

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

NO. 3
VOL. 39
September 2018



B.C. ATTORNEY GENERAL DAVID EBY. PHOTO: PROVINCE OF BRITISH COLUMBIA

REFERENDUM 2018

This fall, British Columbians have a chance at electoral reform. But what are the impacts of proportional representation?

AN OPPORTUNITY TO IMPROVE DEMOCRACY

When this issue of *The Report* goes to print, it will be just over a month before referendum ballots are mailed out to British Columbians asking us if we would like to see our provincial elections determined through a first-past-the-post system, or through proportional representation (PR). A second ballot question will give British Columbians the opportunity to vote for one of three proportional representation models, should PR be adopted.

This fall marks a pivotal opportunity for us to make a positive reform to our voting system, with significant evidence from numerous academic studies – some spanning decades – identifying a correlation between proportional representation systems and improved social and economic outcomes.

While we may not have first-hand experience with proportional representation in B.C., ample evidence from around the world shows us that proportional representation systems lead to higher voter turnout, greater voter satisfaction, lower income inequality, more women elected, lower national debt, and the list goes on. These are some of the reasons that over 80 per cent of OECD countries have chosen to adopt a proportional representation model.

Proportional representation models encourage cross-party collaboration. Politicians of different political stripes have to work together to develop legislation, and this results in policies that benefit a greater major-

ity of people. More voters feel meaningfully represented by those sitting around the table.

This leads to more consistent policy over time. If we look back on the last three decades of politics in British Columbia, we see dramatic shifts in policy depending on the government elected. Without a centrist party, B.C.'s political arena is notably polarized. A newly-elected government spends much of its time undoing the work of the previous one, only to have its own policy changes reversed when power is lost.

The wild swings of the pendulum that we witness under our current first-past-the-post system make it difficult to make progress. With proportional representation, governments are empowered to build off the policy work of previous governments, because that policy was shaped together.

Throughout history, our provincial and federal electoral systems have undergone significant changes. Voting rights have expanded over the course of the twentieth century to include women, Asian immigrants, and Indigenous peoples. We've reformed political financing laws, redistributed electoral boundaries, altered the voting age, and introduced new ways to vote. Proportional representation is one more reform that makes our system more inclusive, and ultimately, more democratic. It is one more step forward in the strengthening of our political system.



“The wild swings of the pendulum that we witness under our current first-past-the-post system make it difficult to make progress.”

HSA members adopted a 2018 convention resolution in light of the upcoming referendum calling on the union to support PR and educate members on its benefits. We know that for many across the province, supporting PR is a leap of faith. It's uncharted territory for B.C., which makes our educational efforts particularly important. The more British Columbians come to understand the benefits of PR, the more motivated we will become to bring about electoral reform. If you would like to join HSA's member outreach efforts, get in touch with our office. We would love to work with you on this important opportunity to improve our voting system.

Val Avery

HSA A PROUD PARTICIPANT IN NEW WEST SOLAR GARDEN

HSA has subscribed to a plot of five solar panels in the City of New Westminster's urban solar garden, located on the rooftop of the Queensborough Community Centre. It is the first municipally-led, community Solar PV (Photovoltaic) initiative in Metro Vancouver. Through investing in the project, HSA will benefit from access to renewable energy.

HSA MEMBERS INVITED TO COMPLETE NATIONAL PHARMACARE SURVEY

The federal government has struck an advisory council to examine the implementation of a national Pharmacare program in Canada. An online survey has been launched, giving people across Canada the chance to weigh in on questions surrounding funding models, eligibility, and coverage.

A 2018 HSA convention resolution directs the union to work with allies to "urge the federal and provincial governments to establish a comprehensive and universal national Pharmacare program." Members are encouraged to complete the survey and write to local MPs calling for a universal, accessible, single-payer Pharmacare program.

HSA has examined research produced by Canada's leading health economists and created a guide to the survey to support members on the major issues.

It can be found online at www.hsabc.org/news/members-guide-national-pharmacare-survey.

Complete the online survey at www.letstalkhealth.ca/pharmacare by September 28.



MAUREEN STORY (RIGHT) WITH COLLEAGUES

HSA MEMBERS RECEIVE BC HEALTH CARE AWARDS

THE BC HEALTH CARE AWARDS ARE PRESENTED BY THE HEALTH EMPLOYERS ASSOCIATION OF BC TO RECOGNIZE THE AMAZING HEALTH TEAMS AND HEALTH CARE PROFESSIONALS WHO IMPROVE PUBLIC HEALTH CARE DELIVERY.

HSA would like to congratulate the project team from Sunny Hill Health Centre for Children awarded the Gold Apple level of the Dianna Mah-Jones Award for its leadership in creating and delivering the International Seating Symposium, which most recently brought together 1100 participants from 26 countries to share knowledge to improve the development of positioning and mobility equipment.

Congratulations to project team members: Maureen Story, Catherine Ellens, Roslyn Livingstone, Bob Stickney, Jennifer Law, Lynore McLean, Sherylin Gasior, Kathie Marina, Marnie Eastman, Janice Evans, Beth Ott, Kim Magnus, Veronica Atwill, Andy Brule, Pedro Peralta Elgueta, Pablo Quintero, Todd Romer, Daphne O'Young, Nicole Bruce, Sandy Lum, Aki Shigematsu

Congratulations are also in order to the project team of the Resources and Needs Review Project of the Cumberland Community Dialysis Facility of Nanaimo Regional General Hospital for receiving the Dianna Mah-Jones Award of Merit. The project team's creation of a patient-centred resource manual has improved access to resources for kidney care patients, and innovative developments in dialysis screening have reduced test wait times.

Congratulations to team members: Aimee Morry and Eileen Carolan.

Dianna Mah-Jones was a long-time HSA member and a highly respected and caring occupational therapist at GF Strong Rehabilitation Centre. She was part of the therapy team at Vancouver Coastal Health for 35 years. She was well known across the region, province and nationally in the occupational therapy field. Dianna achieved many career goals over the years, notably the 2015 Outstanding Occupational Therapist of the Year from the Canadian Association of Occupational Therapists BC. She and her husband were tragically killed at home in September 2017.

COMMUNITY SOCIAL SERVICE WORKERS RATIFY THREE-YEAR COLLECTIVE AGREEMENT

WORKERS IN COMMUNITY SOCIAL SERVICES HAVE RATIFIED A COLLECTIVE AGREEMENT, WITH 85.7 PER CENT OF VOTING MEMBERS SUPPORTING RATIFICATION.

16,000 workers across the province will be covered under the collective agreement, negotiated by the Community Social Services Bargaining Association (CSSBA).

The agreement provides significant compensation increases for workers in the general services and community living sub-sectors, allocating money for

low-wage redress to address recruitment and retention issues in the sector, in addition to a two per cent wage increase per year.

The new agreement will come into effect April 1, 2019 and expire March 31, 2022.

Kerry Hammell, a youth and family counsellor at John Howard Society, alongside staff negotiator Sharon Geoghegan, represented 1,000 HSA members at the bargaining table. Ratification meetings took place at HSA sites across the province during the months of July and August.



HSA DELEGATES IN COMMUNITY SOCIAL SERVICES AT HSA'S BARGAINING PROPOSAL CONFERENCE, MARCH 22, 2018.

AGREEMENT HIGHLIGHTS

- Strong improvements to occupational health & safety including a Provincial Occupational Health and Safety Council
- The restoration of statutory holiday pay for part-time and casual employees
- An improved process to assist the parties in better labour relations
- Enhancements to health and welfare benefit plans to start closing the gap with the health sector
- The renewal of the labour adjustment education fund and funding for health and safety and violence prevention training

COMMUNITY HEALTH WORKERS VOTE TO SUPPORT NEW COLLECTIVE AGREEMENT

COMMUNITY HEALTH SECTOR WORKERS, INCLUDING 1000 HSA MEMBERS, HAVE VOTED IN FAVOUR OF A TENTATIVE AGREEMENT REACHED WITH HEALTH EMPLOYERS.

The three-year agreement will take effect April 1, 2019 and expire March 31, 2022.

The new collective agreement brings in yearly wage increases of two per cent in each of the next three years in addition to enhanced benefits, provisions for improved scheduling, and steps to address staff retention. It mandates the creation of a

task force to investigate guaranteed hours and other issues, and allocates additional funding for the Enhanced Disability Management Program. Employees covered in this agreement work in mental health and addiction services, community service agencies, health authorities, provide services to seniors, and home care support services.

"Our members deliver critical services to some of the most vulnerable British Columbians," said HSA President Val Avery. "This agreement is an important step forward for our members and the communities they serve."

The vote announcement comes after a tentative agreement was reached in mid-June, the result of weeks of negotiations between the Community Health Bargaining Association (CBA), and the Health Employers Association of BC (HEABC).

HSA members were represented at the bargaining table by staff negotiator Jessica Derynck and member representative Katherine Oliver, a child care assistant at Thompson Nicola Family Resource Society.

PETITION FOR PAID SICK LEAVE LAUNCHED



THE BC FEDERATION OF LABOUR (BC FED) HAS LAUNCHED A NEW ONLINE PETITION CALLING ON THE PROVINCIAL GOVERNMENT TO AMEND THE EMPLOYMENT STANDARDS ACT (ESA) TO INCLUDE PAID SICK LEAVE FOR ALL EMPLOYEES IN BC.

The petition is part of a broader “Level the Playing Field” labour rights campaign, which calls on the provincial government to make a broad range of reforms to the ESA, including eliminating exemptions to the minimum wage, strengthening the definition of “employee” to ensure

more workers are properly classified and protected under the ESA, and establishing a temporary foreign worker registry.

For employees without a union, protections provided in the ESA are crucial to minimizing exploitative labour practices and providing a minimum standard of protections and benefits.

According to a recent survey conducted by the BC Federation of Labour, 40 per cent of respondents did not have access to any paid sick leave. When required to work while sick, a worker’s health can become compromised and contagious diseases are more likely to spread in the workplace. The BC Fed is calling on the government to implement a minimum of 5 paid sick days per year for all employees.

Benefits and protections in the ESA were gutted when the BC Liberal government came into power in 2001. In addition, the then-Campbell government curtailed enforcement measures. Nearly half of all employment standards branches – responsible for education and enforcement of the act – were closed,

and a 16-page self-help kit was introduced. Workers were required to complete the kit before being permitted to file a complaint with the Employment Standards Branch, resulting in a dramatic reduction in complaints filed.

Legislative amendments increased the number of occupations excluded from certain provisions of the act or from the act in its entirety, and protections and benefits surrounding paid statutory holidays, overtime, and hours of work were reduced. The Level the Playing Field campaign seeks redress for some of these measures.

To sign the BC Fed’s petition on paid leave, visit:
www.leveltheplayingfield.ca/sick_leave_petition

Or scan this with your phone’s camera or QR app:



REPORT HIGHLIGHTS DISCREPANCIES BETWEEN PUBLIC AND CONTRACTED-OUT LONG-TERM CARE

On Aug. 1, the BC Seniors Advocate released a groundbreaking report revealing that patients at contracted-out long-term care facilities are 32 per cent more likely to visit an emergency department, 34 per cent more likely to be hospitalized, and 54 per cent more likely to die in a hospital bed, when compared to rates of publicly operated facilities. This is despite evidence that the residents of contracted-out facilities are less frail and complex patients.

If contracted facilities were able to match the performance

of public facilities, \$16 million would be saved annually and an additional 15,481 hospital bed days would be created, according to the report.

Despite equal funding on average, private care facilities pay lower wages than public facilities. The report claims that most of these facilities receive funding to pay higher wages than are actually paid out. In public facilities with superior wages and benefits, staff turnover is low, suggests the report. In cases in the private sector where contract flipping leads

to en masse firing and rehiring, resident care may be affected.

Staff retention rates may be a factor impacting health outcomes. “Constantly changing staff could also be problematic as continuity of care in nursing homes is proven to link with better health outcomes including lower rates of hospitalization,” according to a press release from the Seniors Advocate.



ABOUT THE PROVINCE-WIDE REFERENDUM

Registered voters will receive a voter package in the mail with a mail-in ballot between Oct. 22 and Nov. 2, and will have until Nov. 30 to vote. Any Canadian citizen 18 years of age or older who has resided in B.C. for at least six months prior to Nov. 30 will be eligible to vote, but may need to update contact information with Elections B.C. in order to receive a ballot. Contact Elections BC at 1-800-661-8683 to find out if you are registered to vote.

HSA MEMBER PATRICIA GARTNER WITH HER HUSBAND CHRIS LAURIE. GARTNER IS A VOLUNTEER WITH WITH FAIR VOTE SOUTH OKANAGAN-SIMILKAMEEN.

PROPORTIONAL REPRESENTATION: A MORE DEMOCRATIC WAY TO DO POLITICS

BETWEEN OCT. 22 AND NOV. 30, BRITISH COLUMBIANS WILL BE ASKED VIA MAIL-IN BALLOT IF THEY SUPPORT ADOPTING A SYSTEM OF PROPORTIONAL REPRESENTATION. THREE SYSTEMS HAVE BEEN PROPOSED: MIXED-MEMBER PROPORTIONAL, RURAL-URBAN PROPORTIONAL, OR DUAL-MEMBER PROPORTIONAL.

BY SAMANTHA PONTING
HSA COMMUNICATIONS

If a party gets 40 per cent of the votes, it should receive 40 per cent of the seats. This is the central feature of a proportional representation (PR) electoral system. While there are different models of PR that achieve this, all variations of PR seek to create a more direct link between who voters vote for and who gets elected.

Over 90 countries in the world use a form of proportional representation, including Germany, Switzerland, Croatia, Chile, Italy, and New Zealand. 80 per cent of OECD countries use one, making Canada a bit of an anomaly when it comes to our voting system.

This fall, a province-wide referendum will ask B.C. voters which electoral system the province should use for its elections: first-past-the-

post (FPTP) or proportional representation.

In a second question, voters will be asked which one of three models of proportional representation they prefer should a PR system be adopted: Dual-Member Proportional, Mixed-Member Proportional, or Rural-Urban Proportional.

With each of these PR models, all British Columbians would still have a local MLA. The government has also set a five per cent threshold for parties, meaning that in order to obtain a seat in the legislature, a party would need to receive at least 5 per cent of the popular vote. This would ensure that parties with a voice at the table would be there by virtue of having a fair amount of support among voters in the province.

These considerations make all three proportional representation choices strong options for B.C. voters.

“They are all good systems,” says Tony Hodgson, president of Vote PR BC, the official pro-PR campaign of B.C.’s upcoming referendum. “They all preserve the number of MLAs in each region of the province. And they all allow voters to vote directly for the individual candidate.”

As mandated by a 2018 convention resolution, HSA actively supports changing B.C.’s FPTP election system to a PR system, and is encouraging members to engage in referendum campaigns supporting PR.

One member engaged in the campaign for electoral reform is Patricia Gartner. Following an 18-year career practicing family law in Nelson, B.C., Gartner relocated to Peachland and became an acute care social worker at Penticton Regional Hospital. This fall, she is volunteering with Fair Vote South Okanagan-Similkameen.

THREE THINGS YOU CAN DO TO PROMOTE PROPORTIONAL REPRESENTATION:

1. Sign an HSA pledge to vote card, and encourage 5 other HSA members in your workplace to sign.
2. Register for a PR webinar. Visit www.hsabc.org for information on webinar opportunities.
3. Help educate! Share HSA's social media posts. Take a selfie with your pledge card.

"I'm volunteering because I think there's a number of positive aspects of PR that I want to make sure the voting public knows about, so that people are motivated to vote and so that people are making informed decisions," she said.

"With the FPTP winner-take-all approach, each election you see how it ignores half or more of the voters in that particular campaign."

She says the current system leads to the ruling party ignoring beneficial policy proposals from other parties. "Proportional representation would allow for a more collaborative approach to policy setting," Gartner said.

"I think the NDP and the Greens in BC have shown how successful a coalition government can be."

According to Hodgson, research suggests that proportional representation systems – whereby parties collaborate to create policy – actually produce better social outcomes.

"Canada was the top ranked OECD country on the UN Human Development index. And in the last 20 years, we've been overtaken by eight OECD countries that all use proportional voting," he explained.

With PR, because everyone has a seat at the table, policies are more likely to address the concerns of a wider range of society, he said. "It becomes

harder to make policies that disproportionately affect one group of people."

"You get policies that prevent as much income inequality that otherwise might be generated. You get policies that address the health care needs of a broad section of the population."

He said that PR leads to greater voter satisfaction, which in turn results in more satisfaction with democracy and a higher voter turnout. In a 55-year study conducted by world-renowned political scientist Arend Liphart, Liphart found that voter turnout was higher by 7.5 per cent in countries with proportional representation.

PR also leads to more diverse legislatures and a greater portion of women in government. The same study concludes that there were, on average, eight per cent more women represented in parliamentary bodies in countries with PR. When parties are able to put multiple candidates forward in a single riding, more balanced representation is likely.

One myth about proportional representation is that it leads to an increase in the number of elections. But according to a 53-year research study by York University Associate Professor Dennis Pilon, countries with a PR system do not have more frequent elections than countries with FPTP systems.

The downsides of winner-take-all systems

Unlike PR, BC's first-past-the-post system is a winner-take-all approach. For those voters whose chosen candidate loses, their views aren't likely to be represented in the legislature by the local representative, according to Hodgson.

"The MLA is not really accountable to those voters because they've already withheld their support and it's had no effect. The MLA has still been elected and still gets power," he said.

There are some other problems with a FPTP system. Elections

are more vulnerable to boundary manipulations – also known as gerrymandering. And it encourages strategic voting, whereby a voter does not vote for their first-choice candidate.

The voters "have to decide whether they are going to vote for somebody they like less and maybe even dislike significantly in order to prevent the worst outcome for them," explained Hodgson.

This can give a lot of decision-making authority to polls – and we all know polls can be wrong.

But perhaps the most glaring flaw in the FPTP system is that it delivers skewed election results. It is commonplace for a party to win the majority of the power with a minority of voter support. In Ontario's 2018 election, Progressive Conservative candidate Doug Ford received 40.5 per cent of the vote and 61 per cent of the seats at Queen's Park.

But we don't have to look as far as Ontario to see such stark discrepancies. In the 2001 B.C. provincial election, the B.C. Liberals won 57.6 per cent of the vote, but took 97 per cent of the seats – all but two. The Greens, with 12.4 per cent of the popular vote, were shut out of the legislature completely.

In more severe circumstances, FPTP delivers "wrong winner" elections – when the party winning the popular vote doesn't become the ruling party. This happened in B.C.'s 1996 election, and it happened in the 2016 U.S. election, resulting in a "wrong winner" victory for Donald Trump.

Proportional representation can help address some of the problems that arise in FPTP elections.

When the facts are laid out, it's easy to get excited about the upcoming referendum and the possibility it holds for a fairer way of doing politics. HSA will be working with members on a pledge to vote drive, among other educational initiatives. If you are interested in joining HSA's referendum efforts, please contact Sam at sponting@hsabc.org.

CANCERANDWORK.CA

COMPREHENSIVE WEBSITE A LEADING RESOURCE FOR EMPLOYERS, HEALTH PRACTITIONERS, PATIENTS

BY SAMANTHA PONTING
HSA COMMUNICATIONS

"It's probably one of the most comprehensive websites of its kind in oncology to help support cancer survivors with returning, remaining, and finding work," said HSA member Maureen Parkinson, the co-lead for the CancerAndWork.ca project.

CancerAndWork.ca, a partnership between BC Cancer (BCC) and McGill University, was designated a Leading Practice by the Health Standards Organization this past July for being a practice that has "demonstrated a positive change, is people-centred, safe, and efficient."

It contains 450 pages of content developed by the core team and 27 expert writers in partnership with the de Souza Foundation's information technology team. It surveyed 150 stakeholders, including cancer survivors, health care providers, and employers across Canada on desired content.

Parkinson is the only vocational and rehabilitation counsellor working in a cancer setting in a hospital in Canada, and with

20 years experience in the field, she has collected a wealth of expertise on the subject of cancer and work. At BC Cancer, she has been leading return to work groups since 2012. In 2014, she authored a 74-page manual called "Cancer and Returning to Work: A Practical Guide for Cancer Patients."

The project was put into motion when Christine Maheu, a registered nurse and associate professor at McGill University, approached Parkinson to do a research study on the BC Cancer return to work groups. Then a grant opportunity with the Canadian Partnership Against Cancer (CPAC) presented itself, "and we decided, why don't we throw a hat in and go for it," explained Parkinson. "And on the fly we put together a core team."

They were awarded the grant, and "there went a fantastic but hectic two years full of team-building learning experience," said Parkinson.

They brought together professionals from across the health science professions. "I think in

the world of return to work, these are important disciplines in terms of guiding assessment, rehabilitation, and treatment," said Parkinson.

"It is kind of a funnel for global information as well," she explained. "We engaged in writing an amazing amount of new material to fill in the gaps that weren't being addressed globally." She said that unlike many other websites, CancerAndWork.ca wasn't created strictly in-house. "We knew enough to want to link to the best in the world and the best in Canada in order to give the best advice."

The site provides a wide variety of tools and resources for cancer survivors, healthcare professionals, and employers. Its user-friendly design directs visitors to most relevant content based on the type of user. For cancer survivors, it provides tools and strategies for topics such as returning to work, assessment of work abilities, and promoting wellbeing at work.

Parkinson said the project has been a massive collaborative effort, with many contributors and





advisors largely volunteering. “I am very proud of the fact that we did a lot with very little.”

She compared the site to CancerAndCareers.org, a U.S.-based website that receives \$2 million in annual funding. She said that CancerAndWork.ca was created with a grant for \$290,000, which even included the cost of French language translation.

“A lot of people did this off the side of the desk...It’s very much a labour of love.”

According to Parkinson, many people in the health care field understood that there was a gap in resources. “There was desperate need for information, she said. “Everybody was just so keen to help out in terms of creating this.”

Promoting human rights

A major asset of the website is the support it provides to employers who have little experience accommodating employees with disabilities or long-term illnesses. Parkinson stressed that a supportive, accommodating employer is fundamental to a cancer survivor’s successful return to work.

Not all employers are educated on their duty to accommodate workers with disabilities, including long-term illnesses. A survey conducted by CPAC revealed that without expertise from occupational health nursing or in-house expertise in accommodation, employers require information on accommodation.

While larger employers may have resources to hire consul-

itants, “the small employers and medium-sized employers may not have the benefit of that expertise,” explained Parkinson, and CancerandWork.ca seeks to fill in the knowledge gap.

It outlines for employers their duty to reasonably accommodate those with a disability, lists employers’ responsibilities, and defines key legal terms, including “disability” and “undue hardship.”

“This is a way of giving a Coles Notes in human rights and directing them to the right sources to guide them,” said Parkinson.

Likewise, the website helps cancer survivors understand their own rights within legislation.

When it comes to return to work, “some employers move mountains to make this happen and be successful, and sadly, rarely but sadly, some employers put mountains in people’s way,” said Parkinson.

However, when employers are flexible, emotionally supportive, and foster a trusting environment where work challenges can be discussed openly, a successful return to work is more likely.

HOW HEALTH CARE PROFESSIONALS CAN ASSIST CANCER SURVIVORS

Parkinson says health care professionals – particularly in the rehabilitation professions – are very helpful in quantifying the effects of cancer treatment and its impact on work abilities. This is useful for predicting readiness to return to work, understanding the supports a patient will need, and providing rehabilitation and psychological support. There are some additional ways a health care professional can support a patient with cancer, according to Parkinson.

- Check-in with cancer patients to see if they have any work concerns in early assessment.
- Translate assessments for patients. How does a symptom impact the patient’s ability to do work?
- Encourage patients to communicate regarding function. Patients should be encouraged to reference abilities, not just symptoms, when applying for government and insurance supports and communicating with employers.
- Make no assumptions about how treatment impacts an individual.
- Ask patients what they need, what challenges they are facing, and how they would like support.
- Direct patients to helpful resources.
- Encourage cancer survivors to stay in contact with their workplace while on leave from work.

THANK YOU TO ALL HSA MEMBERS WHO MADE THIS RESOURCE A REALITY:

MAUREEN PARKINSON, TAMMY LEE, DR. DOUGLAS OZIER, MELANIE LMCARDNALL, DR. AMANDA K. LAMARRE, AND AMY RAPPAPORT.

SOLIDARITY ACROSS BORDERS

HSA members share stories from the Summer Institute for Union Women

This past July, HSA provided scholarships to three HSA members to attend the 37th annual Western Regional Summer Institute for Union Women (SIUW), a five-day conference held at Sonoma State University in California, sponsored by the AFL-CIO. The institute brings together 150 activists from unions, worker centres, and community organizations to develop leadership and community organizing skills, share knowledge, and build bonds of solidarity. This year's theme was "The RESISTERhood—Working Womxn Organizing for Collective Power."

HSA scholarship winners Brooke Carter, a medical laboratory technologist from Royal Jubilee Hospital, and Carol Guerra, an advocate at Kettle Friendship Society, share their own reflections on the conference.



HSA SCHOLARSHIP WINNERS BROOKE CARTER,
CAROL GUERRA, AND GLADYS OSAWAMICK



SOLIDARITY ACTION IN SUPPORT OF HYATT REGENCY
HOTEL HOUSEKEEPERS IN SANTA ROSA, CA.

For me, the whole experience was memorable from beginning to end. I met two wonderful sisters from HSA whom I had the pleasure of sharing the whole experience with.

The energy at the conference was inspiring. So many women who shared the same values and visions made it an absolute bonding experience. The highlight for me was the action that took place at the Hyatt Regency Hotel. It was a very emotional day for me. We were all there fighting for our sisters.

At one point, four housekeeping employees came out during their break to thank us and it almost brought me to tears. They were so thankful for our support. It was a hot day and we did a lot of chanting with placards. It clearly demonstrated how the power of the people united can make a change.

We wouldn't be there if we weren't for HSA. HSA allowed us to be there to support our sisters in their struggles. That, in itself, just goes to show how important collective action is.

There was one point where the assistant manager was given a petition and he said, "No, I can't take it." We started chanting stronger and louder, and he came back and said, "Ok, I will take that." That was probably the highlight of my whole stay there -being able to be a part of that. And if it wasn't for HSA, I would have never experienced such an important action. It was remarkable.

- CAROL GUERRA, ADVOCATE AT KETTLE FRIENDSHIP SOCIETY

This July, I had the privilege of being granted a scholarship by HSA to attend SIUW in Sonoma, California. This five-day conference included working women participants from many professions, travelling from British Columbia, Washington, Oregon, and even as far as Japan. Many participants were leaders in their organizations, or aspiring to be, and many more were looking to strengthen contacts and gain skills. Some were still simply seeking recognition in belonging to a profession.

The days were long and productive. I was in classes or group activities every day from 8:30am to 9:30pm. These included core courses, workshops, plenaries, and affinity group meetings.

My core course was called "Building Inclusive Organizations," in which we spent a lot of time unpacking concepts of privilege and intersectionality. The end goal was to recognize areas of improvement in our own interactions, and to cultivate a sense of belonging in our organizations to ensure that everyone always has a voice.

My workshop itinerary included "Bargaining for the Collective Good" and "Researching Your Organization," which each provided useful tools for navigating the balancing of interests between employer and organized workforce, in a way that common goals can be realized.

Affinity Groups provided safe spaces for intersectional conversations, and mentoring circles provided support to aspiring leaders from those who have paved the way.

The Institute was held in what is known as "language Justice," meaning that participants were free to express themselves fully in either English or Spanish, and translation equipment was available. This was truly an enjoyable experience.

An impactful activity was when, during an afternoon, we all traveled in several busloads to join a job action in support of local hotel staff who had been organizing underground for a year. They faced safety issues and were undercompensated and overworked, and they were demanding a contract.

After spending most of the week exploring some of the unearned privilege that I sometimes take for granted, I was able to leverage it in a meaningful way as part of a throng of powerful, diverse folk demanding fair treatment for deserving staff. Our action attracted the attention of journalists and city councillors.

Overall, it was a pleasure to spend time with so many fantastic women - including aircraft mechanics, longshore workers, boilermakers, teachers, health care workers, sex workers, domestic workers, and managers - to learn their stories, share mine, and experience a level of hopefulness for the future that feels a bit rare sometimes. I left realizing that the only thing I care about now is the type of community that we can create for each other and those entering the working world very soon.

With everything that is happening on both sides of our border at the policy level and at the grassroots, we're experiencing different situations that either challenge us or bless us. In the face of new boycotts, trade tariffs, and other power shifts, there is always a labour perspective to apply: solidarity across borders is always the answer.

- BROOKE CARTER, MEDICAL LABORATORY TECHNOLOGIST AT ROYAL JUBILEE HOSPITAL



Remembering a worker's hero

PHOTOS: RON POGUE PHOTOGRAPHY

THIS JULY MARKED THE 100TH ANNIVERSARY OF GINGER GOODWIN'S MURDER. A REENACTMENT OF HIS FUNERAL TOOK PLACE IN CUMBERLAND, AND HSA WAS THERE.

On July 27, 1918, in the mountains near Cumberland, B.C., a gunshot rang out. Its echoes continue to be heard.

On that July day, Special Constable Dan Campbell – a disgraced former member of the B.C. Provincial Police – led a search party into the mountains near Cumberland, B.C. to track down labour organizer, socialist, and conscientious objector, Albert “Ginger” Goodwin.

Born in England in 1887, Albert Goodwin—later nicknamed “Ginger” because of his red hair—first started working in the mines at the age of 12. By the age of 15 he had participated in his first picket line, and by 1906, he had moved to Cape Breton, N.S., where he continued to mine coal.

In 1909, a particularly brutal strike involving the United Mine Workers of America solidified his commitment to labour activism and socialist perspectives after witnessing first-hand the brutal treatment of fellow workers and their families. Goodwin and many others ended up moving west to find work, with Goodwin eventually settling in Cumberland in 1910 to take a job in the Number 5 mine. The Cumberland coal mines were particularly dreadful, with over 170 fatalities already on record by that point. Number 5 mine was the gassiest of them all.

When the big strike of 1912-14 broke out in the mines up and down Vancouver Island, Ginger Goodwin was already a member of the Socialist Party of Canada (SPC) and the United Mineworkers of America, but he became more formally involved at that time, mentored by Joseph Naylor who worked at Number 7 mine.

After the strike ended in 1914, Goodwin, along with many others were left unemployed and blacklisted by company owners. Goodwin moved to Trail, where he took a job at the Consolidated Mining and Smelting Company and continued organizing with a renewed passion against the backdrop of WWI and the role of the smelter in war time production.

When the highly unpopular 1917 Military Service Act, which led to conscription, was introduced, Goodwin showed up for his medical examination but was classified as temporarily unfit for service due to his ill health. However, when Goodwin successfully led the first-ever strike at the smelter approximately a month after this classification, he received a notice for re-examination only 11 days later and was deemed “fit” for service.

Goodwin was targeted because of his politics and strength as an organizer. He took refuge in the mountains and men like Dan Campbell saw it as their personal mission to track him and other conscientious objectors down.

On the day of Goodwin's funeral, August 2, workers in Cumberland and Vancouver downed their tools and did not go to work. In Cumberland, the biggest funeral procession ever witnessed in the community accompanied Goodwin to his final resting place, while in Vancouver, workers came together in what is considered Canada's first general strike.

This piece was written by the Cumberland Museum & Archives. It has been edited for length.
www.minersmemorial.ca | www.cumberlandmuseum.ca



Michelle Apps, social worker, Vancouver Community Mental Health Services

HOW MY OH&S COMMITTEE IS ADDRESSING VIOLENCE RISKS FACING FRONTLINE WORKERS

BY MICHELLE APPS
HSA MEMBER

I AM A SOCIAL WORKER ON THE WOMEN'S INTENSIVE CASE MANAGEMENT TEAM (ICMT), AND I HAVE BEEN SITTING ON THE VANCOUVER COMMUNITY MENTAL (VCH) HEALTH SERVICES' JOINT OCCUPATIONAL HEALTH AND SAFETY (JOHS) COMMITTEE SINCE I STARTED WITH VCH IN FEBRUARY 2017.

We meet monthly and have representatives present from different unions and disciplines.

The ICMTs are multidisciplinary outreach-based teams working with people living in Vancouver's Downtown Eastside with mental health and substance use disorders. As staff, we go out into the community to meet with our clients in their homes, on the street, or in shelters.

We work with our clients to support them in making and

maintaining positive connections to health care through providing primary care, mental health care, and support with finding and maintaining housing. As ICMT staff often work alone in the community, we can be exposed to high levels of different types of violence almost daily, including verbal aggression.

Last fall, a Violence Risk Assessment Tool was sent out to Intensive Case Management Team employees to survey and assess the levels of violence that we experience in our workplace. From that feedback and expertise, along with input from the Violence Assessment team members from the Intensive Case Management teams, a report entitled "Violence Risk Assessment Final Report" was drafted in conjunction with VCH's Workplace Health department. Workplace Health supports VCH staff in preventing workplace illness and injuries.

This thorough report includes an environment assessment of

ICMT work spaces, examines historical data in regards to violence, gives a comparison to a similar program, provides a policy review, and includes the feedback from an ICMT staff survey.

Some of the actions that came from the violence risk assessment include ensuring that staff have taken the violence prevention program, and organizing violence prevention course refreshers on an annual basis.

This report is useful in that it gives ICMT staff and leadership clear examples and direction in regards to preventing and mitigating risk of violence in our workplaces, making our work safer for us and for our clients. I would recommend that all joint occupational health and safety committees undertake a violence risk assessment with their teams to incorporate important feedback from all frontline staff.



THE BURNABY CENTRE FOR MENTAL

“IT’S OFTEN THE BUY-IN TO STAY IN RECOVERY”

MUSIC THERAPY AS A TOOL FOR REHABILITATION

BY SAMANTHA PONTING
HSA COMMUNICATIONS

MOST PEOPLE ASSUME MUSIC THERAPY IS EITHER A SING-ALONG OR RELAXATION, ACCORDING TO HSA MEMBER AND MUSIC THERAPIST KEVIN KIRKLAND.

“That is part of what you do, but just a small part.”

When Kirkland first graduated with a bachelor’s degree in music, he was among those who didn’t know much about music therapy. “I hadn’t heard of music therapy but I had seen books in the library on it,” said Kirkland.

Upon graduation, he launched into a career teaching piano and music theory, but hated it. After working a job in the admitting department of a hospital, he felt inspired to combine his love of music with health care.

He learned of a music therapy program at Capilano University in North Vancouver and decided to audition. He now works as a

music therapist at the Burnaby Centre for Mental Health and Addictions, and teaches part-time at Capilano University in the music therapy program.

Kirkland describes music therapy as the use of “music-centred experiences as agents for change. It’s based on musical experiences and the therapeutic relationship.”

In the field of mental health and addictions, music therapy is used as a tool for self-expression and processing life experiences. It is often coupled with counselling, which is in the scope of practice for music therapists.

Music therapy is “a blend of insight and capabilities,” according to Kirkland. “And it’s a fun way into opening up and talking about issues.” The approaches used are often based on a client’s interests.

For some, this may involve playing music and engaging in a recording process. “A lot of clients are able to play music even though they have had no formal



HSA MEMBER KEVIN KIRKLAND

training, and it’s often the buy-in to stay in recovery because they like music and they come to the music studio. We have recording software and guitars and drums and instruments.” And



HEALTH AND ADDICTIONS (BCMHA) MUSIC STUDIO.



THE BCMHA BAND.

when clients enter the studio and engage with the recording software, they may walk away with a new skill.

In the program Rap and Recovery, Kirkland uses rap as a therapeutic tool. "Clients write personally meaningful lyrics about their lives, or mental

facing their communities. He spoke of one client in recovery who used rap to write about drinking, overdose deaths, and suicide on his nation's reservation. The lyrics served as a springboard into a group discussion surrounding the legacy of residential schools and the impacts of intergenerational

been used in geriatrics, palliative care, and in children's health. But Capilano University is increasingly applying music therapy to adult and teen mental health, including the treatment of drug addiction and early psychosis.

For employers participating in Capilano University's music therapy internship program, a music therapist is sometimes brought in to supervise a student, since one may not exist at the facility.

For mental health facilities that accept student interns in music therapy for the first time, reactions are very positive.

"They would go, 'oh my God, we have to have a music therapist. This works really well. How do we do this? How do we create a job?'" said Kirkland.

As an HSA member, Kirkland is particularly interested in creating unionized job positions for music therapists in BC. "How do we create positions that are unionized and not just always contracted? We've had discussions with facilities who are looking to hire and what kind of parameters are best for that, and how to create an HSA position for it."

"Music therapy is used as a tool for self-expression and processing life experiences."

health, or the recovery process, and record it to a beat, and turn it into an .mp3. They have a product that they can listen back to." The client may sometimes engage in a discussion with the music therapist about their lyrics.

Kirkland said music therapy has made a major contribution to some peoples' lives. "I think the most successes are with those who are probably on the cusp of not succeeding, but they like music so much that they stay engaged with it, and that becomes the focus of their sobriety."

"Whether they have a relapse or not, they come back to music and they are able to stay with it," he said.

Kirkland has had clients who use rap to write about social issues

colonial violence.

"Six months in and he did not have a relapse," said Kirkland. For him, this speaks to the successes of the Rap and Recovery program.

Expanding opportunities for music therapy

Kirkland said he would like to see an increased awareness by health facilities and decision-makers about what music therapy is and how it can work in particular health settings.

"There are areas of practice that are newer and emerging," said Kirkland.

"Riverview Hospital had several music therapists. It's established in mental health there but not so much in general in Vancouver or in BC."

Traditionally, music therapy has

STRENGTHENING HEALTH SERVICES FOR INDIGENOUS PEOPLES



AN INTERVIEW WITH CHARLENE HELLSON Aboriginal Wellness Program Coordinator, Vancouver Coastal Health

CHARLENE HELLSON BEGAN HER WORK WITH VANCOUVER COASTAL HEALTH'S (VCH) ABORIGINAL HEALTH DEPARTMENT IN OCTOBER, 2017. AS COORDINATOR OF THE ABORIGINAL WELLNESS PROGRAM, SHE IS INTEGRAL TO THE WORK OF HER TEAM.

She coordinates and chairs team meetings, provides support to therapists, and represents her team at the regional mental health substance use directors' meetings and operational managers' meetings. She supports clients through guiding them through intake procedures and taking intake requests.

Hellson has a wealth of experience in health and community social services. She has worked in Indigenous mental health for over 15 years, previously at Alberta Health Services and then at Vancouver's Women Against Violence Against Women (WAVAW) Rape Crisis Centre. Hailing from Calgary, Alberta, Hellson is Blackfoot.

She spoke to HSA about VCH's new Cultural Safety Training and how health services can transform to more effectively meet the needs of Indigenous peoples. She also spoke to us

about VCH's newly launched mobile health van in the Downtown Eastside (DTES), and why it's important for Indigenous peoples to have culturally safe care that can meet them where they're at.

What do you enjoy most about your work?

I enjoy the small team I work with. We have a critical analysis of colonization and how it impacts Indigenous people. We all have a commitment together to decolonize in our healing practices.

I enjoy supporting the groups. I don't facilitate them but I help with food preparation. And we had a burning ceremony in the spring for the grief and loss group.

The burning ceremony is a ceremony where you feed the spirits of the loved ones who've moved on to the spirit world. It's a very healing ceremony, and it was beautiful to witness the west coast ceremony. It was conducted by the Musqueam, but many Coast Salish peoples do this ceremony. It was an amazing ceremony to support and to witness.

VCH now operates a mobile health van to provide on-the-spot health services to women

and trans people in the DTES. Why is this initiative important?

Indigenous women - we are one of the most vulnerable populations in Canada. We experience racism and sexism and we experience domestic violence and murder at a higher rate than the rest of the Canadian population. This is a result of past and ongoing colonization. And so we see an overrepresentation of Indigenous women in the DTES, who comprise 30 per cent of its population.

Like many of us, Indigenous women in the DTES have experienced sexual violence and have chronic health care issues. Personal histories of trauma have created vulnerability that puts them at great risk. It is critical that they have culturally safe care that can meet them where they're at. Many Indigenous women are not going to walk into a hospital willingly unless they absolutely have to. They don't want to experience stigma, they don't want to experience racism. Indigenous Women in the DTES are struggling with their lives and they don't need to add another layer of humiliation.

It's important to note that women in the DTES have each

other. There's such a strong community, and they become family to each other. And they can encourage each other to connect with the mobile health van. I know that the word is going to spread very quickly. In the Indigenous community we call it the moccasin telegram.

We know that if your health is good, then you feel better about yourself. That has major impacts and has a ripple effect throughout your whole life and for your loved ones as well.

Can you speak to the health disparity between Indigenous and non-Indigenous people? Why is it important that health services take a decolonial lens to their work?

Of course we see health disparities. It is a really wide gap in all areas of health. We are a small percentage of the community and yet we are overrepresented with chronic health issues, acute health issues, and especially mental health issues. And it all originates from the impacts of colonization and the historical trauma that ensued from that, which we all carry today.



VANCOUVER COASTAL HEALTH'S NEW MOBILE HEALTH VAN, SERVICING THE DOWNTOWN EASTSIDE.

How can health professionals be more effective in delivering health services to Indigenous patients?

There's a historical mistrust of health care services on the Indigenous experience of health care. It has been unfortunate – very scary and harmful. I think that what health care providers need to understand is that there is a historical context. Each Indigenous individual who enters into health care carries historical trauma and it's going to manifest in that health care interaction.

And so I think that health care

providers need to understand that, meet it with compassion, and be reflective of what they are bringing to that interaction.

As Indigenous people, we see doctors, physicians, social workers, psychiatrists, and nurses as healers. Our concept of a healer is someone who is kind and compassionate. And when we don't experience that, we withdraw and we avoid health care until it's too late. We end up in the hospital anyway with chronic or terminal health issues.

Do you have any further advice for fellow HSA members?

I would encourage staff who would like to learn more to connect with the cultural coordinator and take in the cultural safety training. It is powerful and it will help transform practice.

We do have a cultural safety policy (for VCH) that will be signed off by Patty Daly (chief medical health officer and the vice president, public health for VCH), so it is going to be policy to deliver culturally safe services. Aboriginal Health provides Indigenous Cultural Safety training for VCH staff, which is headed by Jennifer-Lee Koble and was created by Riel Dupuis-Rossi, one of our therapists at the Aboriginal Wellness Program. A pilot has been launched at VGH to train health care providers. We're training frontline staff, and we are hoping to really impact services, transform care, and create culturally safe care for Indigenous people across the health continuum.



HSA MEMBER CHARLENE HELLSON

PUBLIC POLICY AND THE UNION ADVANTAGE

NEW COMMUNITY BENEFITS AGREEMENT SUPPORTS WORKERS' RIGHTS, LOCAL COMMUNITIES

BY SAMANTHA PONTING
HSA COMMUNICATIONS

THE PROVINCIAL GOVERNMENT HAS ANNOUNCED THAT SELECT MAJOR PUBLIC INFRASTRUCTURE PROJECTS WILL PROCEED UNDER A NEWLY ESTABLISHED COMMUNITY BENEFITS AGREEMENT (CBA).

The CBA will create increased opportunities for Indigenous peoples, women, apprentices, and local workers through provisions that prioritize the hiring

and training of these groups.

Over the past 20 years, CBAs have emerged across North America. They are agreements between government and contractors that seek to maximize the social and economic benefits of a project. They can generate greater fairness in hiring, increase economic opportunities for workers, and strengthen local economies through ensuring that local communities receive direct benefits from a public infrastructure project.

The BC government's new CBA will apply to Metro Vancouver's

Pattullo Bridge replacement project and the four lane expansion of the Trans-Canada Highway between Kamloops and Alberta. The province is starting with two projects and looking to expand the model to other public infrastructure projects, such as hospitals.

Newly-created crown corporation BC Infrastructure Benefits Inc. (BCIB) will be responsible for hiring the projects' construction workers, who will be unionized with the corresponding trade union in that jurisdiction. With the BCIB serving as a

Community benefits build stronger communities.

The infographic features five categories of community benefits, each with a circular icon and a dotted line pointing to a specific area of a colorful cityscape illustration. The categories are:

- LOCAL HIRING**: Represented by a blue icon of a location pin and a person.
- WOMEN IN TRADES**: Represented by a purple icon of a woman wearing a hard hat.
- UNION WAGES**: Represented by a grey icon of three people.
- INDIGENOUS WORKERS**: Represented by an orange icon of a feather.
- TRAINING AND APPRENTICES**: Represented by a red icon of a person climbing a ladder.

 The cityscape below includes various buildings, a school bus, a car, a person pushing a stroller, a person on a bicycle, a person walking a dog, and a person sitting on a bench. In the bottom left corner is the logo for the Community Benefits Coalition of BC, and in the bottom right corner is the website letsbuildbc.ca.



PHOTOS: CURTEOUSY OF COMMUNITY BENEFITS COALITION OF BC

unionized employer, the workers contracted for a project are ensured good wages and benefits.

Any contractor, union or non-union, may bid on the work and supervise the project. The province will manage the project's payroll and supply workers. This model marks a major step forward for the province's construction workers.

The BCIB will prioritize hiring qualified Indigenous workers, women in the trades, and local workers – defined as those within a 100 km radius, in most circumstances. The CBA will also maximize apprenticeship opportunities, as part of a strategy for addressing the province's skilled trades shortage.

For women who wish to pursue careers in the trades, the CBA will help put them on a path to success. Currently, only four percent of tradespeople in BC are women.

According to the BC Centre for Women and the Trades Coordinator Sandra Brynjolfson, women can face difficulty finding and keeping jobs. "Believe it or not, some companies just out-and-out don't hire women."

Brynjolfson, who is also the co-chair of Build Together, the women's caucus of BC Building Trades, said discrimination plays

“Until that cultural shift happens, equity measures are crucial to increasing retention rates for women in the trades.”

a major part in denying women employment opportunities. And when women do find work, they are often the first to be laid off, she said. "It's viewed that she may miss more time or won't be as dedicated because her family may come first, or if she has a sick child then she has to go tend to them and leave work."

Brynjolfson knows first-hand how difficult it is for women to succeed in the trades. She worked in the trades for 20 years, specializing as an electrician in commercial, high-voltage, and industrial work.

"There's stereotypes that are put on women's backs that don't allow them to just learn their craft, be an apprentice, and become a journey at their craft," she said. "If you're always laid off, it's hard to finish your apprenticeships, hard to get the hours, hard to get the roof over the head and the food on the table."

Brynjolfson said CBA's priority hiring and training measures will keep women on the job site

and may help them establish a career in the trades.

In her role as coordinator for the BC Centre for Women and the Trades, Brynjolfson is working with industry partners to create a cultural change in the construction industry, whereby diversity and inclusion are valued. Until that cultural shift happens, equity measures are crucial to increasing retention rates for women in the trades.

She said the CBA will benefit local workers, too. "Apprentices and women who are getting into their trade now have the opportunity to work in their communities and be trained in their communities rather than have to travel for work. So it's beneficial that way."

Because jobs will be created at the local level, local economies will also benefit.

JOIN US

2018 Municipal
Pension Plan
Annual General
Meeting

YOUR PLAN IS
HEALTHY AND
SUSTAINABLE —
LEARN MORE AT
THE 2018 AGM



Annual General Meeting



October 11
10am–noon
Anvil Centre
New Westminster

SEE YOU THERE

TRACKING DOWN YOUR PENSION

BY DENNIS BLATCHFORD

HSA'S PENSIONS AND BENEFITS ADVOCATE DENNIS BLATCHFORD ANSWERS COMMON QUESTIONS RELATED TO PENSIONS.

I am inquiring into a possible pension earned in BC before I relocated to Ontario in the early '90s. Subsequently I married and changed my name. My partner and I are starting to plan our retirement so I thought I should clarify what my status is. I have had no contact with the Municipal Pension Plan (MPP) or my employer since I left BC. In fact, my old employer doesn't seem to exist anymore. Where do I begin to figure out whether or not I get a pension?

If you remember being in the MPP, and don't recall getting a refund or requesting a commuted value lump sum transfer, then you are likely "on account" with the MPP. Since you've had no communication with the MPP over the years, this may be a sign that you are not entitled to a pension. Or perhaps they lost track of you between your move to Ontario and your name change.

Regardless, your first step is to contact BC Pension Corporation (administrator for the MPP) and make a request that they confirm your status as a "deferred" plan member. Then you can plan

your retirement accordingly.

What do you mean by a refund?

A refund would automatically occur if you didn't have sufficient time or contributions in the plan to become vested. Essentially you would just get your portion of the contributions back. However, once vested, you are entitled to a pension. The vesting rules at the time you left the Plan would have been more stringent than they are today. BC Pension Corporation will have record of a refund.

What is a commuted value lump sum transfer?

A commuted value lump sum transfer is a one-time payout of an employee's earned pension. The commuted value is a calculation based on what monies would need to be set aside to pay you a pension in the future. It is based on interest rates at the time of the commuted value calculation, and the calculation would only occur if you were vested, and seeking to have your entitlements transferred to another registered pension plan.

As most of the money you will receive in retirement is from investment income - not from your contributions - a commuted value lump sum transfer allows you to carry the "MPP advantage" into your new retirement holdings. As such, a

transfer would have happened over 25 years ago - initiated by you, but the funds never transferring through your hands. It's quite possible that you just don't remember. However, BC Pension Corporation and the receiving pension plan will have the paperwork documenting any lump sum transfers.

Does it matter that I worked for two different employers in BC?

If both employers were part of the MPP, all your pensionable service accruals would be credited to the same account. If you remember contributing to the pension plan with both employers, it's likely that you were simply converted to deferred status once your contributions ceased. The deferred status would have automatically taken place after a year had elapsed without making a pension contribution.

Then, even though you were deferred, you would have received an annual Member Benefit Statement, provided they had a forwarding address. Without that, all the pension plan can do is wait for deferred members to make contact. Pension plans generally aren't in the business of tracking people down to give them a pension unless they absolutely have to. It is assumed that those entitled to a pension will one day come calling - and, just like you, most eventually do.

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

“Women are under-represented at all levels of government, and I would like to be part of changing that. We know that having diversity in government makes for better decision-making.”



HSA MEMBER WENDY MORIN, A YOUTH AND FAMILY SUBSTANCE USE COUNSELLOR AT THE JOHN HOWARD SOCIETY OF NORTH ISLAND, IS A CANDIDATE THIS FALL FOR COURTENAY CITY COUNCIL. IF ELECTED, MORIN SAYS SHE WILL BRING A SOCIAL CONSCIOUSNESS AND PROGRESSIVE PRESENCE TO CITY COUNCIL. SHE HAS BEEN ENDORSED BY THE COURTENAY, CAMPBELL RIVER, AND DISTRICT LABOUR COUNCIL.

GET READY TO VOTE! MUNICIPAL ELECTIONS HEAT UP

Local government election campaigns are well underway throughout BC, and HSA members are encouraged to learn about local candidates and issues.

One important thing to consider is whether or not a candidate has been endorsed by the local labour council. District labour councils are composed of representatives from af-

filiated unions, including HSA labour council delegates, and together, representatives have spent several months evaluating local candidates based on their community advocacy, responses to questionnaires, and in-person interviews.

As directed by the union's policy set by convention, HSA will be sending members the list of labour council-endorsed candi-

dates in their area, and encourages members to consider them before casting their votes.

Oct. 20 is local government Election Day, but there will be opportunities to vote in advance. Every municipality runs its own election process, and details regarding when and where to vote will be made available on municipal websites.

Election day is Oct. 20.



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Nat Lowe

Job title and department: Organizer, Organizing

What you actually do, in your own words: Organizing is all about getting people together to fight back collectively and win. I once heard the analogy that if organizing is about getting people fired up to take action, the organizer is the arsonist who goes around lighting the sparks. As an HSA organizer, I am strengthening the union's power through organizing current and prospective members and supporting campaigns and coalition work.

Why this matters: I really believe that building the power of the working class is key to solving the enormous problems we face today, whether it be the devastation of our planet, the erosion of public services, imperialism and war, racism, or patriarchy. Unions, especially in the health care sector, are a key structure for building the power of our class to win a just world.

Secret talent unrelated to job: In high school, I was really into popping and locking (dance). I'm a bit rusty now, but I think I could still pull off some moves.

Literary, TV or movie character most inspiring to you: Yoda from Star Wars. Yoda is a great example of what a mentor is and what a mentor does.

Your job before HSA: Organizer at the BC Health Coalition.

Crappiest job you've ever held: In high school, my first job was at an ice cream shop. I remember getting yelled at by an out-of-town franchise trainer because my shirt was too wrinkly. But the free ice cream was pretty good.

Interesting thing you did to help a member in the last week: I supported members at the BC Cancer Agency Vancouver Cancer Centre by attending the chapter's fun summer event, bringing HSA supplies and introducing myself to chapter stewards.

Your perfect day looks like: My perfect day consists of sleeping in, going to the gym or going hiking, doing some reading, playing computer games, grilling chicken wings (or other meats) and eating Earnest ice cream. The salted caramel is the best.

Currently binge watching on TV: The Vietnam War TV documentary series by Ken Burns on Netflix.



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.

President [webpres@hsabc.org]
Val Avery, Physiotherapist
Royal Jubilee Hospital

Region 1 [REGION01@hsabc.org]
Anne Davis, Program Coordinator
Comox Valley Transition Society

Region 2 [REGION02@hsabc.org]
Derrick Hoyt, Pathologist Assistant
Royal Jubilee Hospital

Region 3 [REGION03@hsabc.org]
Cheryl Greenhalgh
Medical Radiation Technologist
Royal Columbian Hospital

Region 4 [REGION04@hsabc.org]
Joseph Sebastian
Medical Radiation Technologist
Vancouver General Hospital

Region 5 [REGION05@hsabc.org]
John Christopherson (Secretary-Treasurer)
Counsellor, Vancouver Cancer Centre

Region 6 [REGION06@hsabc.org]
Nancy Hay, Social Worker
St. Paul's Hospital

Region 7 [REGION07@hsabc.org]
Jas Giddha, Medical Radiation Technologist
Surrey Memorial Hospital

Region 8 [REGION08@hsabc.org]
Cherylee Hylands, Cardiology Technologist
Penticton Regional Hospital

Region 9 [REGION09@hsabc.org]
Janice Morrison, Vice-President
Physiotherapist, Kootenay Lake Hospital

Region 10 [REGION10@hsabc.org]
Mandi Ayers
Medical Laboratory Technologist
Bulkley Valley District Hospital

EXECUTIVE DIRECTORS

Jeanne Meyers, Labour Relations and
Legal Services

Josef Rieder, Human Resources

Kathy McLennan, Operations

MANAGING EDITOR

Miriam Sobrino

EDITOR

Samantha Ponting



@hsabc

hsabc.org

info@hsabc.org

HSA SU



Always printed on recycled
paper with vegetable-based ink