

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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RESPIRATORY THERAPIST EMMANUEL SAMSON, TRANSITION HOUSE COORDINATOR ANNE DAVIS,  
AND SOCIAL WORKER EASTER TOCOL

## SUPPORT WE CAN COUNT ON

In the face of workplace trauma, HSA's presumptive coverage campaign calls on the province to reduce barriers for WorkSafeBC claims.

# AS BRIAN DAY'S COURT CASE ENDS, FUTURE OF HEALTH CARE HANGS IN THE BALANCE

SUCCESSFUL CHARTER CHALLENGE TO PROVISIONS BANNING EXTRA-BILLING, PRIVATE INSURANCE WOULD CREATE TWO-TIER SYSTEM.

Public health care is one of Canada's greatest achievements. But our most-cherished social program is under threat.

A group of plaintiffs led by Dr. Brian Day, CEO of the for-profit Cambie Surgeries Corporation, is challenging the constitutionality of key provisions of B.C.'s *Medicare Protection Act*, which protects our universal health care system. The long, costly trial is expected to end this week with closing arguments.

Day wants to get rid of critical aspects of the current law that prevent doctors from having one foot in the public system and the other in the private system, billing both the government and patients directly for services.

Day also wants to remove the ban on private insurance to cover hospital and physician services already covered by the public system.

These laws are the backbone of B.C.'s publicly funded health care system. They ensure that access to health care is based on medical need, not ability to pay.

British Columbians value this core principle of our health care system. A recent poll conducted by Research Co. commissioned by the BC Health Coalition found that 90 per cent of British Columbians agree that health care should be based on need and not ability to pay.

If Day is successful, the foundation of our public health care

system will be dismantled, and the dangerous precedent will likely lead to similar legal challenges in other provinces. And, province by province, Canadian medicare will be taken apart.

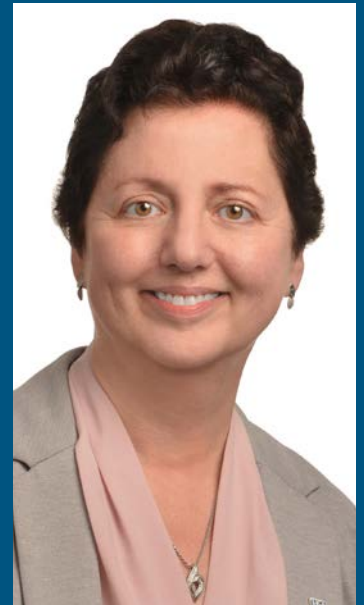
The origin of this court case goes back more than a decade. In 2007, the BC Medical Services Commission told Day that his for-profit clinics (Cambie Surgery Centre and Specialist Referral Clinic) would be audited, because the commission had received patient complaints about improper billing.

Before the commission could conduct the audit, Day organized a group of plaintiffs to launch a Charter challenge against sections of the *Medicare Protection Act*. The plaintiffs successfully blocked the audit from happening until 2011.

When the audit was finally complete and released in 2012, it found evidence of "extensive" illegal extra-billing and overlapping claims to the BC Medical Services Plan by Day's clinics.

The audit report said that "not only were patients unlawfully charged for insured health care services at the Cambie Surgery Centre and Specialist Referral Clinic, but physicians in the clinics were doing so with the benefit of a very substantial public subsidy by submitting claims to, and receiving payments from, the Medical Services Plan for services that 'overlap' with those for which patients paid privately."

To be clear, B.C. doctors have



HSA PRESIDENT VAL AVERY

*"If Day is successful, the foundation of our public health care system will be dismantled, and the dangerous precedent will likely lead to similar legal challenges in other provinces. And, province by province, Canadian medicare will be taken apart."*

always been able to opt out of the public system and directly charge patients whatever the market will bear.

Day wants doctors to have free rein to bill patients directly and also be compensated by the public purse.

Over the course of this trial, B.C. government and BC Health Coalition expert witnesses have testified extensively about the dangers of privately financed health care where doctors, for-profit clinics and insurance companies can charge patients whatever they want for basic medical care.

During this case, Day has consistently suggested B.C. should become more like European countries in financing health care. But the truth is that striking down these essential laws would move us closer to the U.S. model, where the for-profit medical industry charges patients whatever it wants and

where income determines your access to timely health care.

Let's not forget that the United States also spends by far the most among industrialized countries on health care and has inferior outcomes to Canada.

Our current system is not perfect. There is no question that we can improve public health care. In fact, the B.C. government's recent efforts are doing just that: opening operating rooms that were shuttered by the previous BC Liberal government, centralizing surgery bookings and introducing "first available surgeon" triaging models that are successfully reducing waits times for a variety of procedures.

British Columbians understand what's at stake. The coalition's recent poll found 80 per cent agree that an increase of for-profit, private-pay health care will only help the wealthiest British Columbians who can pay to access health services faster.

Certainly, we have more work to do. But increased privatization is not the answer. Rapidly implementing proven innovations in our public health care system is the only path forward if our commitment is to improve care for all British Columbians.

In other words, if you can pay to jump the queue, you can get your public health care needs met faster. That is the opposite of the core principles of equity and fairness that guide our system.

The Health Sciences Association of BC has been involved in this case as a member of the BC Health Coalition, which has intervenor status to ensure that critical evidence is heard about why a health care system based on profit and one's ability to pay is not in the public interest.

*This oped first appeared in The Tyee on Dec. 3, 2019.*

*Editor's note: Closing arguments were post-poned to January 2020 when the judge was unable to attend.*

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## 2020 BOARD OF DIRECTORS ELECTIONS WILL BE ONLINE



Online elections are scheduled for five positions on the union Board of Directors, for regions 2, 4, 6, 8, and 10. The deadline for nominations is Jan. 23, 2020.

Members are entitled to vote for their representative on the Board of Directors corresponding to the region they work in.

Online voting will take place through the election portal from Feb. 12-27, 2020.

Members will be emailed election credentials to the personal email address that HSA has on file. Members without email addresses will be sent instructions by mail. The deadline for HSA to receive a paper ballot is Feb. 27, 2020.

**Please update your email information! You can do so here:**

<https://hsabc.org/contact/member-contact-update-form>

# AN HISTORIC MOMENT: BC FIRST CANADIAN PROVINCE TO LEGISLATE INDIGENOUS HUMAN RIGHTS

On Nov. 26, the BC legislature unanimously enacted Bill 41, the Declaration on the Rights of Indigenous Peoples Act, becoming the first province in Canada to bring the internationally recognized standards of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) into provincial law.

This is an important and concrete step toward implementing UNDRIP into a provincial legislative framework, requiring all provincial laws to align with the declaration.

“Indigenous peoples across Canada have worked tirelessly to have their basic rights recognized,” said HSA President Val Avery. “The province has stood up and said that they will make this commitment. After 160 years of broken promises, a pathway is being established for meaningful partnership.”

“While there is still a lot of work to be done, Bill 41 sets parameters for Indigenous people to take part in decision-making. It moves us closer to where the province should be,” she said.

The government says that it is working in partnership with BC’s Indigenous peoples to develop an action plan and identify which laws should be changed first. The bill was jointly developed with the three organizations comprising the First Nations Leadership Council: the Union of BC Indian Chiefs, First Nations Summit, and the BC Assembly of First Nations. It is doing what the Truth and Reconciliation Commission’s Calls to Action expressly said all governments should do: adopt and implement UNDRIP as a framework for reconciliation.

This legislation recognizes that Indigenous rights are

human rights. It mandates an action plan and a reporting and accountability mechanism, supports self-determination and self-government, and creates space for new forms of decision-making that recognize First Nations’ jurisdiction.

This is an important step forward to true and lasting reconciliation. This work will not happen overnight, but this legislation lays a critical foundation for jointly shared social and economic progress.

The UN General Assembly adopted UNDRIP in 2007. In 2016, nearly a decade later, Canada removed its objector status to UNDRIP. However, the document is not legally binding and thus Bill 41 marks a major step forward in realizing Indigenous rights in BC.

## INTRODUCING HSA PRONOUN BUTTONS!

HSA has created pronoun buttons that members are invited to wear while attending workshops and events to make them more accessible and inclusive spaces for members, staff, and guests. It is part of an effort to build respect for gender diversity and expression.

Pronoun buttons are a tool for communicating the pronouns we use for ourselves. Sometimes a person may be misgendered by another person who has made an assumption about what pronouns that person uses.

This can be an all-too-common experience for people who are gender non-conforming, two-spirit or transgender. While

“he/him” and “she/her” are the most common gender pronouns, someone may use other pronouns outside the gender binary, including: they/them, ze/zir, xie/hir, among others. Sometimes, someone may use a combination of pronouns or no pronouns at all. The singular use of “they” is now accepted as grammatically correct across various style guides.

By using the correct pronoun when referring to someone, we are practicing the use of gender-affirming language – language that validates someone’s gender expression and identity. Using gender-affirming language is just one important step to creating more inclusive and respectful spaces.



*Interested in sharing information about pronouns and gender diversity? Visit [hsabc.org/pronouns](https://hsabc.org/pronouns) to download an HSA handout.*

## NUPGE CALLS ON FEDERAL GOVERNMENT TO BAN CONVERSION THERAPY

The National Union of Public and General Employees (NUPGE) is calling on the federal government to amend the Criminal Code to prohibit conversion therapy. HSA is a member of the national union.

NUPGE is petitioning the government to immediately take action to universally ban the practice – which numerous medical and mental health organizations have characterized

as deeply harmful – supporting the efforts of BC Minister of Health Adrian Dix, BC Attorney General David Eby, and BC MLA Spencer Chandra Herbert.

“Minors are even more vulnerable to the adverse effects of conversion therapy such as depression, anxiety, drug use, homelessness, and suicide,” reads the letter from NUPGE President Larry Brown to Minister of Justice David Lametti.

“We must take action to protect LGBTQI2S Canadians from this unethical practice that is nothing more than a weapon of homophobia and transphobia.”

The Pan American Health Organization (PAHO/WHO) issued a statement seven years ago stating that reparative or conversion therapy represents “a serious threat to the health and well-being—even the lives—of affected people.”

## BC LABOUR HERITAGE CENTRE LAUNCHES VIRTUAL EXHIBIT

The Solidarity movement of 1983 was one of the largest political protests in BC’s history. The newly-elected Social Credit government under Premier Bill Bennett led an onslaught of attacks on public services, aggressively slashing public spending and eliminating key public policies that protected working class people. In this ruthless far-right attack, situated in the era of Margaret Thatcher and Ronald Reagan, 26 repressive bills were

introduced in just one day. The Human Rights Commission was shut down, rent control was eliminated, and the collective bargaining rights of public sector union members were taken away.

Communities came together to build a movement against these radical reforms. A province-wide Solidarity Coalition was formed, and wide-scale marches, rallies, and local actions were organized, with one demonstration bringing out

60,000 people. After a year of extensive historical research, the BC Labour Heritage Centre has produced a virtual exhibit examining the history of the movement through archival photos, videos, memorabilia, and interviews.



*To visit the virtual exhibit, scan the QR code with your phone’s camera, or go to: [LabourHeritageCentre.ca](http://LabourHeritageCentre.ca)*

## HSA TO LAUNCH MEMBER SURVEY ON WORKPLACE RACISM

Workers across the country experience racism on the job and in their communities. Alarming patterns of racism in Canada, including acts of Islamophobia, anti-immigrant sentiments, and expressions of white nationalism – while not new – speak to the urgent need for labour unions to proactively challenge and disrupt racism and discrimination in its overt and subtle forms.

This January, HSA will launch a member survey to investigate members’ experiences with racism at work. This research is intended to inform the member-led development of tools and resources that will better equip the union to defend member rights, promote occupational health and safety, and support members experiencing racism at work. Members identifying as Indigenous, Black, or persons of colour will be invited to participate in the online survey via an all-member electronic announcement from HSA.

Is your contact information up-to-date? You can update it via the member contact update form on HSA’s website, under the contact tab. Thanks in advance to all those interested in participating and promoting the survey!

# CREATIVITY AND CURIOSITY THRIVE AT NANAIMO CDC'S EXPANDED PRESCHOOL

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

WHEN THE NANAIMO CHILD DEVELOPMENT CENTER (CDC) OPENED OVER 50 YEARS AGO, THE PRESCHOOL WAS ONE OF ITS FIRST COMMUNITY PROGRAMS, SAID HSA MEMBER KATHLEEN SILVEY.

Silvey, who started at the Nanaimo CDC as an early childhood educator (ECE) nearly 28 years ago, works as the department leader for the preschool. She does program planning and works with staff to deliver the curriculum. She facilitates inclusion practices for kids with special needs.

Silvey finds working with young children very rewarding. "There's so much promise when you're working with little people and their families," she said. "You get to be a part of their world and be witness to their learning and their growth."

In the summer of 2019, building renovations started to allow for an expansion of the program. The program size increased by 33 per cent, from 60 to 80 spaces. 12 of these spaces are set aside for children with special needs.

"We've been very well received," said Silvey. "We have families that are quite happy with the new space we're in. The space is lovely - we're very blessed."

In July 2017, staff at the Nanaimo CDC became members of HSA after voting in favour of joining the union. Unionization triggered a program review, and Silvey worked closely with management, including the CDC's Executive Director Dominic Rockall, Program Director Cheryl Booth, and Finance and Human Resources Director Judy

Gallacher, to brainstorm how the preschool would continue its operations in a sustainable way.

"The union encourages us to be lateral thinkers and be creative, and Kathleen is a very creative leader in her department," said Chief Steward Ellie Wray.

"We all worked together. It was a group effort. It really speaks to the value the centre places on the preschool, and that is hugely appreciated," said Silvey.

According to Silvey, the board of directors was also supportive of new, creative approaches to operating the centre.

It was through this collaborative effort that the idea to renovate the preschool sprouted, to allow for increased enrollment.

"We already had the staffing in place, so we just needed more space," said Silvey. By renovating the preschool classroom, the centre has been able to increase preschool spaces without a major cost to families.

Silvey said that the preschool is the only program at the centre completely funded by user fees.

"However, if parents are eligible, they can access the Affordable Child Care Benefit," she added.

The Affordable Child Care Benefit (ACCB) was introduced by the NDP government in September 2018 and can save eligible families up to \$15,000 per year on childcare costs. Any family whose pre-tax income is less than \$111,000 qualifies for the ACCB. Since introducing its affordable childcare plan - which the government says marks the largest investment in childcare in BC's history - more than 10,000 new licensed childcare spaces have been created across the province.

"It's been hugely beneficial for

families. We're thrilled to see that happen," said Silvey about the ACCB. She said that with an increase in the number of families eligible for support, it's now easier for them to access a quality preschool.

## Best practices in early childhood programming

The preschool program is based on BC's recently updated Early Learning Framework. "We've always followed the Early Learning Framework to some degree, but now it's like our bible," said Silvey.

She said the centre's staff appreciate this year's revisions to the framework.

The new framework has an increased focus on inclusive

PRESCHOOL DEPARTMENT LEADER AND HSA MEMBER KATHLEEN SILVEY





*“It’s about opening up all of the interesting things that are in the world as the kids are experiencing it.”*

practices, reconciliation, and Indigenous worldviews, according to the Government of BC website. It was developed collaboratively with ECEs, primary teachers, Indigenous organizations, elders, and the academic community.

Within that, Silvey said the preschool subscribes to a philosophy of practice called emergent curriculum.

“Emergent curriculum is a way of being responsive to children’s interests,” explained Silvey.

“We focus on following the child’s lead and embedding the learning within those interests,” she said. “It’s about opening up all of the interesting things that are in the world as the kids are experiencing it.”

Silvey said that the preschool

has also been working to deliver Reggio Emilia-inspired programming. Reggio Emilia, named after the city in Italy where it was developed, is an educational model that emerged following World War II, and seeks to build respect for others.

“Their school system and their early childhood programs are seen as some of the best in the world,” said Silvey.

Reggio Emilia operates from the principle that all children are full of potential and are innately curious and creative. It is child-centred, instead of a one-size-fits-all approach.

Silvey said that the organization has been very supportive of the preschool in implementing Reggio Emilia-inspired programming.

“It’s a journey, and it’s a new learning. It fits hand and glove with the Early Learning Framework, and it’s seen as best practice and progressive,” said Silvey.

These programming elements, combined with the preschool’s connection to the CDC, have resulted in major benefits for families.

“The CDC itself has a very high standard of evidence-based practice and best practice when it comes to providing service to kids and families,” said Silvey. “There is a layer of support that is hugely valuable to us.”

Silvey says that by operating under the same roof as the CDC, the preschool has access to great resources from the different departments alongside them.

This support was made evident when, just after Thanksgiving, the preschool got the go-ahead to move into the newly renovated space.

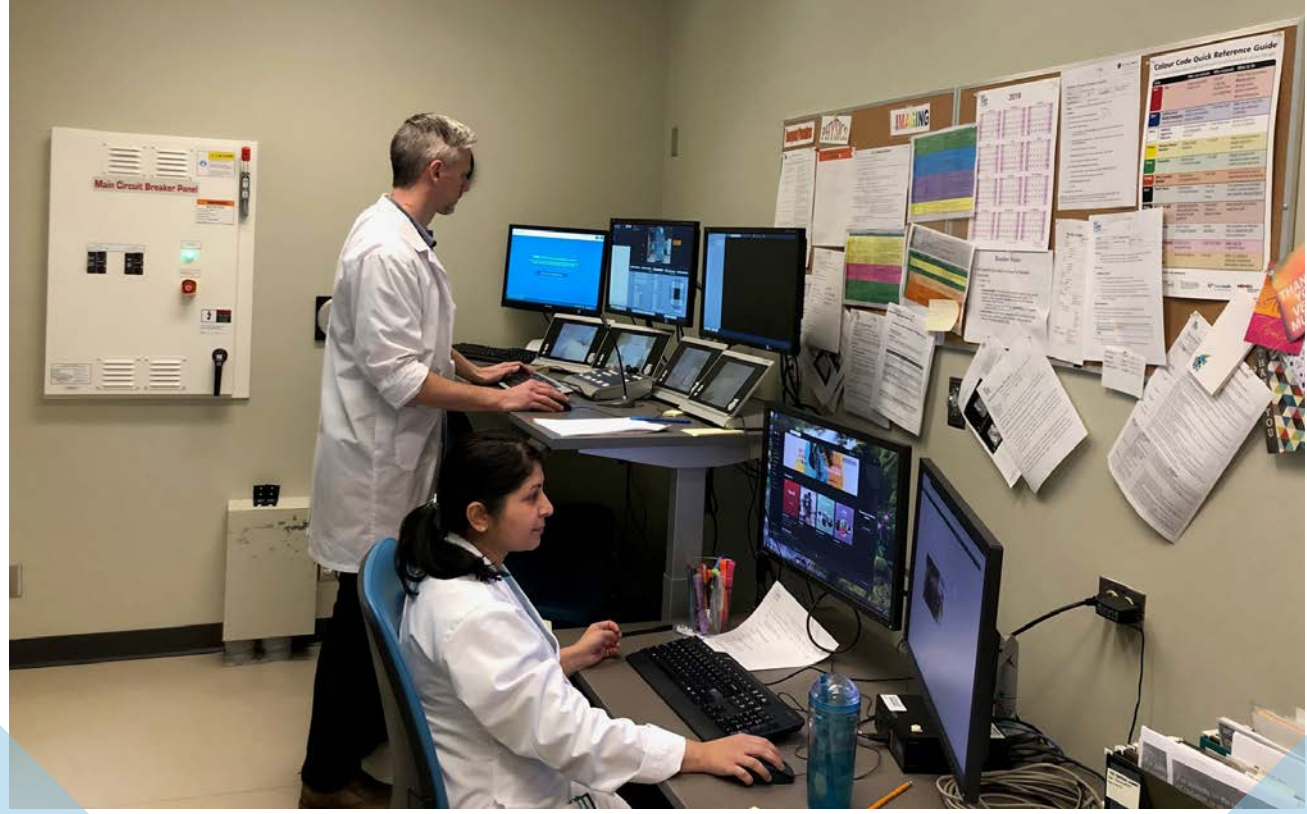
“We put an announcement over the intercom asking anyone who is available to help the preschool move, to come and join us,” recounted Silvey.

“The whole centre came together and moved us down the hall into our new space. It was really lovely, it was a community effort,” she said.

“We are well loved and we feel it.”

**BACK:** PRESCHOOL DEPARTMENT LEADER KATHLEEN SILVEY, EARLY CHILDHOOD EDUCATOR PAULA HOPKINS, SUPPORT STAFFPERSON ANNE NIKITOVIC. **FRONT:** EARLY CHILDHOOD EDUCATOR BETTY BUGLEY, SUPPORT STAFFPERSON LEANNE HUMPHREY, AND SUPPORT STAFFPERSON KAZUE FUJIKI.





RADIATION THERAPIST AND CHIEF STEWARD JAMES SIDNEY WITH RADIATION THERAPIST JULIE NAGER, BC CANCER'S SURREY CENTRE

## HOW WE TOOK ACTION TO IMPROVE ERGONOMICS AT OUR WORKPLACE

**BY VICKY GRANT**  
HSA MEMBER

I HAVE BEEN WORKING AT BC CANCER AS A RADIATION THERAPIST FOR ALMOST 25 YEARS.

Most of that time has been at the Surrey Centre, formerly known as the Fraser Valley Cancer Center. Radiation therapists are involved in planning and delivering radiation therapy treatment to cancer patients, and assist in assessing and managing the treatment's side effects.

A couple of years ago, I decided to become an occupational health and safety (OH&S) steward at our centre. A steward at the site, Charlotte Nanalal, noticed me taking an interest in OH&S issues and encouraged me to become an OH&S rep.

My interest started when I learned that, following a workplace assessment, some staff were using the grievance

process to facilitate the implementation of changes recommended by an ergonomist.

Advancements in technology have changed how radiation therapists now do their jobs. For example, we no longer need to place heavy blocks and wedges into the treatment machines, we use digital imaging instead of radiographic film, and we have paperless charts. These changes increase efficiency and ultimately provide better treatment for patients.

But with these advancements, there has been an increase in computer work and mouse use for the radiation therapist. Over time, the way we do our job has changed, but the design of our workplace has not. I noticed that a lot of my colleagues were experiencing similar symptoms of pain and discomfort while at work.

I wanted to do something to help prevent injuries before they happen, and I was hoping

that I could help make some positive changes in this role. I wanted to work with management and staff to improve workplace ergonomics and use education to improve practices and create a more safety-conscious culture throughout our department.

I attended HSA's OH&S steward training and learned that there were WorkSafeBC regulations and guidelines pertaining to occupational health and safety. I read many OH&S articles discussing ergonomics and found that the WorkSafeBC ([WorkSafeBC.com](http://WorkSafeBC.com)) and Canadian Centre of Occupational Health and Safety ([www.ccohs.ca](http://www.ccohs.ca)) websites have a lot of useful information. I learned that musculoskeletal injuries (MSIs) are expensive to the workers and

**“Advancements in technology have changed how radiation therapists now do their jobs.”**



**“We were hoping that the results of the survey would help us identify which ergonomic components should be focused on first. The results of the survey indicated that RTs were experiencing symptoms of MSI, and that their symptoms worsened while they were at work.”**

employers and that MSI risks can be reduced.

I also learned that occupational safety is the joint responsibility of the worker and the employer.

I felt that there was potential for improvements relating to ergonomics within our department that could reduce the risk of injury to staff. I felt that there were two main components of our jobs as radiation therapists that could make us vulnerable to injuries in the workplace: patient handling and computer work.

I initiated the creation of the Radiation Therapy Ergonomic Committee, which I agreed to chair. The committee decided to do a discomfort survey to identify trends amongst radiation therapists in our department regarding their experiences with MSI symptoms, and to determine the state of ergonomics in the department.

I found an MSI survey on the WorkSafeBC and BCFED health and safety ([healthandsafetybc.ca](http://healthandsafetybc.ca)) websites and we adapted them to make our survey shorter and less time consuming to complete. We were happy to have a co-op student assist us with the survey design and analysis. Elements of the survey provided respondents with a new awareness of MSI by identifying its signs and symptoms.

We were hoping that the results of the survey would help us identify which ergonomic components should be focused on first. The results of the survey indicated that RTs were experiencing symptoms of MSI, and that their symptoms worsened while they were at work. Both patient handling and computer work were perceived by respondents to be contributing to MSI symptoms. The results of the survey were shared with

the radiation therapists and our department’s management.

We brought the committee’s concerns regarding the state of ergonomics in the department directly to the Joint Occupational Health and Safety (JOHS) Committee for discussion, and we used the results of the survey to demonstrate that there was a need for improvement. We initially focused on ergonomic issues related to computer workstations.

The site’s alternate OH&S steward, HSA’s OH&S representative, and I drafted a 21-day letter – a health and safety recommendation to the employer that they have 21 days to respond to – recommending an ergonomic assessment of the department and educational refreshers for staff. The letter was presented to the JOHS Committee. After it was presented to the committee, things started rolling. An ergonomics specialist attended our next meeting.

In the last two years, our department has had height-adjustable workstations installed in most of the work areas. We have had a ceiling lift installed and have been educated on how to use it. The use of a HoverMatt is now our standard of practice for the lateral transfer of patients, and staff have had refreshers on its use.

It was acknowledged at one of our JOHS meetings that injuries in our department have reduced since the formation of our ergonomic committee. The work to make positive changes at our site has been a collaborative effort between my colleagues, members of the JOHS Committee, and me.

My goal as an OH&S steward is to try to prevent further injuries at our workplace. And a safe workplace is also better for our patients.

I believe that education and awareness of OH&S issues in the department is key. If management doesn’t know there are safety issues, it’s hard to effect change.

Workers need to know workplace risks and be educated in the prevention of injuries.

I have read many OH&S articles discussing ergonomics, and continuous education and refreshers in best practices available are consistently highlighted. The discomfort survey was able to highlight some issues that needed to be addressed.

I have learned a lot since becoming the OH&S steward and I have a lot more to learn. Workload and staffing shortages have made it difficult to find enough time to work on our RT Ergonomic Committee initiatives and meet regularly. In terms of improving safety in the workplace, referring to the WorkSafeBC regulations and guidelines help. When trying to advocate for change, I have found that patience and perseverance is key.





# SUPPORT WE C

NEW VIDEOS EXPLAIN WHY HEALTH CARE AND COMMUNITY

For workers experiencing traumatic events on the job, the process of filing a WorkSafeBC claim can be onerous, stressful, and prolonged. Workers in health care and community social services often work in high-stress environments where traumatic events inevitably happen.

Sometimes, HSA members witness death. Other times, they support patients through intense or disturbing experiences of violence. For these reasons, HSA has taken on the campaign to bring presumptive coverage to the whole team of health care and community social service professionals.

Presumptive coverage is a WorkSafeBC policy currently applied to particular professions that are likely to experience traumatic events at work, and eliminates some of the onerous bureaucratic barriers placed on WorkSafe claimants advancing trauma-based psychological injury claims.

As outlined in the province's *Workers Compensation Act*, certain professions – such as nurses, healthcare aids, and first responders – have presumptive coverage. But there are others who work in high-risk environments who could benefit from receiving presumptive coverage under the act.

“As a respiratory therapist, the frequency of traumatic events





# CAN COUNT ON

## WHY SOCIAL SERVICE WORKERS NEED PRESUMPTIVE COVERAGE

we're exposed to is unpredictable. Presumptive coverage would give us the predictability of support that we require to continue giving the best standard of care our patients deserve," said HSA member Emmanuel Samson, who works at Royal Columbian Hospital in New Westminster.

Samson is one of three HSA members who have shared

their stories in a special video series launched by HSA on Nov. 18, which sheds a light on the challenges facing workers in the health care and community social service sectors. Accompanied by radio advertisements and one-on-one lobbying activities carried out through the union's Constituency Liaison program, the videos call on policy makers to expand presumptive coverage.

A series of tools, including posters, buttons, and postcards, has been developed to help members bring the campaign to their worksites. For more information, contact [info@hsabc.org](mailto:info@hsabc.org).

*You can send an email to the Minister of Labour and your MLA by visiting [hsabc.org/coverage](http://hsabc.org/coverage). And don't forget to share HSA's videos and social media posts! Together we can make it easier for health care and community social service workers to get the help they need, when they need it.*



# HEALTHCARE ACCESS FOR ALL

## NETWORK OF HEALTH CARE PROFESSIONALS DELIVERS CARE TO PEOPLE WITH PRECARIOUS STATUS

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

INGRID MENDEZ AND HER PARTNER DIDN'T COME HERE FROM GUATEMALA BECAUSE THEY THOUGHT CANADA WAS A BEAUTIFUL COUNTRY.

"I'm not saying it's not," she explained. "No, we're here because we were forced to leave. We came here because we needed to save our lives and those of our families."

Now Mendez works actively to support migrant communities who are struggling to access basic services in BC. She serves as the executive director of Watari Counselling and Support Services in Vancouver and is an active member of Sanctuary Health.

Sanctuary Health is a network of health care professionals and community advocates who first came together in 2012 when the then-Conservative government made cuts to health coverage available to refugee claimants and privately sponsored refugees through the Interim Federal Health Program (a 2014 federal court ruling later found the move unconstitutional).

Largely based in the lower mainland, Sanctuary Health's members advocate for health care for people in Canada with precarious immigration status.

"We are just a collective trying to support people in any way that we can," explained Mendez.

Sanctuary Health's recent advocacy efforts have focused on the call to provide health care coverage to babies under three months of age born in BC to parents with precarious status.

Only newborns with at least one parent eligible for MSP qualify for MSP coverage as of their dates of birth. Otherwise, there is a three-month waiting period to become eligible for coverage.

"Right now, we have a baby who was born a few months ago and had to go to the ICU, and they have a huge bill because this baby is not eligible for MSP," explained Mendez.

For families in precarious situations, this three-month waiting period can be cruel. When their babies get sick, they don't know what to do, said Mendez. "There is a lot of fear and uncertainty."

Mendez is frustrated by a common narrative she encounters that accuses people with precarious status of committing "birth tourism," which she says is used to justify denying health services to certain communities. She said people are reluctant to name the real causes of displacement.

"People are here because Canadian mining companies are back there in Mexico and Central

America and South America invading ancestral territories and pushing people out," she said.

"Those are not birth tourists. They are not here because they want to take advantage of the system. No, they are here because they have no other choice."

According to Mendez, women sometimes come to Canada believing that their partners will complete sponsorship applications for them.

"Once they are here, they realize that's not going to happen," said Mendez. She said they are sometimes survivors of emotional abuse or sexual violence.

Watari often partners with Sanctuary Health on community outreach and support work.

For women who need access to health care during their pregnancy, this may mean assisting them in filling out an application for MSP, if they're eligible, or providing them with a referral to Reach Community

*"Those are not birth tourists. They are not here because they want to take advantage of the system. No, they are here because they have no other choice."*



The health care fairs are an opportunity to provide migrant agricultural workers access to different health practitioners – such as physiotherapists or occupational therapists – and to provide them with basic health services, such as flu vaccinations.

Health Centre or the RICHER Initiative out of BC Children's Hospital – the only two places Mendez says pregnant women with precarious status may be able to access health services in Vancouver.

"But it's always a struggle in trying to support people, and trying to find out where we can send them," she said.

For those who are able to apply for MSP, Mendez says the process can be onerous and frustrating. She recounted a case in which a family was asked to provide proof of a study permit or work permit for their seven-year old, despite the father providing proof of a work permit for himself.

"How do they obtain a study permit for a seven-year old? It's just ridiculous," said Mendez.

Mendez said that for too

many people, obtaining MSP is dependent on the ability to access case support or translation services.

"We've been saying to the ministry, 'Open a door that is wide enough for people to find out about it without having to get in touch with us.'"

When it comes to delivering community health care, Mendez sees potential in the community health centre (CHC) model. "We are supporting the process for new community health centres," she said, noting that some CHCs in Toronto and Ottawa have been able to serve people with precarious status because they have a specific funding stream for this work.

"But the bigger issue is when, let's say, somebody is diagnosed with cancer. Then the CHCs fall short."

"Really the best thing here is healthcare for all, regardless of whatever immigration status they have," asserted Mendez, who has repeatedly witnessed the harm caused to those excluded from the health system.

#### **Health services in action**

With gaps in the system, Sanctuary Health has stepped into action when people with precarious status have needed support, often during medical emergencies. "When there is an emergency, we go and support people, and we call our friends or members of the collective and they come with us," said Mendez.

In the case of migrant agricultural workers, access to health care can be particularly challenging. They are often

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in remote locations without access to transportation. Only workers whose work permit is valid for six months or more are eligible for MSP, and for these workers, there is still a waiting period to access coverage, which can last between two to three months.

With limited resources, Sanctuary Health has taken volunteer nurses and doctors to farms to provide urgent care.

Sanctuary Health also organizes health care fairs for agricultural migrant workers in Vancouver, Abbotsford, Chilliwack, and across the Fraser Valley. They are looking to expand them to other regions across BC, including Vancouver Island.

The health care fairs have been widely attended. Last June, a health care fair in the Fraser Valley organized in collaboration with Archway Community Services saw 250 agricultural migrant workers participate, said Mendez.

The health care fairs are an opportunity to provide migrant agricultural workers access to different health practitioners – such as physiotherapists or occupational therapists – and to provide them with basic health services, such as flu vaccinations.

Farm work can be physically taxing, and a short consult with a health expert can, for example, explain why certain pain exists, and provide advice on positions to use during farm work.

“A lot of the time, they complain so much of back pain,” said Mendez. “Here, there are a lot of techniques that people know, and if we pass them along, it makes a huge difference.”

Sanctuary Health has also organized mental health workshops for migrant farm workers. Mendez says it can be difficult for migrant workers to recognize that they are facing mental health challenges, amidst new feelings of sadness or fatigue.

“Mendez said there is a great need for more volunteers to participate in the health care fairs, including physiotherapists, counsellors, social workers, occupational therapists, nurses, dental hygienists, massage therapists, and psychologists, among others.”

“Sometimes they say, ‘What is with me? What’s going on? I don’t understand,’” explained Mendez. “They don’t recognize that it’s everything combined. It’s the fact that they are not with their families. There is also a lot of abuse that is going on on the farms.”

“They have to continue working, and that’s another fault of the system. Most of them come with a work permit that is tied to the farm, so the farmer has a lot of power over them. If they complain of any abuse then they are told ‘we are going to send you back,’” said Mendez.

Mendez said there is a great need for more volunteers to participate in the health care fairs, including physiotherapists, counsellors, social workers, occupational therapists, nurses, dental hygienists, massage therapists, and psychologists, among others.

**Health care professionals interested in volunteering for a health fair are invited to contact Ingrid at [ingrid@watari.ca](mailto:ingrid@watari.ca). Watari supports people with precarious status through its Latin American Community Action Program, and is accepting donations for the program through [www.watari.ca/donate](http://www.watari.ca/donate).**

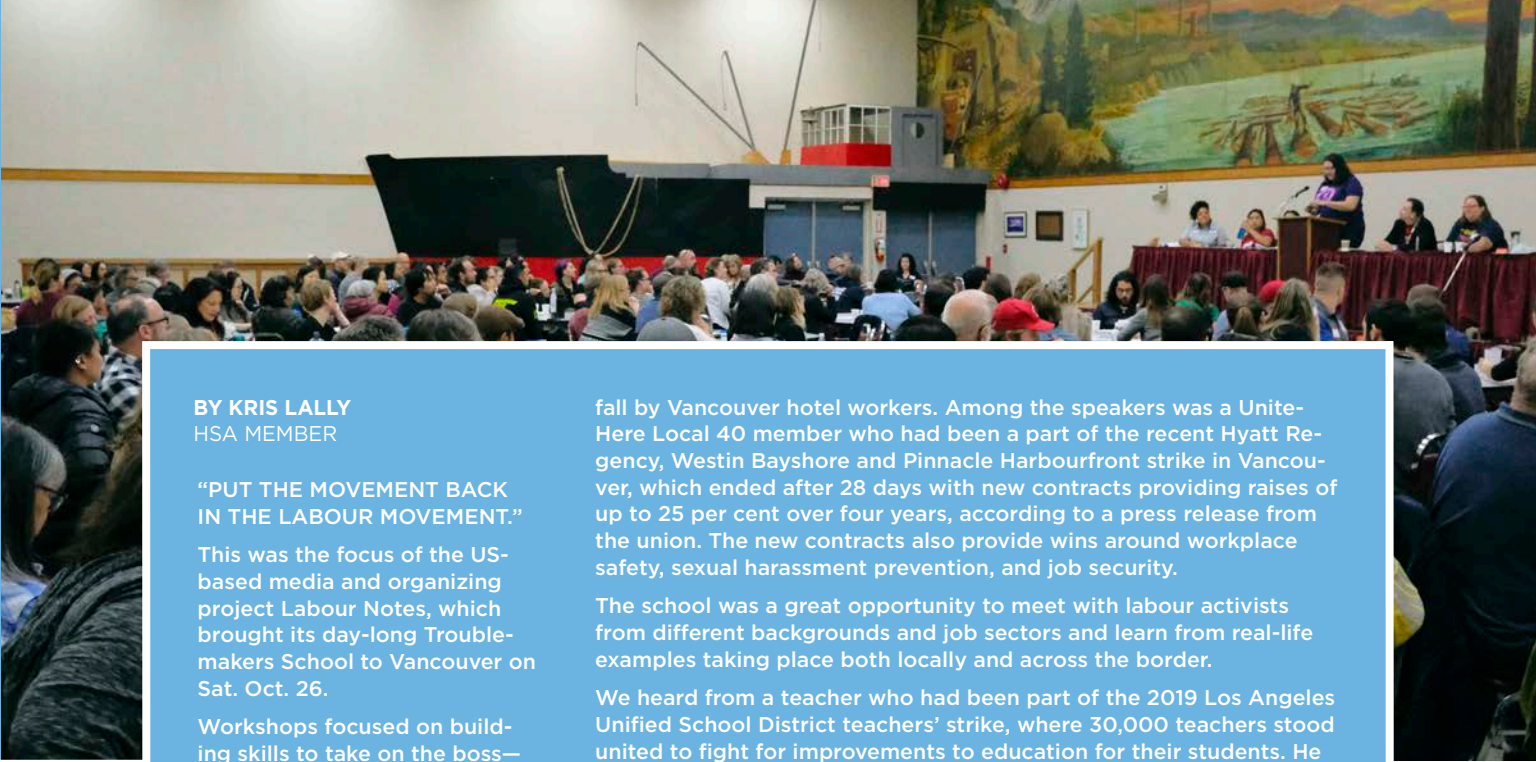
MEMBERS OF SANCTUARY HEALTH RALLY OUTSIDE THE OFFICE OF HON. ADRIAN DIX, BC MINISTER OF HEALTH, CALLING FOR MSP TO BE EXPANDED TO BABIES UNDER THREE MONTHS OF AGE, AND PEOPLE WITH PRECARIOUS IMMIGRATION STATUS.





## THERE IS STRENGTH IN NUMBERS!

Report-back from the Labour Notes Troublemakers' School



BY KRIS LALLY  
HSA MEMBER

### “PUT THE MOVEMENT BACK IN THE LABOUR MOVEMENT.”

This was the focus of the US-based media and organizing project Labour Notes, which brought its day-long Troublemakers School to Vancouver on Sat. Oct. 26.

Workshops focused on building skills to take on the boss—and win!

They stressed the importance of engaging members in one-on-one conversations to discover the obstacles they are struggling with. Often times, fear, division, and confusion in the workplace can deter members from asking their union for help.

The workshops were a great reminder that there is strength in numbers. If there is an issue in your workplace affecting a large number of people, consider turning it into a campaign. We are able to shift the power to the workers by standing together, having clear demands, and an action plan.

We saw this strategy put into action over the course of the

fall by Vancouver hotel workers. Among the speakers was a Unite-Here Local 40 member who had been a part of the recent Hyatt Regency, Westin Bayshore and Pinnacle Harbourfront strike in Vancouver, which ended after 28 days with new contracts providing raises of up to 25 per cent over four years, according to a press release from the union. The new contracts also provide wins around workplace safety, sexual harassment prevention, and job security.

The school was a great opportunity to meet with labour activists from different backgrounds and job sectors and learn from real-life examples taking place both locally and across the border.

We heard from a teacher who had been part of the 2019 Los Angeles Unified School District teachers' strike, where 30,000 teachers stood united to fight for improvements to education for their students. He emphasized the importance of going beyond basic issues, such as wages, and looking at community and social justice issues.

The recent strike of the Chicago Teachers' Union, whereby teachers brought the issue of affordable housing to the bargaining table, is another great example of teachers taking action for social justice.

Hearing stories of workplace victories from workers was eye-opening and encouraging.

Participants were also given a taste of job action - shuttles were made available to transport people to the picket lines to support the Rosewood Hotel Georgia workers who were on day 35 of their strike. Solidarity played a major role in delivering a big victory to these workers seeking improvements to workplace safety, who successfully negotiated a collective agreement on Nov. 16 after a 58-day strike.

For more resources on how to successfully organize or to learn about collective action and grassroots movements happening around the globe, you can visit the Labor Notes website at [LaborNotes.org](http://LaborNotes.org). [RankandFile.ca](http://RankandFile.ca) is another great source for Canadian labour news and analysis.

KRIS LALLY IS A RADIATION THERAPIST AT ABBOTSFORD CANCER CENTRE.



A CROWD GATHERED OUTSIDE THE UNION BANK OF CANADA BUILDING ON MAIN STREET DURING THE WINNIPEG GENERAL STRIKE  
PHOTO CREDIT: THE MONTREAL STAR FOND. LIBRARY AND ARCHIVES CANADA, PA-163001

# 100 YEARS AGO

“This was the world surrounding the Winnipeg General Strike of 1919.”

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

2019 MARKS THE 100TH YEAR ANNIVERSARY OF THE WINNIPEG GENERAL STRIKE, WHEN 35,000 UNIONIZED AND NON-UNIONIZED WORKERS IN WINNIPEG WALKED OFF THE JOB IN SUPPORT OF STRIKING BUILDING AND METAL WORKERS.

Beginning May 15, 1919, and lasting over six weeks, the Winnipeg General Strike is a landmark historical event recognized

for its expressions of working class solidarity across the city's industrial sectors, with thousands of workers from other provinces, including British Columbia, mobilizing in support of the Winnipeg strikers through sympathy strikes.

Out on the picket line for nearly a month, 37 unions across BC joined the sympathy strikes in such cities as Victoria, Prince Rupert, New Westminster, and Prince George. In Vancouver, 10,000 workers participated.

The Winnipeg General Strike was more than just a strike. It marks a point in history where people became activated by and awakened to the grotesque inequality produced by industrial capitalism, off the heels of a devastating and seemingly senseless war waged off the backs of working class soldiers.

The strike was violently repressed. Much of the local police force was dismissed by the city's mayor because officers were considered strike sympathizers. The business



community hired and equipped 1,800 special constables to contain strike mobilizations and crack down on public assembly, alongside the Royal North-West Mounted Police, who were brought in to the city.

The special constables, or “Specials,” provoked a riot on June 10 after attempting to disperse a crowd. The same week, 12 union leaders were arrested and the union publication *Western Labour News* was banned. The Royal North-West Mounted Police were instructed to use any force necessary to suppress the demonstrations.

Violence culminated on June 21, known as “Bloody Saturday,” when police forces on horseback charged into a crowd of 6,000 marchers, firing bullets and killing two strikers, after a streetcar was overturned. 34 people were injured, 94 were arrested, and 7 later convicted of conspiracy to overthrow the government. The government’s violent tactics successfully ended the strike, and workers chose to return to work on June 25.

The Winnipeg General Strike was part of something bigger. It was part of a broader wave of strikes taking place across the United States and England, including the Seattle General Strike and the US coal strikes. It captured dissent to growing disenfranchisement on a global scale, as soldiers returned from WWI to communities facing widespread unemployment, inflation, and impoverishment.

While not delivering any immediate victories, the social unrest that accompanied the strike helped advance working class demands for collective bargaining rights, better pay, and better working conditions. It led to the election of strike leaders into electoral office to advance the interests of workers.

And while these victories should be celebrated, often glossed over in recounts of the strike are the different ways racism was at play during this key phase of labour history.

White working class disenfranchisement exacerbated racism, and in 1919, intense anti-black violence – including the Chicago Race Riot and at least 24 other violent events – exploded

“Sinclair encourages us to understand the state of Indigenous-Settler relations in 1919 in our examination of the general strike.”

across the United States during what is called the Red Summer.

The Winnipeg General Strike was taking place amidst a backdrop of colonial violence. According to University of Manitoba Assistant Professor Niigaan Sinclair, “While First Nations by this point were locked onto reserves, the population of mixed-race Indigenous Peoples in Winnipeg was likely around 25 per cent.” Sinclair explains how the slogan of anti-strike businesses, “To hell with the alien enemy,” in part, described many Métis workers.

One of the major economic development projects at the time of the strike was established through the exploitation of Indigenous land and resources. The strike took place just three months after the Shoal Lake aqueduct project, which stole water from the Shoal Lake 40 First Nation, and brought water into the city of Winnipeg.

“It was also done by labourers who fought injustice in their workplaces, but fully perpetrated injustice in their work,” writes Sinclair, highlighting some of the contradictions inherent in the Winnipeg labour movement, which was dominated by white leadership.

Sinclair also notes that it was largely Métis workers whose jobs were displaced following the aqueduct project, who beforehand played the fundamental role of delivering water door-to-door.

Sinclair encourages us to understand the state of Indigenous-Settler relations in 1919 in our examination of the strike.

Indeed, it occurred just one year before the *Indian Act* was amended to force Indigenous families into the residential school system, as Sinclair highlights, and it shadowed two decades of violent policies banning Indigenous cultural practices. “This was the world surrounding the Winnipeg General Strike of 1919,” he writes.

As the centennial anniversary of the Winnipeg General Strike comes to a close, we can take inspiration from an event whereby workers stood up for themselves on a massive scale and demanded change. It’s also an opportune moment to examine how the labour movement can move forward in the face of ongoing challenges to strengthen workplace rights, build connections with the community, and work in solidarity with Indigenous peoples within the context of Canadian colonialism.

WINNIPEG - JUNE 21, 1919, ROYAL CANADIAN MOUNTED POLICE.  
PHOTO CREDIT: LIBRARY AND ARCHIVES CANADA E004666108



# MEET SERINA DHESI:

## Member Engager

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

I always knew I wanted to become a nurse,” said Serina Dhese, a registered psychiatric nurse (RPN) at St. Paul’s Hospital in Vancouver.

“I applied to the RN and RPN programs and I got into the RPN program first. I thought I would go back and complete the remainder of my nursing and work in regular nursing, but I actually ended up falling in love with the job and I never looked back,” she explained.

After becoming an RPN, it didn’t take long for Dhese to get involved in her union.

“A co-worker, Kiran, she approached me. I was a new nurse, I had just got hired,” recounted Dhese.

“She always encouraged me to get involved. At first I didn’t really know what she was talking about. And then slowly she convinced me to take the steward training to learn more about what she was telling me about.”

With some encouragement from fellow RPN Kiran Rama, Dhese signed up to become a steward. Soon after, she got a job on the same unit where her chapter’s chief steward and assistant chief steward work. She was surrounded by a handful of HSA members working to promote and defend workers’ rights.

“Everyone is always talking about issues, and people are always calling our unit to speak to our stewards,” she said.

“They asked me if I wanted to cover in the steward office so I could get more experience with how to handle grievances, speak to members, and read and interpret the contract.”

PHOTO: MEMBER ENGAGERS SUNITA MINHAS, SERINA DHESI, AND KIRAN RAMA WITH CHILDREN’S AND WOMEN’S CHIEF STEWARD JEFFREY LIM.





Dhesi slowly took on more stewarding responsibilities. “I covered in the office a few days a week and I went to a few meetings with members. I slowly took some more education sessions through HSA.”

Now, Dhesi is a new member of HSA’s Member Engagement team. Alongside Rama and others, she is a point-person for members who want to learn more about HSA’s work.

“My job is to get people excited about the union,” she said.

“We’re going to reach out to as many people as we can.”

As a member engager, Dhesi talks to members about their general concerns and questions and spreads awareness about HSA campaigns.

This year, member engagers are working to promote HSA’s presumptive coverage campaign across the membership.

Presumptive coverage is a provincial policy currently applied to particular professions that are likely to experience

traumatic events at work, and eliminates some of the onerous bureaucratic barriers placed on WorkSafe claimants advancing trauma-based psychological injury claims. These professions are defined in the *Workers Compensation Act*.

Equipped with posters, buttons, and postcards, the member engagers are mobilizing members to call on the province to deliver presumptive coverage to the whole team of health care and community social services professionals.

Dhesi says Rama played a big role in bringing her into member engagement work.

“Last year, she asked me to come along with her to go to different sites and speak to some members about the workload campaign that she was doing. I was kind of her sidekick. I was just watching her. That really helped me see what she was actually up to.”

Dhesi enjoys connecting with different people and talking to

members about their challenges, and through getting involved in the union, she started to see her work from a new viewpoint.

“When going to different work-sites, you can talk to members and see how different their experiences are from your experience at your worksite.”

“I think it really just broadened my awareness of everything, including how the union can help you when you’re at work.”

When it comes to engaging members, Dhesi has some good advice for steward teams. “Always be connected to the members,” she advised.

“Always have a next meeting planned. Keep them informed of new things that are happening, even outside the workplace. Let them know about education that is happening at the HSA office. Let them know that they are entitled to go if they are interested.”

“The union is what you want it to be.”

# OUR MEMBERS LOVE THEM!

## HOW WE ORGANIZED MPP SEMINARS AT ABBOTSFORD REGIONAL HOSPITAL

**BY JANE KING**  
HSA MEMBER

I first learned that MPP seminars could be hosted at our worksites a few years ago while attending one of HSA's education workshops. I realized that this could be an excellent opportunity for HSA members interested in attending an MPP seminar but found it challenging to travel to the union office or other locations away from their workplace.

I initiated contact with the HSA office and they assisted with connecting me with the MPP head office via email. From that point on, we copied each other on all correspondence related to organizing the seminar, and this was really helpful with keeping everyone in the loop.

At Abbotsford Regional Hospital (ARH), we chose to organize both of the two MPP seminars offered on successive evenings. We have hosted three sets of these since March 2017.

The process for organizing the seminars was well supported by both HSA and MPP. MPP sent me some suggested dates that worked for them. I then worked on booking a room at our site that matched the dates.

Following this, I wrote a simple memo, much like a poster for a chapter meeting, and sent it to Julia, the administrative assistant at the union office who was supporting me. She then emailed it to our members well in advance of

the seminar dates, and again two or three times closer to the dates. She also set up online registration through HSA's event system. Sign-in sheets were also provided by the union and emailed to me once registration had closed.

MPP requires a minimum of 20 and has a maximum of 40 participants for their seminars, so as the close of registration approached, I checked in with Julia to see how many members had registered.

HSA approved the provision of a light supper at each seminar, which is a bonus! As with chapter meetings, I was responsible for arranging pick up/delivery of the food and setting it up, and then submitting the receipts to the union.

### HELPFUL TIPS FOR ORGANIZING THE SEMINARS:

- Begin planning several months in advance as the seminars are popular and MPP requires some lead time.
- Contact HR at the worksite prior to booking anything to ensure that the employer approves of HSA using a room on site for such an event.
- Email both HSA and MPP simultaneously when communicating details.
- Host the seminars in the early evening (such as 5pm to 7pm), as members may not be on shift when they attend, and no wage replacement is available from HSA.
- Despite the emails and online registration, it was still challenging to make members aware of the seminars. In the future I would recruit some of our other steward team members to do walkabouts at the site to promote them.
- Some of the organizing tasks could be a really good opportunity to engage members who would like to be more involved with the union but not necessarily be a steward. Perhaps a member can help with ordering food, assisting with set-up, or other hosting duties, such as greeting members or introducing the guest.

**The MPP seminars that we have hosted at ARH have been a great success, and the support from both the union and MPP in organizing them has been excellent.**

**As an added bonus, I was able to benefit from all of the seminars as the host!**

# HOW TO ORGANIZE A MUNICIPAL PENSION PLAN SEMINAR

The Municipal Pension Plan (MPP) is a valuable benefit, and MPP seminars are an excellent way to help members understand more about their pensions.

MPP will arrange for a presenter for any worksite that can guarantee a minimum of 20 plan member attendees. Seminars are 1.5 to 2 hours long and are typically held in the evenings after work. Along with the speaker, MPP provides a laptop and projector.

## THE TWO SEMINARS

### 1. MAKING THE MOST OF YOUR PENSION

- For new and mid-career members
- Understanding your pension plan and pension options
- Leaves, buyback, and your future pension income
- Your Member Benefit Statement
- Online tools and resources

### 2. APPROACHING RETIREMENT

- For members nearing retirement
- Member options and information for a successful transition into retired life
- Determining retirement income
- Online tools and resources

## PLANNING STEPS

### CHOOSE A DATE AND LOCATION

Survey room availabilities (at no cost, with screen) at your site and complete the MPP seminar request form with suggested dates. Email the form to [MPPeducation@pensionbc.ca](mailto:MPPeducation@pensionbc.ca) and copy [education@hsabc.org](mailto:education@hsabc.org). Once a date and location is confirmed, contact HSA's Education Department. Allow 30 minutes before and after the seminar for setup/cleanup.

### PROMOTE THE SEMINAR

HSA can provide bulletins to post at the site and will email all members from your chapter. Talk to members one-on-one to promote the seminar. Consider organizing a walkabout! Members can register online using HSA's Event Management System, and they are welcome to bring their partners if space is available. Priority is given to members. The HSA Education Department will liaise with you regarding registration numbers.

### ASSISTANCE FROM HSA

HSA will provide two sign-up sheets (for HSA and MPP). Ask attendees to sign in and send the sign-in sheet to HSA. HSA will reimburse pre-approved event expenses. Wage replacement is not available.

**Questions? Contact [education@hsabc.org](mailto:education@hsabc.org).**

# TO JOIN OR NOT TO JOIN? THAT IS THE QUESTION.

BY DENNIS BLATCHFORD

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

**My workplace was recently organized by the HSA. I, and many of my colleagues, are excited to belong to HSA. However, there is one decision that some of us need some advice on: should we accept the opportunity to join the Municipal Pension Plan?**

First off, congratulations on your decision to be represented by HSA. You are joining an organization dedicated to serving the needs of health science and community social service professionals, and, having been in existence for nearly 50 years, HSA knows best how to represent your interests in the workplace. HSA is the only stand-alone provincial organization exclusively representing the full range of the province's health science professionals.

**Actually, it was for those reasons that our group decided that HSA was the right fit for our workplace. And the opportunity to join the Municipal Pension Plan was a big factor. That said, contributions to the MPP are nearly double what we currently contribute to our workplace retirement savings plan. So the question comes down to whether the extra deductions off our paycheques are really worth it.**

To answer that question I really need to explain the difference between your current registered retirement savings plan (RRSP) and the MPP.

Your current pension arrangement— funded jointly by you and your employer— will provide you income in your retirement years, provided that there are no withdrawals, you make a decent career out of your current employment, and your savings do reasonably well in the funds that you invest in.

But when the day comes to retire, whatever you have in your retirement savings account is your “pension.” These funds, perhaps some other savings, your Canada Pension Plan (CPP) and Old Age Security (OAS), will make up your retirement income. The problem is that statistically these arrangements usually prove to be insufficient in retirement. Instead of being the cornerstone of a retirement plan, the retirement savings plan is the junior partner to CPP and OAS.

On the other hand, the Municipal Pension Plan (MPP) is designed to give you retirement security by providing cornerstone income for the rest of your life. That is achieved through long service, regular contributions matched by your employer, and investment strategies focused on providing outsized returns through large capital investments and partnerships worldwide. Just like you are in a career for the

long term, the MPP is planning for a distant retirement likely to span several decades.

Most importantly, it is a defined-benefit plan. Defined-benefit plans are the best plans for retirement out there! We often refer to these plans as providing members with a paycheque for life. You can count on a set level of payment and be assured the MPP will be there when you need it.

The plan holds assets in excess of \$28 billion and is the sixth-largest defined benefit pension plan in Canada.

The power of your contributions combined with the power of contributions of tens of thousands other British Columbians creates investment leverage that RRSPs could only dream of. Combine that with a BC investment agent solely dedicated to meeting the pension promise – not paying bonuses on Bay Street – and you have a formula for a successful retirement.

**That does sound good, but is there a catch?**

No catch, just a great opportunity to contribute to a real pension plan. It's a pension plan that is worry free, and it's designed to return high value on your contributions and repay you – and likely your heirs – many times over. In the pension world, it rarely gets any better than that! Good luck with your decision.

If you have a question or concern about pensions, contact [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org).



**Julia  
Zavaleta**

**HSA STAFF PROFILE**

**HERE TO SERVE  
MEMBERS LIKE YOU**

**Job title and department:** Administrative Assistant, Education

**What you actually do, in your own words:** I help members interested in attending trainings with their travel and accommodation needs. I also assist stewards with holding pension seminars at their worksite, and I'm responsible for the ones we host at the HSA office.

**Why this matters:** I enjoy helping members who are interested in furthering their knowledge so that they can take that information back to their worksites. I strongly believe that knowledge is power.

**Your loved ones describe you as:** I would say funny and caring. They tell me I'm hilarious so I'll take their word for it.

**Secret talent unrelated to job:** I love to cook! I'm constantly on the Internet looking for a new recipe to try.

**Go-to song for an energy boost:** Oh that's hard, I'll say any upbeat Spanish song that makes me want to dance.

**Best place you've ever visited and why:** El Salvador! My grandparents live there, the beaches are beautiful and the food is amazing.

**The best thing about public health care is:** It's great to know that we have access to public health care when illnesses and accidents happen.

**Your perfect day looks like:** A perfect day is being with my fiancé and our families, enjoying each other's company.

**What solidarity means to you:** Solidarity to me means unity.



# HEALTH SCIENCES ASSOCIATION

## The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between annual conventions. Members should feel free to contact them with any concerns.

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*HSA recognizes the intersections between public health care and social services and Indigenous rights, noting that structural violence against Indigenous peoples in Canada, including historic and ongoing colonialism, impacts Indigenous peoples' equal right to the enjoyment of the highest attainable standard of physical and mental health, the right to access, without discrimination, all social and health services, and the right to their traditional medicines and to maintain their health practices (as outlined in Article 24, United Nations Declaration of the Rights of Indigenous Peoples).*



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