A Report to the
Honourable Murray Coell
Minister of Labour

An Investigation into the
Bargaining Unit Options in the Health Sector
for Unionized Employees of the
Emergency and Health Services Commission

Section 19.5 of the Health Authorities Act

Prepared by Trevor Hughes
Chief Industrial Relations Officer
Industrial Relations Division
Ministry of Labour

March 29, 2010
I. Introduction and Background:

On March 11, 2010, Minister of Health Services Kevin Falcon announced that Government had decided to integrate the provincial ambulance service more closely with the health sector. As part of this decision, Government amended the Health Care Employers Regulation to make the Emergency and Health Services Commission (EHSC) a health sector employer. Responsibility for oversight of the EHSC and the B.C. Ambulance Service (BCAS) has been transferred to the Provincial Health Services Authority (PHSA).

The closer integration of the EHSC with the health sector means that Part 3 of the Health Authorities Act (Act), entitled “Health Sector Labour Relations", now applies to all unionized ambulance service employees – 3,600 ambulance paramedics and dispatchers represented by the Canadian Union of Public Employees (CUPE) Local 873, 300 administrative/support employees represented by the B.C. Government and Service Employees’ Union (BCGEU), and 125 B.C. Nurseline employees represented by the B.C. Nurses’ Union (BCNU). Each of these three (3) groupings of employees, or bargaining units, has their own Collective Agreement which expire on March 31, 2010.

The Act provides two (2) options for determining the bargaining units for unionized EHSC employees as a result of their integration into the health sector. Either they will become part of one or more of the five (5) existing bargaining units in the health sector (as set out in Section 19.4 of the Act) or the Minister of Labour has the ability, after an investigation, to direct the B.C. Labour Relations Board (LRB) to add one or more new bargaining units for these employees as appropriate bargaining units in the health sector. Within these parameters established by the Act, Minister Falcon asked the Honourable Murray Coell, Minister of Labour, to investigate the bargaining unit implications of closer integration of the EHSC with the health sector.

II. Issue for Determination by the Minister:

The integration of the provincial ambulance service into the health sector results in a myriad of issues; however, the specific issue that must be addressed by Minister Coell is very narrow. Should Minister Coell direct the LRB to add one or more bargaining units to the health sector for the unionized employees of the EHSC? To assist in his determination, Minister Coell asked me to conduct an investigation pursuant to Section 19.5 of the Act and report back to him by March 24, 2010 (although this time-line was moved back to March 29, 2010). This time-frame will allow the Minister to make his determination by March 31, 2010.

III. Guiding Principles:

In conducting my task on behalf of the Minister, I was guided by the following key principles:
1. I would meet with interested parties to hear from them information and perspectives on the issues raised by the question for determination by the Minister.
2. I would prepare a report that would not contain recommendations but would contain balanced, neutral analysis of the options available to the Minister based on the input I
received from interested parties.

3. I would indicate to interested parties that the Minister had advised me that he was approaching the question for his determination with an open mind.

Almost immediately upon being assigned this task, two (2) issues were raised that I addressed formally in writing to interested parties. These issues were fundamental to the understanding of all parties of the outcome of the determination to be made by the Minister.

First, I advised the parties that the question for determination by the Minister would not result in any change to the representation by existing EHSC unions of their members. That is, both health sector bargaining unit options for unionized EHSC employees allow for the continued representation by CUPE Local 873, BCGEU, and BCNU of their current EHSC members. This is the result of the unique bargaining unit structure established in Section 19.9 of the Act which requires unions certified as a bargaining agent for a group of health sector employees to join together in a multi-union bargaining association. As a result, I advised the Minister that the written suggestions of March 15, 2010 from the Advanced Life Support Paramedics Society of B.C. that it is time to divide paramedics into separate identifiable unions based on education and skill and that is possible to have paramedics represented by the International Association of Fire Fighters were not within his mandate under the Act.

Second, many of the interested parties intended to articulate a view on which existing health sector bargaining unit(s) unionized employees of the EHSC should be integrated into if the Minister does not direct the LRB to create one or more bargaining units in the health sector. I advised the parties that while I understand the importance of this issue to them, it is beyond the scope of my task on behalf of the Minister. In addition, I advised them that this issue is beyond the scope of any direction the Minister might make to the LRB. If the Minister determines that he will not direct the LRB to add one or more bargaining units in the health sector for unionized EHSC employees, the question of into which existing health sector bargaining unit(s) unionized EHSC employees are to be placed is one that can only be addressed by the LRB.

Third, many of the interested parties sought an answer to the question of what terms and conditions would apply to unionized EHSC employees until there was certainty on health sector bargaining unit placement for the employees. I advised the parties that the answer to this question was beyond the scope of the Minister’s determination and would likely require negotiations between the parties and/or the direction of the LRB.

IV. Meetings with Interested Parties:

On March 11, 2010, I sent an email to a list of parties I believed would have an interest in the determination to be made by the Minister. In my email, I outlined the task I was assigned by the Minister and invited the parties to contact me if they wished to meet. Each of the parties contacted me and arranged a meeting which was held either in-person or by telephone conference call. The meetings occurred on March 17, 18, 19, and 22. Appendix 2 sets out the parties I met with and the representatives who participated.
In each meeting, I set out for the interested parties an outline of the narrow issue to be determined by the Minister. I then set out four (4) questions that I proposed be answered by the parties as part of our discussion. These questions were:

1. What does your organization think the Minister of Labour should consider in determining whether to direct the LRB to create one or more bargaining units for unionized EHSC employees?
2. What are your organization’s views of the labour relations implications that flow from the creation of one or more new bargaining units? Conversely, what labour relations implications flow from integrating unionized EHSC employees into one or more of the existing bargaining units?
3. What are your organization’s views of the health service delivery implications that flow from the creation of one or more new bargaining units? Conversely, what health service delivery implications flow from integrating unionized EHSC employees into one or more of the existing bargaining units?
4. Is there anything else your organization thinks the Minister should consider before he determines whether to direct the LRB to create one or more bargaining units in the health sector?

V: September 2004 Memorandum of Agreement between CUPE Local 873 and the EHSC:

On September 11, 2004, the EHSC and CUPE Local 873 concluded a Memorandum of Agreement (MOA) that extended the 2004/05 Collective Agreement between the parties until March 31, 2009. The MOA contains provisions dealing with the potential of the move of EHSC into the health sector. One of the provisions, Article 1.2.2, provides as follows:

In the event that government designates the EHSC as a health sector employer, the Ministry and EHSC will recommend to the Minister of Skills Development and Labour that he use his authority under section 19.5 of the Health Authorities Act to direct the Labour Relations Board to create an additional bargaining unit of paramedics, hereinafter referred to as the Ambulance Paramedics of British Columbia Bargaining Unit (APBCBU), and other employees of the EHSC.

CUPE Local 873 drew my attention to this provision and expressed its view that the Ministry of Health Services and the EHSC are compelled to make a recommendation to the Minister of Labour to direct the LRB to create a separate bargaining unit. While they understand it is a recommendation, their expectation was made very clear that the MOA created an obligation on the Ministry of Health Services and the EHSC.

I specifically requested the Ministry of Health Services and the EHSC provide me their position with respect to the MOA. On March 22, 2010, I received a letter from Michael MacDougall, Chief Operating Officer of the Ministry of Health Services, in which he explained the Ministry is no longer in a position to recommend that the Minister of Labour direct the LRB to create a separate bargaining unit for unionized EHSC employees or for any single union. He outlined a number of labour relations and health service delivery considerations for the position of the Ministry of Health Services which will be outlined below. The primary reason the Ministry of
Health Services identified for why it is no longer in a position to make the recommendation to the Minister of Labour contemplated in Article 1.2.2 is that the process for integration outlined in the MOA did not work, leading to the transfer of oversight of the EHSC to the PHSA.

On March 24, 2010, the EHSC provided me a letter in which it outlined its efforts in collective bargaining to delete Article 1.2.2 (among others) from the MOA, including in collective bargaining immediately prior to the Minister of Health Services’ March 11, 2010 announcement. On March 25, 2010, I received a letter from CUPE Local 873 in response to the Ministry of Health Services’ letter. The union urged me to neither accept nor consider the Ministry’s position because it is of the view the Ministry has breached the MOA.

I make no comment on the merits of any party’s position with respect to the MOA or how and whether it is to be applied. However, it is important that the Minister of Labour be aware of the provision and the views of each of the parties about the provision and its application.

VI: Analysis of the Options Available to the Minister:

The question for determination by the Minister has only two (2) options. Either the Minister directs the LRB to create one or more bargaining units for unionized EHSC employees or he declares to make such a direction. In the former case, the Minister would need to decide how many bargaining units to direct the LRB to create for these employees (e.g., one for each of the existing EHSC bargaining units or a consolidated unit). This direction could be made in writing by the Minister directly to the LRB (copied to the interested parties). In the latter case, a decision not to direct the LRB to create one or more bargaining units for the employees would result in the LRB integrating them into existing health sector bargaining units. This decision could be communicated by the Minister to the interested parties directly (copied to the LRB).

Before inviting comments from interested parties about their views of the options for consideration by the Minister, I asked for some general considerations that the Minister should bear in mind in making his decision. The following points were identified, in no particular order:

- CUPE Local 873 emphasized the unique and complex nature of the work of ambulance paramedics who provide patient care and transportation covering a wide variety of injuries and medical conditions. Paramedics treat people in the field and can help to decrease hospital stays. While paramedics can be identified as members of the health care community, they also serve alongside police and fire fighters in emergencies.
- CUPE Local 873 noted the importance of ensuring certainty for their members over terms and conditions of employment to avoid compromising the recruitment and retention of ambulance paramedics.
- The Ministry of Health Services emphasized the comments of Minister Falcon in announcing Government’s decision to integrate the EHSC more closely with the health sector: “Over the past year, front-line paramedics made it abundantly clear the current system is broken and fundamental change is necessary to improve emergency services across the province, particularly in rural and remote areas. By aligning BCAS more closely with our health system, we can explore innovative ways to enhance the role
paramedics play in serving the needs of patients.”

- HEABC emphasized that the bargaining unit structure chosen by the Minister must be one that best supports the most effective health service delivery possible. This can be achieved by focusing on the potential for integration of unionized EHSC employees with other programs in the health sector and by achieving efficiencies, including in deployment of human resources.

- CUPE Local 873 and HEU argued that the current service delivery model for paramedics works. CUPE Local 873 argued that its current Collective Agreement and the MOA of September 2004 give the EHSC the ability to do all the things it might want to do relative to the delivery of paramedic services, including greater integration with the health sector.

- BCNU and HEU argued that if the Ministry of Health Services’ decision to integrate EHSC into the health sector was done to effect a change to the collective bargaining structure for unionized EHSC employees, in particular CUPE Local 873, then all Government needed to do was provide for binding interest arbitration (likely by applying the model established in the Fire and Police Services Collective Bargaining Act).

The following analysis of the two (2) options for consideration by the Minister is based on my consultations with the interested parties identified in Appendix 2. Where possible, I will attribute specific comments and concerns to the interested parties. By way of high-level summary, CUPE Local 873, BCGEU, HEU, and HSA believe that the Minister should direct the LRB to create a new bargaining unit for unionized EHSC employees to best address labour relations and health service delivery considerations. Conversely, EHSC, HEABC, PHSA, the Ministry of Health Services, and BCNU believe that the Minister should not make that direction such that unionized EHSC employees be placed in one or more existing health sector bargaining units.

Option 1 – Direct the LRB to create one or more new bargaining units in the health sector:

A direction by the Minister to direct the LRB to create one or more bargaining units in the health sector will result in one more stand-alone EHSC Collective Agreements which will, in effect, largely preserve the status quo in terms of working conditions and the collective bargaining model (although HEABC will now conduct collective bargaining on behalf of the EHSC).

From the perspective of CUPE Local 873, a stand-alone bargaining unit for its members preserves its working conditions and recognizes the unique nature of their work. CUPE Local 873 does not believe it fits within any of the existing health sector bargaining units given the difference in skills, work locations, qualifications, and working conditions. CUPE Local 873 believes it is important to maintain a separate bargaining unit for its members to preserve their ability to engage in collective bargaining over professional issues. The union notes that it may not be possible to seamlessly mix crews to staff ambulances if its members are in one or more existing health sector bargaining units. Fundamentally, CUPE Local 873 believes that a stand-alone bargaining unit is fundamental to preserve the union’s voice on behalf of paramedics.

BCGEU notes that it is prepared to work in an association of unions with CUPE Local 873 if the Minister directs the creation of one consolidated stand-alone bargaining unit for unionized
EHSC employees. BCGEU believes that such a bargaining unit allows for greater integration with the health sector while preserving existing terms and working conditions of its members.

HEABC is of the view that adding a new bargaining unit is contrary to the direction that its Health Authority members and the Ministry of Health Services are going with respect to health human resource planning. A proliferation of bargaining units results in the creation of additional barriers to integration and innovation in health service delivery. Further, an additional bargaining unit adds another potential source for labour relations disruption due to a strike and creates the need for an additional round of collective bargaining that presents a resource challenge for HEABC and its members. HEABC noted that establishing a separate bargaining unit may have the appearance of maintaining the status quo in the face of significant collective bargaining challenges faced by the EHSC which led to the enactment of the Ambulance Services Collective Bargaining Act (Bill 21-2009) in November of 2009.

The EHSC believes that the creation of a new bargaining unit for unionized EHSC employees is not the best option to meet Government’s public policy objectives for the BCAS. The EHSC believes that a new bargaining unit in the health sector will perpetuate the existing labour relations and collective bargaining challenges that exist with respect to CUPE Local 873. The EHSC is concerned that a stand-alone bargaining unit will lead to the repetition of exactly the same kind of collective bargaining stalemate that occurred in 2009, particularly with very high essential services levels not providing an incentive for the union to moderate its demands.

The Ministry of Health Services intends to truly align the BCAS with all Health Authorities and believes that a stand-alone bargaining unit maintains existing impediments to the integration of ambulance and health services. Adding a separate bargaining unit adds complexity to the administrative burden facing employers and is a move away from reducing administrative costs and barriers to the effective organization of health service delivery.

The following table provides a detailed listing of the pro’s and con’s associated with the Minister making a decision to direct the LRB to create one or more bargaining units in the health sector:

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<thead>
<tr>
<th>Pro’s – Consolidated Stand-Alone Bargaining Unit(s)</th>
<th>Con’s – Consolidated Stand-Alone Bargaining Unit(s)</th>
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<tbody>
<tr>
<td>The parties are bargaining issues they understand fully in the context of the unique work in the sector [CUPE Local 873].</td>
<td>Does not provide for the expansion of work and career opportunities for paramedics, particularly in rural/remote communities, in other job classifications within the health sector [MOHS, PHSA, HEABC].</td>
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<td>Does not result in the spreading out of ambulance paramedics into other bargaining units where it is possible different terms and conditions of employment could apply for similar work [CUPE Local 873].</td>
<td>Does not allow for unionized EHSC employees to feel that they are, and are looked upon as being, a part of the larger health system [PHSA, HEABC].</td>
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<td>Provides certainty that collective bargaining can continue over professional issues for paramedics,</td>
<td>Does not create an environment where unionized EHSC employees are engaging in collective</td>
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<td>including qualifications, professional issues, and staffing [CUPE Local 873, ALS Society of B.C.].</td>
<td>bargaining and labour relations within the larger health system [PHSA].</td>
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<tr>
<td>CUPE Local 873 retains its effective voice [CUPE Local 873].</td>
<td>It is unclear the extent to which a collective bargaining dispute in a separate bargaining unit could result in a shut-down of the work of other bargaining units in the event of a strike/lockout [HEABC]. Risk of other bargaining associations being on strike while CUPE Local 873, due to high essential service levels, continues to work [BCNU].</td>
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<tr>
<td>There are enough employees to justify the creation of a consolidated stand-alone bargaining unit [BCGEU].</td>
<td>Creates additional barriers to amalgamation of services [HEABC].</td>
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<td>Retains a collective bargaining model which along with high essential services levels, does not provide effective economic pressure on CUPE Local 873 to moderate its demands [HEABC, MOHS, EHSC].</td>
<td>The CUPE Local 873 Collective Agreement is retained which includes provisions that may limit the ability of the EHSC to integrate services with Health Authorities and may limit flexibility to meet enhanced service delivery [EHSC].</td>
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**Option 2 – Integration into one or more existing health sector bargaining units:**

In the event that the Minister decides not to direct the LRB to create one or more bargaining units in the health sector, the LRB would have to determine into which existing health sector bargaining unit(s) to place unionized EHSC employees. Upon placement, the existing EHSC Collective Agreements would ultimately no longer apply although it is expected that some measure of negotiations would need to occur to address the integration of some or all provisions into existing health sector Collective Agreements.

CUPE Local 873 believes that the integration of its members into existing health sector bargaining units will prevent meaningful dialogue between paramedics and their employer as all negotiations and discussions will have to occur as part of a multi-union bargaining association which may have other interests and priorities for the majority of its members. CUPE Local 873 also believes that integration into existing bargaining units could have negative consequences for seamless career tracking and professional development. CUPE Local 873 also expressed concern about the ability to respond to emergencies and seamlessly mix crews if its members are working under one or more health sector Collective Agreements. Some of CUPE Local 873’s concerns about professional issues for certain paramedics were echoed by the Advanced Life Support Paramedics Society of B.C.
The Ministry of Health Services has a vision of increased service integration, particularly in rural and remote communities, with mechanisms for paramedics to deal with people with chronic conditions and mechanisms to provide enhanced support in residential care facilities, home and community care, and in emergency rooms. This vision is consistent with broader integration initiatives already underway in the health sector, including shared services and projects where employers seek employees to undertake functions that may cut across existing bargaining units.

PHSA is of the view that integration of unionized EHSC employees into existing health sector bargaining units will facilitate greater utilization of these employees within the health care system over time. Further, PHSA sees the integration of these employees into existing bargaining units as consistent with the Ministry of Health Services' vision of more fully integrating pre-hospital care into the health care system.

BCNU believes that the integration of ambulance paramedics into the Nurses' Bargaining Association (which would require a statutory change to the definition of “nurse” in the Act) could enhance the work paramedics do, particularly in rural areas where the union believes paramedics are under-utilized.

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<tr>
<th><strong>Pro's – Integration into Existing Health Sector Bargaining Unit(s)</strong></th>
<th><strong>Con's – Integration into Existing Health Sector Bargaining Unit(s)</strong></th>
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<tr>
<td>Provides for reduction in fragmentation and administrative barriers to integration with other health sector programs and operations [HEABC, MOHS].</td>
<td>Paramedics become a minority voice in the bargaining associations [CUPE Local 873].</td>
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<tr>
<td>Results in more opportunities for training, more work, and career advancement for paramedics, particularly in rural/remote communities, in other job classifications within the health sector [MOHS, PHSA, HEABC].</td>
<td>Ignores the unique perceived community of interest of paramedics based on their work, working conditions, work locations, and qualifications [CUPE Local 873, HSA, HEU].</td>
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<td>More potential to create enhanced positions for paramedics which could reduce the health sector's reliance on overtime [HEABC].</td>
<td>The employer may need to negotiate multiple agreements to achieve a common objective for all paramedics. Possible to have different terms and conditions of employment for different classifications of paramedics performing similar work [CUPE Local 873].</td>
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<td>Reduces the possibility that unionized EHSC employees can engage in collective bargaining in isolation from other health sector unions [EHSC]. Contributes to the creation of an equity relationship within the health sector vs. continued comparisons with fire and police services [EHSC, PHSA].</td>
<td>Concern about how, if at all, representation of issues of importance to paramedics will occur as existing health sector bargaining associations are not familiar with their issues [HSA].</td>
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<td>Unlikely that a collective bargaining dispute will result in a seven-month strike which reduces the organizational pressure on the employer and the duration excluded managers would have to work 60 hour weeks [EHSC]. Avoids potential that a stand-alone bargaining unit for paramedics could shut the whole health care system down in the event of a</td>
<td>Loss of ability to have input into the Emergency Medical Assistants Licensing Board (as decisions may be made by the bargaining association in its place) [CUPE Local 873].</td>
</tr>
<tr>
<td>Pro’s – Integration into Existing Health Sector Bargaining Unit(s)</td>
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<td>collective bargaining dispute [BCNU, HEABC].</td>
<td>The time and cost associated with hearings at the LRB to determine into which bargaining unit(s) unionized EHSC employees would be placed creates uncertainty and is not a good use of the resources of interested parties [CUPE Local 873, HEU, BCGEU]. Potentially results in union bargaining associations arguing with each other over proper bargaining unit placement [HEU]. Any decision other than a consolidated bargaining unit would likely be appealed [BCGEU].</td>
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<td>Could result in the application of existing health sector Collective Agreement provisions which are viewed by employers as more flexible with respect to scheduling, training, and the assignment of overtime [HEABC, EHSC].</td>
<td>Would result in greater labour relations stability than with a stand-alone bargaining unit [BCNU]. Could make achieving renewal Collective Agreements more difficult due to addition of a large number of members to existing bargaining associations and the unique issues of paramedics [HEABC, CUPE Local 873].</td>
</tr>
<tr>
<td>No additional Collective Agreement with unique terms and conditions of employment that require additional resources of the health sector to administer [HEABC, MOHS]. More streamlined labour relations [MOHS]. Maintains the current number of union bargaining associations that are needed to get to a common table on health sector-wide issues [MOHS].</td>
<td>Different terms and conditions of employment could apply for similar work if there is integration into more than one bargaining unit. Could lead to whipsawing and competition between bargaining associations for terms and conditions of employment if some entry-level paramedics are into one bargaining unit and others are in another [CUPE Local 873].</td>
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I wish to acknowledge that each interested party was very respectful of my mandate and the time frame for the completion of my report. They were most helpful at making themselves available and providing me with their perspectives on the issue for determination by you.

Thank you for asking me to prepare this report. I hope it provides you with the background and information that will enable you to make an informed decision about the issue for your determination.

Respectfully submitted,

Trevor Hughes
Chief Industrial Relations Officer
Industrial Relations Division, Ministry of Labour

cc: Rob Lapper, Q.C., Deputy Minister
Appendix 1
Relevant Provisions of the Health Authorities Act

Appropriate bargaining units

19.4 (1) Subject to section 19.5, the following are the appropriate bargaining units in the health sector:
   (a) residents;
   (b) nurses;
   (c) paramedical professionals;
   (d) health services and support — facilities subsector;
   (e) health services and support — communities subsector.

(2) Appropriate bargaining units may be multi-employer units.

(3) All unionized employees in the health sector must be included in an appropriate bargaining unit.

Review of appropriate bargaining units

19.5 The minister charged with administration of the Code, on application or on the minister's own motion, and after the investigation considered necessary or advisable, may direct the labour relations board to
   (a) add a bargaining unit as an appropriate bargaining unit, or
   (b) consolidate 2 or more appropriate bargaining units.

Associations of bargaining agents

19.9 (1) A trade union certified as bargaining agent for employees in an appropriate bargaining unit must belong to an association composed of all the trade unions with certifications for appropriate bargaining units of the same description.
Appendix 2
Meeting Details with Interested Parties

March 17, 2010: British Columbia Nurses’ Union.
7:30 a.m. Gary Fane and Donna Bouzan.

10:00 a.m. John Strohmaier, John Horsfield, David Deines, and Bryon Longeway.

March 18, 2010: Health Sciences Association of B.C.
8:45 a.m. Maureen Headley, Reid Johnston, Jessica Bowering, Jeanne Meyers, and Stephen Hutchison.

March 18, 2010: Health Employers Association of B.C.
3:30 p.m. Marno McInnes, Mark Slobin, Mark Bolton, and Jennifer Lamont.

March 19, 2010: Hospital Employees’ Union.
10:00 a.m. Judy Darcy, Bonnie Pearson, and Jacque de Aguayo.

March 19, 2010: B.C. Government and Service Employees’ Union.
2:00 p.m. Darryl Walker, David Vipond, David Streb, Brenda Brown, Carla Dempsey, Sandi McLean, and Angela Mahlmann.

March 22, 2010: Ministry of Health Services.
9:00 a.m. Michael MacDougall, Stephen Brown, and Ted Patterson.

March 22, 2010: Emergency and Health Services Commission.
11:30 a.m. Lee Doney, Les Fisher, and Tony Arimare.

March 22, 2010: Provincial Health Services Authority.
2:30 p.m. Michael Marchbank and Mark Allen.

Notes:
1. Deputy Minister Rob Lapper accompanied me to the meeting with CUPE Local 873, the Ministry of Health Services, and the Provincial Health Services Authority.
2. The Health Sciences Association of B.C. asked that the majority of their comments be “off-the-record”.
3. On March 26, 2010, I received a written request dated March 16, 2010 from Lynn Byrne, Treasurer of the Advanced Life Support (A.L.S.) Paramedics Society of B.C. asking to be at the meeting with BCGEU or HSA. I spoke with Ms. Byrne on March 27, 2010 and indicated I would note her Society’s concerns about professional issues.