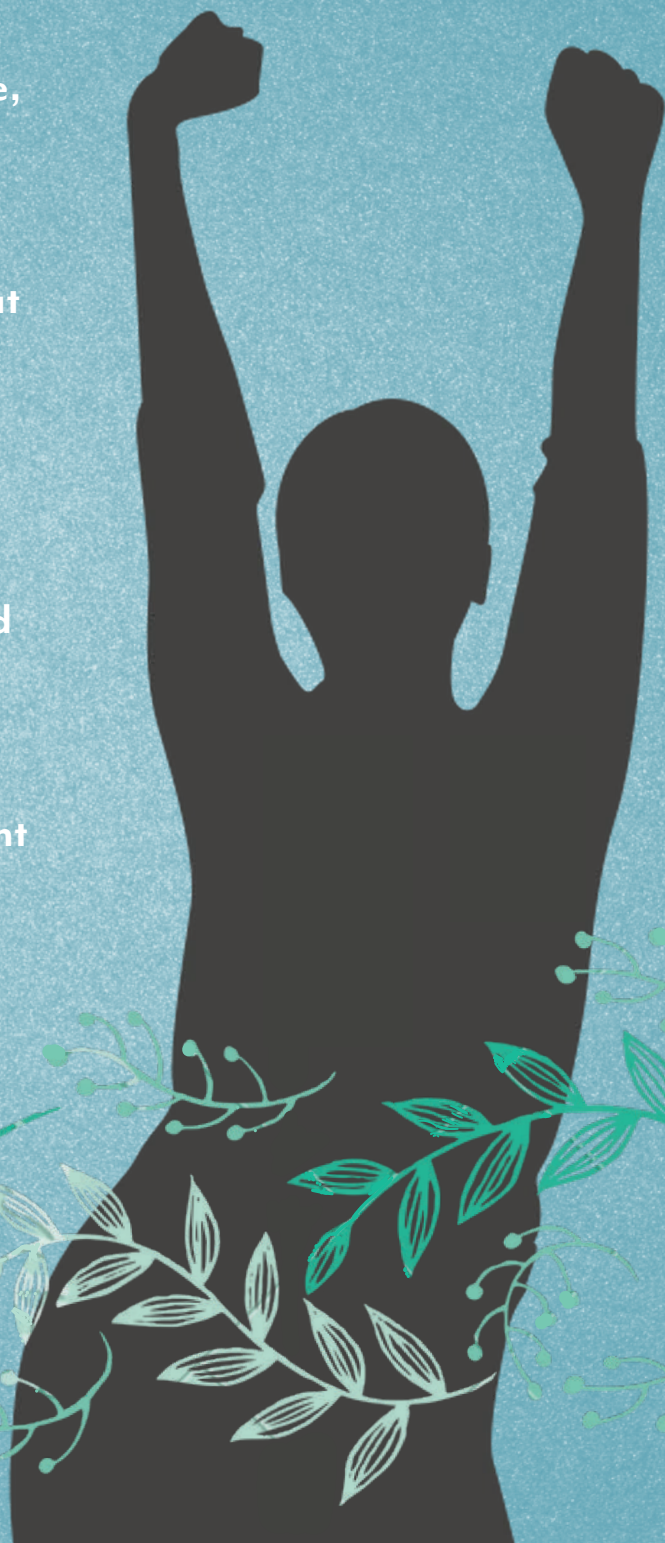


JAN. 1, 2002: HSA MEMBERS TAKE TO THE STREETS IN SOCIAL JUSTICE RALLIES ACROSS B.C. TO PROTEST SOCIAL SPENDING CUTS BY THE GORDON CAMPBELL GOVERNMENT.

December 6 - Day of Remembrance and Action on Violence Against Women

Honour and support women

- Reach out to your local transition house, sexual assault crisis centre, women's resource centre, or friendship centre
- Educate yourself and others about the root causes of gender-based violence
- Speak out about Missing and Murdered Indigenous Women, domestic and sexual violence, and injustice in Canada's criminal justice/prison system
- Support local events that highlight issues of gender-based violence
- Believe sexual assault survivors



Reflect, plan, act

Commemorating the National Day of Remembrance and Action on Violence Against Women

On Dec. 6, 1989, 14 women were murdered in a disturbing act of misogynist violence at École Polytechnique. Murdered by a man who claimed the act was “fighting feminism,” these women were targeted because they were pursuing engineering degrees, and the attacker believed these jobs should be performed only by men.

December 6th is now known as the National Day of Remembrance and Action on Violence Against Women. The date received official designation in 1991 by the Parliament of Canada, two years following the shooting.

Dec. 6 takes place during the 16 Days of Activism Against Gender-based Violence, which begin on Nov. 25 and end on International Human Rights Day on Dec. 10. This follows the Transgender Day of Remembrance, commemorated on Nov. 20. These dates are important reminders that more needs to be done to prevent gender-based violence.

On Dec. 6, events are hosted annually across the country to commemorate the lives of those murdered, to reflect on how and why women are disproportionately affected by violence in our world, and to invite action.

Many of these events seek to promote change to our society’s cultural attitudes and beliefs, laws, organizations, and institutions in order to address some of the root causes of violence that impact many of us.

December 6th is an opportunity to highlight how certain communities are disproportionately affected by violence in our society, including Indigenous peoples, LGBTQ+ folks, people with disabilities, seniors, low-income people, and racialized people. Through considering the root causes of violence against marginalized groups – and learning about how different forms of violence intersect – we can better understand how to address gender-based violence.

If you are looking for a place to start, you can find some ideas here. If we reflect, plan, and act together as union members – not just on December 6th, but throughout the whole year – we can make progress on creating safer workplaces, safer communities, and a safer world.

We Remember:

Geneviève Bergeron

Hélène Colgan

Nathalie Croteau

Barbara Daigneault

Anne-Marie Edward

Maud Kaviernick

Barbara Klucznik

Widajewicz

Maryse Laganrière

Maryse Leclair

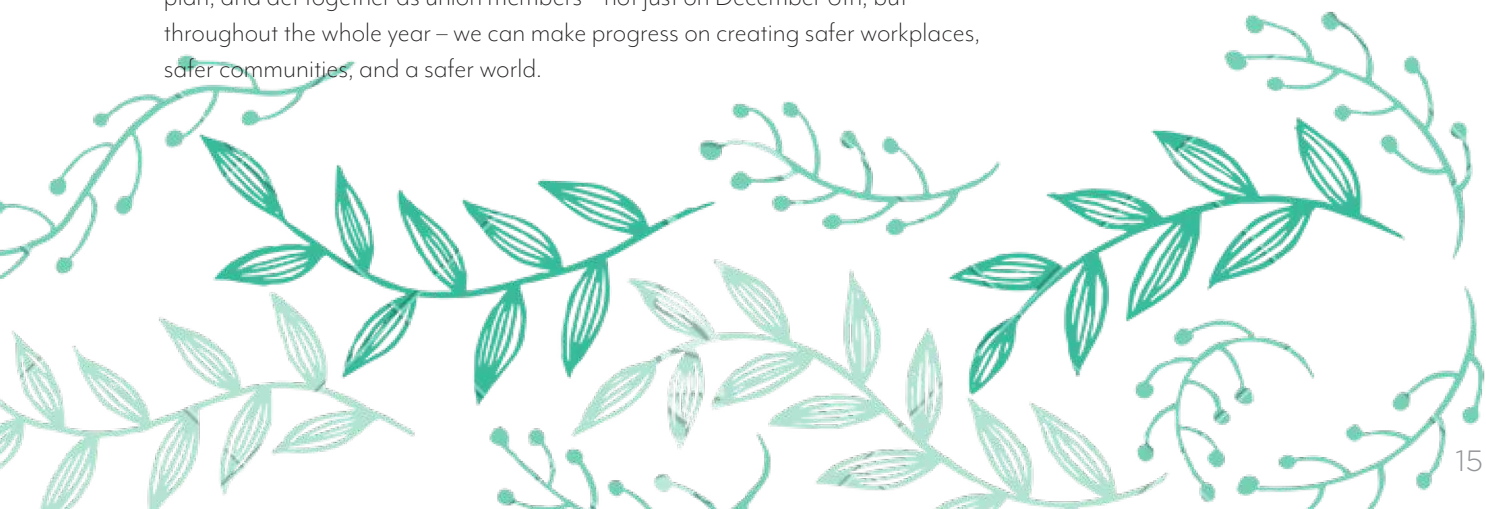
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PROVIDING GENDER-AFFIRMING CARE

Improving access to health services for trans and gender diverse communities

BY SAMANTHA PONTING

HSA COMMUNICATIONS

TRANS PEOPLE HAVE BEEN HISTORICALLY UNDERSERVED BY THE PROVINCE'S HEALTH SYSTEM, ACCORDING TO HSA MEMBER LUCAS WILSON, WHO WORKS AS A HEALTH NAVIGATOR FOR TRANS CARE B.C.

There are numerous barriers that trans people and gender diverse communities face when accessing health care. Wilson says that one of the largest barriers can be finding a health practitioner who is in a position to help them reach their gender-affirming goals.

"So many doctors might not be aware that gender-affirming care is something that they can provide. They see it as specialized when in a lot of cases, it doesn't have to be," explains Wilson. "So folks might be told that they need to go seek health care elsewhere."

Gender-affirming care expands beyond primary care. It is any kind of care that "respects a person's gender and supports them to feel more in line with their identity, whether that is through medical transition, social transition, or having a provider who is knowledgeable and sensitive to the vast diversity of gender identities," says Wilson.

Given the access gaps for trans people in the province, community advocates spoke up. "There was a lot of advocacy done by folks who were asking for better care and resources for trans folks," says Wilson.

He says the creation of Trans

Care B.C. was a response to that advocacy. Following consultation and engagement with clinical experts and stakeholders from trans communities, Trans Care B.C. was launched to support transgender and gender-diverse people in accessing equitable health care services.

Operating under the Provincial Health Services Authority (PHSA), Trans Care B.C. is working with community partners, regional health authorities, and the Ministry of Health to develop a provincial network of services for trans people in the province. It helps care providers build their capacity to provide gender-affirming care. In support of trans patients, Trans Care B.C. funds peer-led initiatives, such as trans support groups.

Prior to the launch of Trans Care B.C., Wilson worked for

the Trans Health Information Program, a program out of Vancouver Coastal Health that was folded into Trans Care B.C. As a health navigator, Wilson assists providers and patients in challenges pertaining to trans health care.

"We help troubleshoot with providers and with patients to get them to the care they need if they are running into barriers," he says.

Understanding service gaps

Wilson says there are gaps in cultural competency among health service providers. Cultural competency may mean, for example, understanding that some patients don't use their legal names. It could mean avoiding assumptions regarding the pronouns patients use.

"That is the baseline gap, because if you don't feel comfort-



able accessing a service, or don't feel respected in a space, you might not access care there," says Wilson.

Wilson says another service gap is access to medical transition, such as hormone therapy. If a doctor does not feel comfortable providing this medical service, they might refer the patient onward.

"Sometimes folks are put in a position where they need to pay privately to get the necessary assessments in place to start hormone therapy."

To help address this gap, Trans Care B.C. has produced a primary care toolkit for doctors seeking to provide hormone initiation directly.

Access to reconstructive gender-affirming surgery is another gap facing trans people. Currently, those seeking lower surgery are required to travel to Montreal or the United States for the procedure, resulting in additional medical risks and financial costs.

The B.C. government reports that approximately 100 people travel outside the province annually in order to access lower surgeries.

However, this is set to change. The province announced in November that starting in 2019, Vancouver Coastal Health will provide publicly funded gender-affirming lower surgeries.

While publicly funded breast augmentation or chest construction surgeries are only currently available in Vancouver and Victoria, the province is expanding access with plans to provide surgical services in five additional cities across B.C.: Burnaby, Kamloops, Kelowna, Port Moody, and Prince George.

How service providers can improve access to gender-affirming care

"One big concrete step is to not turn folks away if they are trans," says Wilson. He says health practitioners need to understand that care for trans people is not specialized. "It's important to not leave trans folks without options."



HSA MEMBER AND HEALTH NAVIGATOR LUCAS WILSON PRESENTS TO HSA MEMBERS AT AN HSA DIVERSITY WORKSHOP ON NOV. 14.

Another step health care professionals can take is they can work to increase their cultural competency surrounding trans equity. The Trans Care B.C. website is a great place to start.

Another step health care professionals can take is they can work to increase their cultural competency surrounding trans equity. The Trans Care B.C. website is a great place to start. It has a comprehensive compilation of resources, and hosts online learning modules for health care providers.

Included in its resources is information surrounding terminology and pronouns. And staff are available to answer questions that might arise. In-person trainings are also available for staff of PHSA.

Wilson also encourages health professionals to examine their place of work and ask if they are safe, inclusive places for trans people. Are the washrooms safe for trans people to use? Are trans people represented in posters on the wall? Are trans people accounted for in things such as intake forms?

In his advice to trans patients

seeking out health services, Wilson says that finding allies is an important piece of the puzzle. "Transition can be a turbulent time for folks."

"Find providers that you can trust or services that you trust that are affirming," he suggests. "And reach out for support where you need it, whether that is around transition or counselling, mental health supports, or peer supports."

"Also know that we are there to support folks and troubleshoot with folks to find the answers to their questions, whether that is around transition, advocating for themselves, or navigating the system."



GETTING CREATIVE WITH OH&S EDUCATION

Safety scenarios, draws, and jars

**BY KIREN KLAIR AND
KRISTEN HONEYBOURNE**
HSA MEMBERS

As Occupational Health and Safety (OH&S) stewards at Inclusion Langley Society, we have taken on the challenge of developing some fun approaches to promoting OH&S at our worksite. While the impacts of OH&S awareness often go unseen, our educational and outreach initiatives have supported the wellbeing of our members at work, and helped keep them safe.

At Inclusion Langley Society, we work in Children's Services. Kristen is a consultant with the Aboriginal Infant and Supported Child Development Program and Kiren is a consultant with the mainstream Infant Development Program. We have been on the Joint Occupational Health and Safety Committee with Children's Services for a couple of years.

The majority of the staff working in Children's Services are in and out most of the day, supporting families with children that have special needs through home visits or in the community

at daycares, preschools, and out-of-school care. Some provide support through the Child and Youth Program.

As most staff are coming and going most of the day, we thought it would be nice to be able to provide them with a healthy, portable snack, and incorporate health and safety education at the same time. This is how Grab and Go Snacks came to be.

Once a month, we offer healthy snacks that are easy for staff to grab. And as they do that, they can enter a draw to win a \$25 gift card. To enter the draw, they must answer a health and safety-related question.

We've found a creative way to educate staff on different health and safety policies, some of which are specific to our worksite, and some of which are more general. This activity has also started discussion amongst staff members and brought up questions that we are able to follow up on.

In addition to Grab and Go Snacks, we hosted a tailgate meeting in the parking lot to discuss vehicle safety. Through

this outdoor gathering, we educated staff on some different vehicle emergencies that can arise, and how to deal with them in the moment. Some staff were briefed on the meeting ahead of time, and they played out a different vehicle scenario for their co-workers. By having the meeting outside, we created a new educational environment.

This year, we also celebrated Pink Shirt Day in our workplace. Pink Shirt Day is commemorated annually to raise awareness around bullying, which can happen in schools, at work, at home, and online.

We put out pink treats in our kitchen at work, and we created a jar with kind quotes and inspirational messages inside, which staff could draw from throughout the week. It was something nice we could do to commemorate the day. Staff members could reach inside and pull out a piece of paper with messages like, "Compassion for others begins with kindness to ourselves," or "You are making a difference every day."

We thank HSA for supporting these initiatives.

1. The internationally recognized sign of distress in the event of a vehicle emergency is:

- Put your emergency flashers on
- Honk the horn a few times
- Raise the vehicle hood

2. Once the shaking stops after an earthquake, how many seconds should you count before carefully coming out of your drop, cover and hold-on location?

- 15 seconds
- 30 seconds
- 60 seconds

EARLY RETIREMENT AND YOUR PENSION

BY DENNIS BLATCHFORD

I am getting quite serious about retiring sometime in the next year, but am concerned about the loss of income that early retirement will bring. Even with the bridge benefit to age 65, I'm not feeling too comfortable about my finances going forward. What are your thoughts on the temporary life annuity option that the plan offers for early retirees?

The temporary life annuity option may be something to consider, but I would do so very carefully. Like the bridge benefit, the temporary life annuity is an offering to help facilitate the transition to retirement, and, in some circumstances, may make a lot of sense.

However, the TLA should only be considered in the context of an overall retirement plan, taking into account the full set of circumstances of the retiree. This could include inheritances, dependent/survivor circumstances, overall health/life expectancy, spousal situation, etc.

For instance, there may be some circumstances whereby the additional income would provide needed resources for a situation that will likely end in the foreseeable future. This could

involve providing immediate care of a family member, giving short-term support to a student, or retiring a mortgage.

Are there other options I should consider?

Yes. For one, you could decide to work a little longer. Regardless of whether you take the TLA, early retirement means the pension will be smaller than had the employee worked until the age of 65 because shorter service means less overall plan contributions from the employee and employer.

You certainly wouldn't be the first person to delay retirement plans because of changing circumstances or financial pressures.

The extra service will pay off with a higher pension overall, and bring you closer to receiving government-funded Old Age Security and Canada Pension Plan entitlements, which are activated at age 65.

Of course, working longer may not be an option in some cases as the work may be too demanding. But perhaps there are other opportunities to extend your working career. Is switching jobs a possibility?

Alternatively, there may be potential to supplement your retirement income by

returning to work part-time. In many cases, employers are quite happy to retain the knowledge and experience of long-term employees, and appeal to that expertise to help mentor a younger generation of professionals.

Furthermore, there are shortages in many professions, so it's quite possible that your employer is looking to protect its human resources. It may extend careers by modifying work schedules or offering other incentives to keep senior staff around. It never hurts to ask.

These suggestions aren't viable options for me. Given this, do you suggest I take the temporary life annuity option?

Regarding many of the choices available to plan members, my advice can be summed up in three words: eyes wide open. Most pension decisions are irrevocable, so care should be taken before acting.

Take your time. It's your decision and you will live with the result. The TLA is, in effect, borrowing from your earned pension, and when the temporary life annuity ends at age 65, you will have a smaller pension going forward. It may make sense for you.

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

Temporary life annuity (TLA) option:

Plan members that retire before age 65 can choose to borrow from their future pension entitlements. At 65, the TLA ends and the plan's revised pension comes into effect, but it is smaller. The TLA is capped to either a plan member's entitlements under OAS or CPP, as chosen by the member.

Bridge benefit:

The bridge benefit, like the TLA, is a benefit provided by the plan to plan members who retire before age 65. It also ends at age 65, however, it does not borrow from future pension entitlements. The bridge benefit is funded by all plan members, and the benefit level is calculated based on years of service and an average of highest salary years.



HSA MEMBERS CAROLINE WIDGIZ, KAREN SANDHU, AND CANDIS JOHNSON.

“I think veteran members need to invite new members in and make them feel welcome. It can be intimidating as a new person.”

- CAROLINE WIDGIZ

MAKING SPACE FOR OTHERS TO GROW

AT THIS YEAR'S BC FEDERATION OF LABOUR CONVENTION, THREE HSA DELEGATES TO THE CONVENTION HAD AN OPPORTUNITY TO SPEAK ABOUT WAYS TO STRENGTHEN MEMBER INCLUSION IN HSA. THEY TALKED ABOUT ISSUES FACING YOUNG WORKERS, INTERGENERATIONAL MENTORSHIP, AND THE ENGAGEMENT AND SUPPORT OF WOMEN IN HSA.

“I have been lucky to be surrounded by strong women,” says Candis Johnson, the veteran in the group. “I have been given space and mentorship by those that led the way.”

“For me, mentorship isn't just an age issue, but it is an inclusion issue,” she says.

Johnson works as a Supported Child Development Consultant at the Child Development Centre of Prince George. She is an active member of HSA, serving as a general steward, Constituency Liaison, member-at-large, and Women's Committee member. She also sits on the Health Science Professionals' Bargaining Association (HSPBA) bargaining committee.

“While on the Women's Committee, we began talking about how to make room for other women to feel

empowered and have their voices heard. This interview is a direct result of that discussion,” she says.

Johnson caught up with Caroline Widgiz, a medical laboratory technologist at Invermere and District Hospital. Widgiz became a member of HSA four years ago when she moved to B.C. from Alberta, and she now serves as a chief steward, alternate member-at-large, and a labour council delegate.

Johnson also spoke with Karen Sandhu, a young worker and Electroneurophysiology Technologist at Vancouver General Hospital. Sandhu joined HSA five years ago, and is also an active member of the union. She currently serves as an OH&S steward and member-at-large.

Can you recount some of your first experiences with a union?

Karen: Since I've been in the workforce, I've been working in unionized environments. My first union related experience with HSA was during my orientation at VGH. An HSA representative was there to tell the group who our union was and how to contact them, which came in handy a year down the line when I needed support. Like many, this is how my journey with the union began.

Caroline: One of my first experiences with a union was in the early 2000s. I was living and working in Montreal at the time. We went on strike. I think it was my first or second year working in the profession. We took turns on the picket line.

I continued my career in Alberta and out of interest I familiarized myself with our collective agreement. For some reason people always came to ask me questions about the CA, even though I was not a steward.

A colleague of mine said, “Why don’t you become a steward? You’d be good at it.” Well, I didn’t because I was under the impression that all the steward positions were filled and I didn’t want to step on any toes.

In 2014 I moved to B.C. and became an HSA member. I was awarded a position that had become vacant due to retirement. The person retiring was one of the stewards at our site. She asked me if I had an interest in being a steward. I finally had my chance to take on this role, so I agreed.

After basic steward training, I was hooked! I felt so empowered. Since then, I have participated in many educational opportunities and have learned so much and grown as a person, thanks to HSA.

As a young member, how can more veteran members support you?

Karen: We all have a story of what it’s like coming into a new position. The feelings of nervousness, the sense of not knowing or not being smart enough, or the reluctance to challenge practices that have been implemented decades ago. For the few of us who do muster the courage to say something, we’re shut down and told, “That’s how it’s always been done.”

Now imagine coming into your first job in your professional career in one of the many highly regarded professions within HSA. Most of us start off as a casuals working in various clinics, essentially taking what we can to get our foot in the door.

Everywhere we go, we see all these intelligent veterans who we report to, but we find it difficult to voice our concerns. Veteran members can help by creating a space for young workers to discuss our experiences and concerns so that we are included and heard. Be patient with us as we learn to navigate the new arena.

What do you need to become more active in HSA? What barriers hinder your inclusion in the union?

Karen: Our union is one third young workers, yet our numbers in leadership roles do not reflect this. This says that there are barriers for young workers to get involved within the union. The way to address this would be to create a safe, permanent space for young workers to learn and engage in union-related matters.

What sets us apart is that we grew up in a digital world but are functioning in spaces that do not necessarily reflect this. And as young workers, we are labelled with unfair stereotypes because we are at a stage in which we are learning new concepts that veterans already know.

By having a safe, permanent space in HSA dedicated to young workers, it gives us the opportunity to learn peer-to-peer, to address our issues, and deliver a new lens to tackle our union’s issues. It would give us the opportunity to use our skills and tools to help the union be more inclusive and progressive.

How can more veteran HSA members support young workers?

Karen: I love listening to veteran members’ stories about how they got to where they are, the struggles they faced, and how they overcame those struggles. Keep sharing these stories of your experiences to build relationships with young workers. Mentorship is so

important to continue the work many before us have done and continue to do.

Caroline: I think veteran members need to invite new members in and make them feel welcome. It can be intimidating as a new person. Sometimes you just need to ask, “Hey are you interested?” You may be surprised at the answer. I needed to be encouraged or else I may not have stepped up on my own.

How should HSA make space for your issues and growth as a woman in the union?

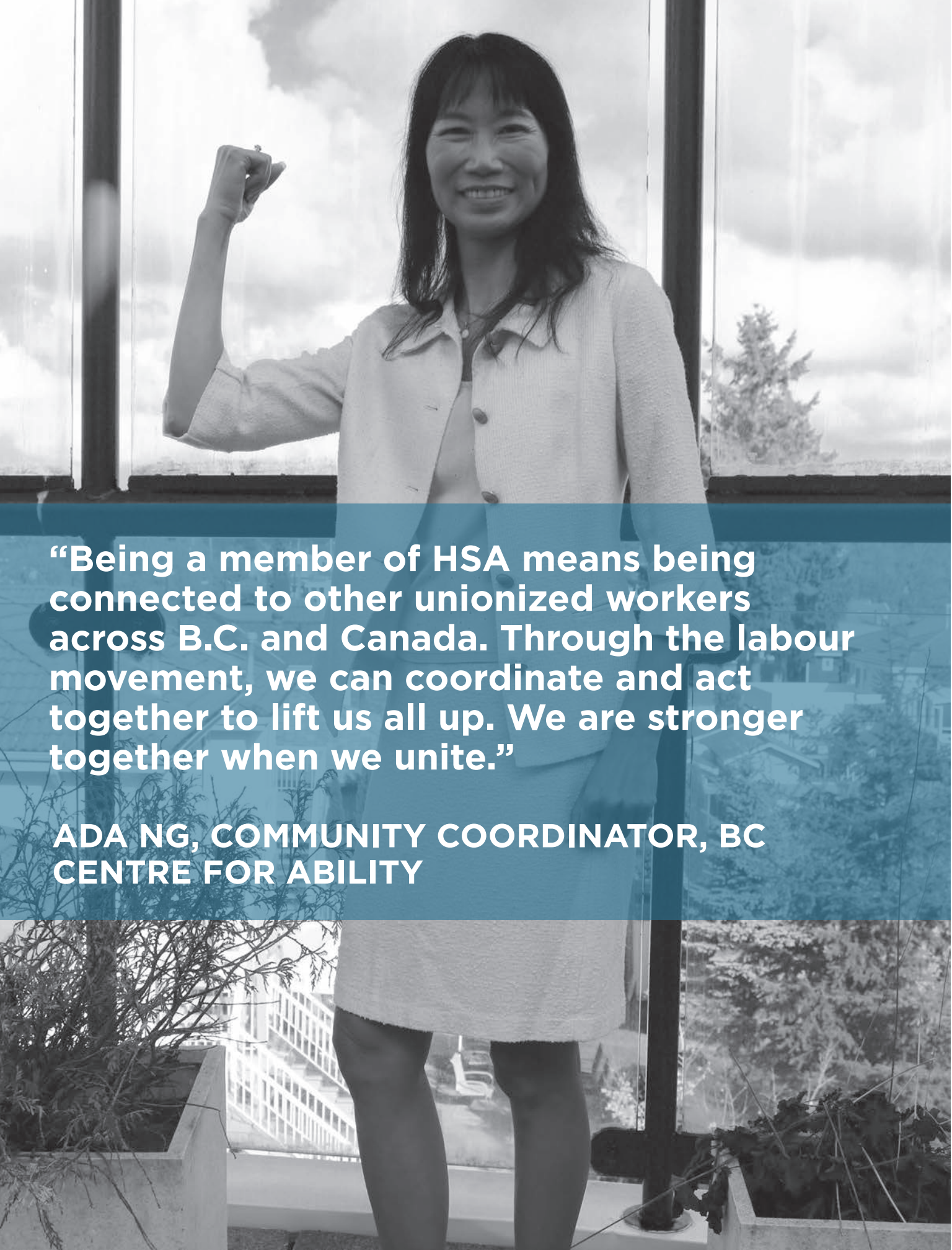
Karen: HSA’s Women’s Committee does some amazing work because they are given a safe space for women to get together, exchange ideas and learn from one another. The union should continue to support campaigns for women and young workers.

Caroline: I am currently on maternity leave and received an invite to the BC Fed convention as well as a bargaining update meeting. I declined to attend because I have an infant to tend to.

I was told by many people to bring the baby with me. They would not let that stop me from participating. As a woman and new mom, it was reassuring that I wouldn’t be excluded because of my life choices. I’m hoping that HSA will be able to provide onsite childcare for those of us who have to travel to Vancouver to participate. Childcare can be difficult to come by, especially overnight.

CANDIS JOHNSON SPEAKS AT THE MIC AT THE 2011 HSPBA BARGAINING PROPOSAL CONFERENCE. JOHNSON HAS BEEN A MEMBER OF HSA SINCE 1995.





“Being a member of HSA means being connected to other unionized workers across B.C. and Canada. Through the labour movement, we can coordinate and act together to lift us all up. We are stronger together when we unite.”

ADA NG, COMMUNITY COORDINATOR, BC CENTRE FOR ABILITY



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Sylvia Marques

Job title and department: Organizer, Organizing and Member Engagement.

What you actually do, in your own words: Empower people to improve their working conditions and build a strong union by coming together to collectively identify and mobilize around workplace issues.

Why this matters: Workers should have a say in their working conditions, but all too often, workplaces are structured in a way that gives disproportionate power to management, and leaves workers feeling powerless. Organizing helps people understand that through collective action, a group of people can come together to shift unfair power structures at work and in their communities.

Your job before HSA: Organizer at BCGEU.

Secret talent unrelated to job: I have a pretty green thumb! I also have a very small apartment – would anyone like any plants?

Best place you've ever visited and why: Ürümqi, China. Ürümqi is a fascinating city. Home to over 3.5 million people, it is the most populated city in Western China and Central Asia, and was an important hub on Silk Road, connecting China to Turkestan. It is the capital of the Xinjiang Uyghur Autonomous Region, where Uyghurs, a mostly Muslim Turkic ethnic group, make up nearly half of the region's residents.

Literary, TV or movie character most inspiring to you: Maggie Lloyd in the classic Canadian novel, *Swamp Angel*. She's a beautifully-written, quietly defiant, brave, self-sufficient woman.

One thing everyone should try at least once: Rock climbing.

A fad you never really understood: Pokemon Go, though it did seem like people were having fun playing it!

Your perfect day looks like: Snuggling with my dog, going for a walk in the woods or on the beach, and hanging out with people who are trying to make the world a better place.

What solidarity means to you: None of us are free until all of us are free.



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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