

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

NO. 3
VOL. 42
WINTER 2021-22



AUGUST 16, 1935. PHOTO BY NEAL PANTON.

BARGAINING 2022

STORIES FROM THE ATMOSPHERIC RIVER

PLUS: WORKING AS A CHILD
LIFE SPECIALIST AND FINE ART
PHOTOGRAPHER (AND RT) NEAL PANTON

MAKING A DIFFERENCE THROUGH BARGAINING

In a recent survey of HSA members, 41 per cent of you said you have considered leaving your profession because of workload.

Forty-one per cent – that's a big number.

Further, when asked, 82 per cent of you said your workload is negatively impacting patient care.

Decades of underinvestment in training, recruitment, and wages for essential health care workers have left many of you burning out, retiring early, or changing careers.

With post-pandemic demand for treatment and rehabilitation set to surge, that leaves us facing a crisis. And this is not a crisis that developed suddenly. Decades of neglect got us here, but the issue cannot be ignored any longer. Without a serious commitment to train, recruit, and retain specialized professionals, waitlists for surgery will grow longer, wait times for diagnostic tests will grow longer, and patient care will suffer. We need innovative and bold action. And we need it urgently.

Why? Because you are struggling under the increased workload brought on by long standing shortages. Eighty percent of HSA members say the

COVID pandemic has had a negative impact on their mental health.

The current provincial government has taken some steps to increase training seats for a few professions. That is good news, and we need them to keep expanding training programs for in-demand professions. But training seats alone will not solve this crisis.

“Decades of underinvestment in training, recruitment, and wages for essential health care workers have left many of you burning out, retiring early, or changing careers.”

The government must find ways to recruit professionals currently not practicing in the public system or who are practicing in other provinces. It should offer student loan forgiveness for new graduates who commit to working in our public health care system; offer housing stipends; and consider travel and relocation reimbursements to help fill vacancies in rural



HSA PRESIDENT KANE TSE

and remote communities across BC.

It is also important to recognize that BC lags behind other provinces when it comes to wages for specialized health professions. Despite having the highest cost of living, BC is often in the bottom half of the pack in terms of compensation.

As we head into bargaining in 2022, I ask all HSA members to support the members on our bargaining committees as they work to negotiate collective agreement language that will make a difference for all of us.

PAPERLESS REPORT AVAILABLE

HSA members have the option to receive a paperless edition of *The Report* via email. If you would like to switch your subscription to this paperless edition, please send an email to info@hsabc.org requesting we change your subscription. To help us with this process, please include your full name and worksite in the email.

NEW TRAINING SEATS

HSA welcomed two rounds of funding for training seats announced by the provincial government in November.

The first announcement was 20 new fast-track training seats for respiratory therapists at Thompson Rivers University. The fast-track program allows students with a bachelor or associate of science degree to enter directly into the second year of the RT diploma program. TRU was also provided with one-time funding of \$65,900 to buy new equipment to support student learning, including ventilators.

The second announcement was for 17 new training seats for anesthesia assistants in two cohorts on Vancouver Island (through Island Health) and the Lower Mainland (through PHSA, Providence, and Fraser Health). This program will allow RTs to upgrade their skills and grow in their careers. These training seats are an important step in addressing the shortages HSA has been calling on government to address, and will continue to advocate for more programs like this for more health science professions in the near future.

BC HEALTH COALITION MENTAL HEALTH PANEL

The BC Health Coalition hosted an online panel on Workers' Mental Health in the Pandemic on October 21, 2021 with HSA member and social worker Easter Tocol as one of four panelists.

Panel members discussed their experiences as workers during the pandemic, how the pressure of working through a global pandemic has impacted the mental health of many front-line workers and health care professionals, and what adequate mental health supports would look like.

If you'd like to hear the discussion, the entire panel presentation has been posted to the BC Health Coalition's YouTube channel and can be viewed at <https://bit.ly/3ockqrV>

INSIDE THIS ISSUE

COVER

Looking Forward: Bargaining 2022	10
Stories From the Atmospheric River	12
Helping Children Cope	16
Walking the Dual Roads: Neal Panton, RT	14

PRESIDENT'S REPORT

Making A Difference Through Bargaining	2
--	---

NEWS

Paperless Report Now Available	3
New Training Seats	3
BCHC Mental Health Panel	3
Scholarship and Bursary Applications Open	4
Madden Memorial Fund	4
Paid Sick Leave	4
HSA On Your TV	5
Victory at the Labour Relations Board	6
Board of Directors Attendance	8
Scholarship and Bursary Winners	19

FOOD FOR THOUGHT

Public Rehabilitative Care: At The Tipping Point	7
Solidarity Works: The Farmers Protests	9
Staff Profile: Jennifer Brandt	17
Core Member Engagement Team: 2021 Report	18

SCHOLARSHIP AND BURSARY APPLICATIONS NOW OPEN

Applications for HSA's scholarships and bursaries are now open, and will close on Friday, January 21, 2022 at 11:59 pm. These scholarships and bursaries are open to all HSA members and their children aged 25 or younger. Ten \$1500 scholarships will be awarded for full-time studies, along with twenty \$1500 bursaries for full-time studies, and four \$750 bursaries for part-time studies.

Bursaries are based on financial need, and applications are ranked based on financial need, the applicant's personal statement, and a 250-word essay. Scholarship applications are ranked based on academic marks, the applicant's personal statement, and a 250-word essay.

HSA also provides two bursaries for indigenous students in BC who are pursuing education in any HSA-related field.

The criteria and details are set out on the application forms available on the HSA website. If you have any questions, please contact the HSA Education Department at education@hsabc.org.

MADDEN MEMORIAL FUND

Know your rights. Sharpen your skills. Boost your confidence.

The Madden Memorial Education Fund was established in 1984 following the death of Joe Madden, who was HSA's Assistant Executive Director from 1974 to 1984. Through the Madden Memorial Education Fund, HSA provides financial assistance to members attending external labour education programs.

The Madden Memorial Education Fund provides financial support for labour relations courses with areas of study that could include occupational health and safety, workers' rights, labour history, communications skills, or assertiveness and leadership skills. Both in-person and correspondence courses offered by universities, colleges, school boards and other labour organizations are eligible.

Applications for the Madden Memorial Fund are available on the HSA website and applications are always being accepted.

PAID SICK LEAVE

On November 24, 2021 the provincial government announced that all workers covered by BC's Employment Standards Act will be entitled to five days of employer-paid sick leave starting on January 1, 2022. While not the ten days of paid sick leave that many HSA members campaigned for, this is still a victory for the more than half of BC workers with no paid sick leave.

"This is an important achievement for public health and safer workplaces," said Laird Cronk, President of the BC Federation of Labour. "But we're disappointed that it's only half the 10-day standard that science supports and that is the overwhelming preference of British Columbians."

As health care and social service professionals, HSA members know that paid sick leave will save lives by reducing the spread of disease and ensuring healthier workplaces.



HSA PRESIDENT KANE TSE SHOW HIS SUPPORT FOR 10 DAYS OF PAID SICK LEAVE (LEFT); HSA MEMBER KRIS LALLY SPEAKS TO THE MEDIA AT A RALLY TO SUPPORT PAID SICK LEAVE (RIGHT)

HSA ON YOUR TV: NEW AD CAMPAIGN TARGETS SHORTAGES

HSA's newest ad campaign, which broadcast province-wide on TV and on social media platforms through November and December, set new precedents in several ways. "HSA members put their professionalism and dedication to patients and clients above all," explains HSA President Kane Tse. "And to date our public ad campaigns have reflected this, focusing on how our important work makes life better for people in BC."

"But as we enter the third year of the pandemic, the public is acutely aware of just how exhausted health care professionals have become. The problem, as usual, is that too many people assume doctors and nurses are the only ones fighting to save lives on the front lines."

"We need to make sure the public understands that health science professionals are the ones delivering so much of the care in this pandemic, and at great personal cost. So we made the decision to put that at the centre of the new ad."

With shortages worse than ever in key professions, the ad depicts seven of HSA's over 70 professions - respiratory therapists, physiotherapists, pharmacists, laboratory technologists, MRI technologists, diagnostic sonographers and social workers - in an affecting and emotionally wrenching spot just 30 seconds long.

HSA members from these professions were recruited to advise the communications team on technical details. "It's important to get the details right," said HSA communications team lead David Bieber. "If the union representing these professions can't show the world an accurate depiction of what they do, no one else is going to do it."

Technical advisors from a major medical drama shot in Vancouver were initially entrusted with procuring appropriate props and equipment, but their expertise fell short of the mark. "The folks from the big TV show about doctors and nurses were really nice," said Bieber, "but they had no clue how a respiratory therapist does their job." The intubation set up by them was wildly off the mark according to the HSA's own respiratory therapist advisor, who spent hours on the set correcting issues and ensuring complete accuracy.

"The medical TV show advisors said not to worry about it, nobody notices little details like correct intubation," said Bieber. "Well, I said, we do. So, I think we managed to film the only accurate depiction of respiratory therapy in modern popular culture."

The ads, along with ongoing work to express concerns about shortages to the provincial government in Victoria, is on track to run again as HSA negotiators begin bargaining the next contracts in the spring.

PHOTOS FROM BEHIND THE SCENES AT THE TV AD SHOOT.



VICTORY AT THE LABOUR RELATIONS BOARD: HSA DEFENDS MEMBERS AT WEST COAST MEDICAL IMAGING

At the beginning of the pandemic, West Coast Medical Imaging (WCMI) – a chain of private medical imaging clinics with locations in Vancouver Island and the Lower Mainland – laid off and slashed the hours of many of the hundreds of HSA members who work there. HSA stewards and staff sprang into action to defend these members' livelihoods from their employer's actions, eventually filing a complaint under BC's Labour Relations Code.

HSA's legal staff determined that WCMI's actions violated Section 54 of BC's Labour Relations Code (the Code). Section 54 deals with what are called "labour adjustment plans" for unionized workplaces. Essentially, when an employer wants to change the employment conditions of a significant number of staff, Section 54 says that they must both give formal notice of at least 60 days and work with the union to develop a plan to mitigate the effects of the changes.

On May 5, 2020, HSA filed a complaint with the Labour Relations Board alleging that WCMI introduced layoffs and reductions in hours of work of HSA members without the notice or consultation required by Section 54. As is the Board's general practice, HSA's complaint was heard by way of written submissions.

On May 20, 2021, the Labour Relations Board issued its decision, which was to dismiss HSA's complaint. The Board said that the Employer's actions were compelled by circumstances outside of its control (i.e. the COVID pandemic) and, as such, it did not "introduce" a change within the meaning of Section 54. By making this decision, the Board effectively developed a new test for determining when Section 54 was triggered.

While the employer certainly introduced the layoffs and reduction in hours, the Board determined that because the employer did not introduce the events that precipitated them (i.e. the COVID pandemic) that Section 54 was not applicable. This decision was surprising and concerning – not just to HSA, but also to the broader labour community – because it seemed to contradict over twenty-five years of previous decisions by the Board about the application of Section 54. Not only did HSA file an appeal, but two other unions, the BCGEU and UNITE HERE Local 40, sought intervenor status in support of our appeal. HSA staff members Gurleen S. Sahota and Alka Kundi were legal counsel for HSA. They argued a number of grounds for appeal, including the fact that the Board's decision was inconsistent with the principles of the Code as

well as the Board's previous jurisprudence regarding Section 54.

The appeal was successful. On October 4, 2021, the Board decided that the original decision was inconsistent with the Board's law and policy under Section 54. The Board confirmed that it does not inquire into reasons why an employer decides on a particular change and that rather, the correct approach is for the Board to simply ask whether the employer implemented a change within the meaning of Section 54.

This decision was a significant win for both HSA and its members, and the labour community at large as it confirms that the test for triggering Section 54 is not any more stringent or restrictive than how Section 54 has been interpreted and applied in the past.

PUBLIC REHABILITATIVE CARE: AT THE TIPPING POINT

In October 2021, HSA released a research report that summarized months of work by staff researchers. The report, called *We're Chronically Understaffed: A Report on Public Rehabilitative Care in BC*, gives the first comprehensive assessment of the state of public rehabilitative care in BC. The report's findings paint a troubling picture that will be familiar to many HSA members, including severe staffing shortages, a lack of services in many communities, and long wait times for patients and clients.

The report draws on statistical data and interviews and focus groups with HSA members who provide frontline care, including physiotherapists, occupational therapists, and speech language pathologists. For those who might be unfamiliar, rehabilitative care includes physiotherapy for strength and to enable movement, occupational therapy for the skills necessary for everyday living, and speech and language therapy for communication and swallowing.

A significant number of British Columbians have chronic health conditions that can be prevented or managed with appropriate therapy and support from rehab professionals. Forty-four per cent of adults 20 and older have at least one of ten common chronic conditions, which increases to 73 per cent of adults 65 and older. COVID-19 has also increased the need for rehabilitative therapy

for patients suffering from both acute illness and Long COVID.

However, many British Columbians lack access to rehabilitative care that can help them recover from COVID-19, avoid developing other debilitating chronic diseases or help self-manage conditions that can lead to hospitalization or require surgery. Improving public access to rehabilitative care will go a long way in addressing health equity.

The report's findings will not surprise many HSA members, and include:

- A decrease in real per capita funding for hospital diagnostic and therapeutic care;
- Access to public rehabilitative care stagnant or declining in most regions due to inadequate funding, understaffing, and privatization;
- Low baseline staffing levels;
- Shortages undermining care quality as frontline therapists are unable to work to their full scope of practice nor have adequate time with patients;
- Chronic unfilled vacancies;
- A lack of in-province training; and
- New graduates being attracted to private practice for the combination of smaller caseloads and higher compensation.

While these challenges have been acknowledged by government and employers,

and while some positive action has been taken, HSA knows that much more must be done.

Staffing shortages are taking a toll on patients and frontline professionals. In a 2021 survey of HSA members, 41 per cent said they are considering leaving public practice due to unmanageable workload.

With an aging population, increasing demand for musculoskeletal care and pain management, and the acute and post-acute rehabilitation required for COVID-19 patients, public rehabilitative care is needed now more than ever. And yet, BC faces widespread understaffing and professional shortages, a lack of services in many communities, and long wait times. It is placing a greater burden on emergency services, acute and long-term care because patients do not have access to preventative therapy in the first place.

The report makes three recommendations for how the provincial government, the health authorities and HSA can work to solve these problems by addressing professional shortages, increasing post-secondary training opportunities for rehab professionals, and rebuilding public outpatient rehab care across BC.

For those who would like to learn more, the report is a fascinating read. Both the executive summary and full report are available to download from the HSA website at <https://bit.ly/3lqzYXp>.

BOARD OF DIRECTORS ATTENDANCE RECORD

Resolution 54, passed at the 2021 Convention, requires that HSA “publish attendance records and activities of the Board of Directors, quarterly in the HSA Report”.

Attendance of the Board of Directors at Board and Committee meetings that took place from July 1 - September 30, 2021.

Meetings/Webex Calls:	Number of Meetings	Kane Tse	Becky Packer	Derrick Hoyt	Jing-Yi Ng	Joe Sebastian	Jill Slind	Tara Chen	Jas Giddha	Cherylee Hylands	Janice Morrison	Mandi Ayers
		President	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Board of Directors	3	3	3	3	3	0	3	3	3	3	3	3
Executive	2	2	2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	n/a
CESA	1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	n/a	1
Constitutional & Org Policy	1	n/a	1	n/a	1	n/a	1	n/a	n/a	n/a	n/a	n/a
Education	1	n/a	1	n/a	n/a	n/a	n/a	n/a	n/a	1	n/a	n/a
Elections	1	n/a	1	n/a	1	n/a	1	n/a	n/a	n/a	n/a	n/a
Finance	2	n/a	2	n/a	2	n/a	n/a	n/a	n/a	2	n/a	n/a
OH&S	1	n/a	n/a	1	n/a	n/a	n/a	n/a	n/a	1	n/a	n/a
Political Action	2	n/a	n/a	n/a	2	n/a	n/a	n/a	2	n/a	n/a	n/a
Women's	1	n/a	n/a	n/a	n/a	n/a	n/a	1	n/a	n/a	n/a	1
Total meetings attended in Q3		5	10	4	9	0	5	4	5	8	5	5

Summary	Kane Tse	Becky Packer	Derrick Hoyt	Jing-Yi Ng	Joe Sebastian	Jill Slind	Tara Chen	Jas Giddha	Cherylee Hylands	Janice Morrison	Mandi Ayers
	President	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Total meetings scheduled	5	10	4	9	3	5	4	5	8	5	5
Total meetings attended	5	10	4	9	0	5	4	5	8	5	5
	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%

Committees not listed above did not meet in Q3.

YOUR HSA BOARD OF DIRECTORS:



President
Kane Tse

Region 1
Becky Packer

Region 2
Derrick Hoyt

Region 3
Jing-Yi Ng

Region 4
Joe Sebastian

Region 5
Jill Slind



Region 6
Tara Chen

Region 7
Jas Giddha

Region 8
Cherylee Hylands

Region 9
Janice Morrison

Region 10
Mandi Ayers

SOLIDARITY WORKS: THE FARMERS PROTESTS

India's farmers and their supporters around the world won an unprecedented victory in late November when the Indian government repealed the highly unpopular Farm Laws. While the farmers' persistence and organization were largely responsible for their victory, the broad world-wide support from many groups, including HSA, for their cause also played a role.

Here's a quick refresher: farmers and agricultural workers in India began peaceful protests in the fall of 2020 against three Farm Laws passed by the Indian government. These laws were rushed through in the midst of a pandemic without consultation with the workers they would impact. India's farmers' union said that the bills would drive down wages, allow for price gouging, threaten food security, and leave farmers vulnerable to exploitation by corporations.

In response to the bills, farmers and agricultural workers across India took to the streets. The farmers' protests were the largest in human history, with hundreds of millions of farmers and their supporters

protesting across large parts of India. But there was also a strong international component to the protests, with people ranging from Rihanna to Greta Thunberg showing their support for the farmers and large crowds attending rallies in cities from Surrey, BC to London, England to Melbourne, Australia.

Members of HSA's Young Workers Action Group and Labour Council delegates took on the fight and actively encouraged their fellow labour activists to support striking farmers. Their activism led HSA to create a letter-writing campaign that allowed hundreds of members to send a pre-written letter to their MP and Prime Minister Justin Trudeau, and led to several Labour Council acting to support the striking farmers.

The Indian government responded harshly to the protests, censoring social media and the press, and turning a blind eye to police violence. Over the past year the protests have resulted in the deaths of over 600 farmers. The protestors held firm, camping on the streets for months, doing

seva, including offering langar (free meals) to local residents, and remaining peaceful in the face of state violence.

The commitment of the farmers, combined with their international support, finally became too much for the Indian government. On November 19, 2021 a surprise announcement was made that the Indian government had decided to repeal the bills, and both houses of the Indian Parliament quickly passed the Farm Laws Repeal Bill on November 20, 2021.

The farmers protests show both how effective peaceful protest can be, and the important role that international solidarity can play in supporting workers around the world. Although the Farm Laws have been repealed, there is still solidarity work to be done. India's farmers' unions are calling for more change, including a legally guaranteed Minimum Support Price (MSP) for all crops and for all farmers to help keep India's agricultural workers out of debt.

EMAIL COMMUNICATION REMINDER:

During bargaining, we often hear from members who want to be kept up to date about what's going on in negotiations. While we can't share everything that happens at the bargaining table, we will be providing important updates to HSA members by email.

If you are not receiving HSA emails, you won't receive these updates. If you'd like to change that, please send a note from your personal (not work) email to info@hsabc.org asking to be added to the email list.

Looking Forward: Bargaining 2022

Collective agreement bargaining is an opportunity -- one that only comes every few years -- for HSA members to work together to improve the collective agreements that govern their working conditions. Over the past 50 years, HSA members have bargained to gain many things including fair wages, a job classification system, long-term disability coverage, and low-wage redress in the Community Social Services sector.

After two years on the front lines of a global pandemic and five years on the front lines of a drug-poisoning crisis, bargaining in 2022 is an opening to consider the many challenges HSA members are facing at work, and to propose collective agreement changes that can help solve them.

Despite being exhausted from dealing with staff shortages and unfilled vacancies, facing down growing waitlists, and working through simultaneous public health emergencies, members are clearly ready to take on this challenge. This

can be seen in the strong participation of members, over the fall of 2021, as HSA chapters across BC held chapter meetings to discuss and vote on bargaining proposals to forward to the HSA Health Science Professionals Bargaining Association (HSPBA) Bargaining Proposal Conference. At the end of this process, more than 1,000 bargaining proposals had been submitted by members and chapters.

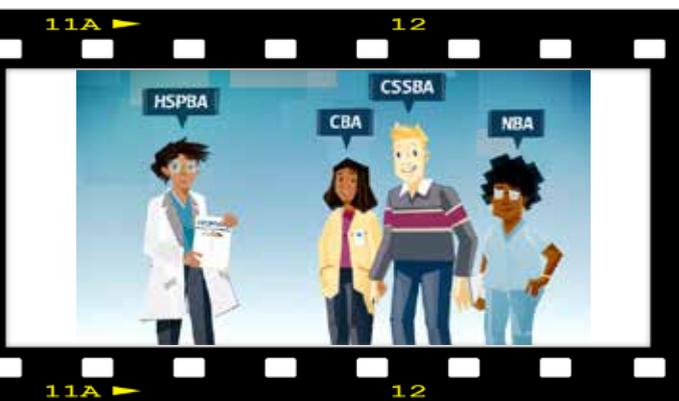
All 1,000 proposals were reviewed, grouped by topic, and brought to the delegates attending the bargaining proposal conference, which was held virtually on November 22-23, 2021. Once grouped, several common themes emerged and were reflected in the vast majority of the proposals:

- *Recruitment:* without enough people on the multidisciplinary health care team, the crushing workload just is not sustainable.
- *Retention:* without the right conditions, we can't hang onto

the people we need to deliver consistently excellent service.

- *Respect:* as specialized health care professionals, the contributions HSA members make must be understood and recognized.
- *Responsibility:* there is no health care without specialized health care professionals. HSA members do not carry that burden of responsibility lightly, and must be recognized for the role they play on the health care team.
- *Resilience:* HSA members need support for their physical and mental well-being to be able to go back shift after shift to do what they are trained to do - and passionate about doing.

During the two days of the Bargaining Proposal Conference, delegates broke into smaller groups in order to review and discuss the proposals. This in-depth discussion allowed delegates



SCREENSHOTS FROM HSA'S "HOW BARGAINING WORKS" VIDEO, AVAILABLE ON YOUTUBE.

Your Bargaining Committee Members

to read the member stories behind the proposals, learn where overlapping proposals had been submitted, and consider the best ways to make the improvements that members are seeking. The results of this discussion will inform and guide the HSPBA bargaining committee.

Delegates to the conference also elected eight members to the HSPBA Bargaining Committee. These eight members will represent HSA members at the bargaining table when negotiations get underway in 2022. They will be joined by two board members elected by the union's Board of Directors to serve as co-chairs of the Bargaining Committee, and HSA's professional negotiators and staff specialists. Together, they form a formidable team committed to achieving the collective agreement changes that HSA members need.

If you'd like to learn more about the details of the bargaining process, there's an engaging new explanatory video available on HSA's YouTube channel at <https://bit.ly/3ohOjah>.

HSA will be represented at the bargaining tables for four sectoral agreements by the following members, who were elected at their bargaining proposal conferences. These members, from communities across BC and a range of different professions, have committed to representing their fellow union members and their priorities at the bargaining table:

Community Social Services Bargaining Association:

- Dawn Marie Goodmurphy, mental health counsellor and youth outreach worker, John Howard Society of North Island

Community Health Services and Support Bargaining Association:

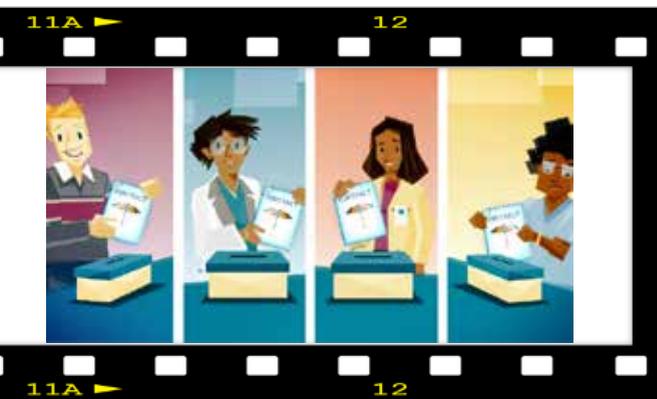
- Ann Hahr, administrative assistant, Open Door Group

Nurses Bargaining Association:

- Nicole McIntosh, registered psychiatric nurse, St. Paul's Hospital

Health Science Professionals Bargaining Association:

- Janice Morrison, HSA Vice-President and physiotherapist at Kootenay Lake Hospital.
- Jing-Yi Ng, member of the HSA Board of Directors and clinical pharmacist at Burnaby General Hospital.
- Sapan Behar, registered respiratory therapist, Royal Columbian Hospital (Fraser Health Authority representative)
- Samantha Carroll, physiotherapist, Royal Jubilee Hospital (Island Health Authority Representative)
- Cheryl Greenhalgh, radiological technologist, Royal Columbian Hospital (Vancouver Coastal Health Authority representative)
- Jennifer Hiscock, registered respiratory therapist, University Hospital of Northern BC (Northern Health Authority representative)
- Candis Johnson, supported child development consultant, Child Development Centre of Prince George (Affiliate employers representative)
- Kathleen Lee, dietitian, St. Paul's Hospital (Providence Health Care representative)
- Allen Peters, radiological technologist, Nicola Valley Hospital (Interior Health Authority representative)
- Kieran Shoker, clinical pharmacist, BC Cancer Agency - Prince George (Provincial Health Services Authority representative)



Stories from the Atmospheric River

The series of atmospheric rivers that hit southwestern British Columbia in late November caused flooding and mudslides that affected the lives of many HSA members, with those living in Merritt and Princeton among the worst hit. HSA's Board of Directors created a flood relief fund to assist members with immediate expenses caused by evacuations.

We spoke to a few members about how they were impacted by these recent events. These stories highlight how these events brought out the best in many, and include some ideas for how we can prepare for future natural disasters, while helping those affected by this one.

Trapped on the Highway

When Region 8 Director Cher Hylands left her home in Peachland, she expected her drive down to a meeting in New Westminster would take her around four hours. Instead, she and her husband spent the next three nights sleeping in their car after they became trapped between two mudslides on Highway 7 east of Hope. "It was quite the experience", says Cher, "but it wasn't the worst thing."

For the first two nights, she was stuck with what she estimates were almost 1,000 other vehicles. The rain was intense, but stranded travelers shared food, water, and other supplies. Hylands had some supplies in her car, as she'd been worried about the risk of snow, but not enough for multiple days. She refilled her water by leaving a container on the roof of her car to catch rain, and luckily had enough fuel to be able to run her car engine every few hours to warm up.

Unfortunately, her group was stranded in an area with very little cellular reception. The only information they were able to receive was through occasional text messages from family. After two nights, Highway 7 was cleared through to Hope, a fact they only realized when vehicles in front of them began driving.

She and her husband drove to Hope, realized they couldn't go any further, and spent a third night in their car, this time in the parking lot outside the Flying J. Late the next afternoon, they heard that Highway 7 from Hope to Vancouver would be open for a few hours to allow stranded travelers to leave Hope. They travelled in a slow-moving convoy, and took about five hours to drive from Hope to their hotel in Burnaby.

Once she arrived in the Lower Mainland, she realized that there was no road open to allow her to get home. She stayed in a hotel for the weekend, participated in the HSPBA Bargaining Proposal Conference the next week, and waited for a route to open up. Eventually Highway 99 was opened, allowing Hylands and her husband to take a seven and a half hour drive home via Cache Creek.

On her to-do list today? Adding more supplies to her car emergency kit.

Isolated in Hope

Deb Cline lives in Hope and works in the Imaging Department at Fraser Canyon Hospital. She, her colleagues, and her community were entirely cut off from the rest of the province for several days as a result of highway damage caused by the atmospheric river. Approximately 1500 travelers were also stranded in the town, adding 25 per cent to the usual population.

So many travelers were stranded that many of them were housed on the floor of the Hope Secondary School, while others slept in their cars. Grocery stores sold out of food and gas stations ran out of fuel. As many stranded travelers hadn't brought a multi-day supply of their medication with them, Deb reports that the emergency department at the hospital was inundated with medication requests.

There were also problems getting staff to work, as staff who lived in nearby communities like Chilliwack and Agassiz were completely unable to make it into Hope. Staff members who did live in Hope stepped up and kept things working for the first several days. The storm was so severe that it initially wasn't possible to fly staff or patients in or out of Hope; a team from Surrey Memorial Hospital, including a respiratory therapist, made it in after being driven down the train tracks by a CN employee. Later, more staff and supplies were brought in by train from Agassiz before Highway 1 reopened.

When she spoke with *The Report*, Deb was grateful that things turned out well for both her worksite and her community. The people of Hope worked together, shared what they had, and ensured that both local residents and stranded travelers made it through several very challenging days.



Helping in the Fraser Valley

When flooding hit the Fraser Valley, HSA steward Kris Lally and her brother Pambir Lally wanted to help. As long-time Abbotsford residents, they used their connections in the community to start providing much-needed help. Along with friends and family, their group grew until it became the Kirpa (Punjabi for kindness or blessing) Collective.

The Kirpa Collective grew quickly into a group of more than 100 volunteers working all across southwestern BC. Members of the collective, working with other community groups like the Gurdwara Dasmesh Darbar in Surrey, provided food to evacuees and first responders, fundraised to buy much-needed supplies, and mobilized volunteers to help with sandbagging. That wasn't enough, however, and the group reached out to local pilots to begin shipping supplies by plane and helicopter. So far, they've been able to help out in Abbotsford, Chilliwack, Hope, Merritt, Kamloops, Lytton, Boston Bar, Nooaitch Band, Nicomen Band, Coldwater Band, Chawathil First Nation, Seabird Island Band, Sts'ailes Community, and Princeton.

The tough reality is that those most affected by the floods won't be able to return to their homes any time soon. Many people in many communities have lost nearly everything, and others will be completely cut off until highways are repaired. The Kirpa Collective has continued their good work and, as we move into late December 2021, has started a holiday toy drive to ensure every child affected by the flooding has a toy to open during the holiday season.

It is heartening to see the Kirpa Collective move from a small group figuring out how to respond to an emergency into a larger organization that shows us the power of coming together to support our communities. HSA's Board of Directors wanted to support the Collective's mission, and recently donated \$5000. If you'd like to help out, you can find the Kirpa Collective at kirpacollective.org.

TOP: DONATIONS AND SMALL PLANE, COURTESY OF THE KIRPA COLLECTIVE. BOTTOM: DONATIONS FOR THE ARCHWAY FOOD BANK IN ABBOTSFORD COLLECTED BY HSA STAFFER CAROL-LEE CAMPBELL.



Packing an Emergency Kit for your Vehicle

According to Public Safety Canada, a basic car emergency kit should contain the following:

- Food that won't spoil, such as energy bars
- Water—plastic bottles that won't break if the water freezes (replace them every six months)
- Blanket
- Extra clothing and shoes or boots
- First aid kit with seatbelt cutter

- Small shovel, scraper and snowbrush
- Candle in a deep can and matches
- Wind-up flashlight
- Whistle—in case you need to attract attention
- Roadmaps
- Copy of your emergency plan

As well as these larger items, which you should keep in your trunk:

- Sand, salt or cat litter (non-clumping)
- Antifreeze and windshield washer fluid
- Tow rope
- Jumper cables
- Fire extinguisher
- Warning light or road flares

If you'd like more tips from Public Safety Canada, you can find them on Twitter: [@Get_Prepared](https://twitter.com/Get_Prepared)

Walking the Dual Roads: Neal Panton, Respiratory Therapist

BY LAURA BUSHEIKIN

Colleagues at the East Kootenay Regional Hospital know Neal Panton as the caring and efficient respiratory therapist who works alongside them. Patients know him as the kind man who helps them breathe, and perhaps saves their lives.

What they may not know is that he is also a professional photographer—a career that has run parallel to his health care work for decades. Neal has won multiple awards, worked as a photojournalist for Reuters, taught photography and visual literacy, been published in over 25 countries, had 15 solo exhibits and 58 group exhibits in Canada, Europe, the United States, and South America, and self-published eight books showcasing his images.

Neal has always enjoyed stepping back and forth between the worlds of health care and visual art, but these days he appreciates more than ever how nourishing the arts can be. Creativity is a big part of what keeps him resilient during these challenging pandemic times, he says.

“Photography makes it easy for me to step into another mindset. Over the years of being both a photographer and a respiratory therapist, I’ve learned how to separate the two; it’s like I have a door that closes when I walk out of the hospital. It usually shuts pretty tightly most of the time, but these days that’s not so easy.” Still, art provides solace and renewal.

“Art of all kinds speaks to us in such profound ways. It can carry us through all sorts of situations,” says Neal. “I still remember the music I was listening to when my father died. That music helped carry me through.”

For Neal, being a photographer is about making connections with people. “I want to connect in a visual way, without words. There’s an alchemy in all creative processes—you don’t know the ultimate outcome of your work till its reflected back at you by someone’s reaction. People often respond to my images with their own narrative. My photo, their story.”

Because Neal is so interested in how viewers respond to his photographs, he likes to be present when people see his work. A highlight in 2021 was being part of the East Vancouver Culture Crawl, which he describes as “a four-day blitz of 50,000 people visiting studios in East Van.” Neal displayed a series of photographs at a friend’s studio and spent the four days on site, talking with visitors.

“I had a lot of laughs, shed a few tears, got a bunch of hugs, and spoke at length about life with many people, having that conversation standing in front of an array of eight of

my photographs. It was a wonderful experience.”

Although Neal’s main photographic subject is landscape, not people, he has one long-term photography project called Lifelines that focuses on people in a very specific way. For the past nine years, Neal has been capturing images of people’s hands, using a high resolution scanner. Subjects choose how to pose their hands and place them on the scanner, creating interesting patterns, gestures and compositional dynamics. The black and white images are aesthetically powerful, and also work as an alternative

SELF PORTRAIT BY NEAL PANTON



portraiture, highlighting the expressiveness and the individuality of hands.

“I’ve had so many meaningful conversations with the subjects of these during the creative process. People really open up. I just love the time I’ve spent talking and getting close,” he says.

Neal’s appreciation of photography’s power to connect people goes back to his childhood. “My passion for photography was instilled at an early age. I’m from an immigrant blue collar family. My parents would write letters back to England, and always sent some photos. We’d get long letters back, also with a photo. Those snapshots were how I got to know the family we left behind, and how we shared our experiences here in Canada. Photography became a familiar path that made it easier to empathize with a world greater than my own,” he says.

He first picked up a camera at age 22. “Right away, making photographs felt very intuitive,” he says.

But it was his love of music (he plays guitar and bass) that led him into his first career. After high school in Hamilton, Ontario, he

studied broadcasting and then worked in radio for five years. At that point, in his mid-20s, Neal realized radio wasn’t a good fit.

“I had volunteered as an ambulance driver and realized that I like helping people,” he says. His brother was a respiratory therapist, which gave Neal a good understanding of what the job entailed. He signed up for training at the Michener Institute in Toronto and graduated in 1987 with a diploma in respiratory therapy. He is also a COPD/ Asthma Educator.

“Being an RT suits my empathetic nature. You’re helping a person on what is probably their worst day ever. It’s nice to be in that mix,” says Neal.

Neal moved to Vancouver in 2000, where he worked at St. Paul’s, UBC, and Vancouver General Hospital. He moved to Cranbrook in 2006, worked for a private health care company for a few years, and has been at East Kootenay Regional Hospital since 2009. Along the way, he’s always found time for part-time and full-time photography, and managed to see a lot of the world while doing it.

“I’ve travelled to India, Nepal, Europe, and South

America,” he says. “I lived in South America for six and a half years, working as a guide and as a professional photographer.”

Even while working full-time as a respiratory therapist, Neal puts consistent time and focus towards photography. Holidays always include a few hours of shooting every day, often early in the morning so the rest of the day is free. But shooting is only one part of being a photographer.

“If I’m not out exploring and photographing, I probably spend at least two hours every day doing related work—editing photos, collating them, sending out proposals, looking for work, getting ready for exhibits, and publishing my books.”

It sounds like a busy lifestyle, but Neal is well-practiced at walking the dual roads of fine art photographer and medical professional.

See Neal’s work on the cover of this issue and at Nealpanton.com.

“

Over the years of being both a photographer and a respiratory therapist, I’ve learned how to separate the two; it’s like I have a door that closes when I walk out of the hospital. It usually shuts pretty tightly most of the time, but these days that’s not so easy.”

- NEAL PANTON, RESPIRATORY THERAPIST

Helping Children Cope: The Role of a Child Life Specialist in MRI

BY LISA DAECHSEL, CERTIFIED CHILD LIFE SPECIALIST

"I don't want to be strapped to the bed" "I'm scared of loud noises" "I hate needles" "There is no way my child can lay still for that long"

These are just some of the things that I hear from children and families regarding MRI imaging. For many children and families, the MRI experience can create fear and anxiety. This is one example where the involvement of a child life specialist can be beneficial.

As a child life specialist, my role is to help infants, children, youth and families cope with their hospital experience. Child life specialists are experts in child development and use evidence-based, developmentally appropriate interventions including therapeutic play, preparation, and education to reduce pain, fear and anxiety.

In the Medical Imaging department at BC Children's

Hospital, part of our role is to assess children's ability to complete non-sedated imaging, as well as support children and families through procedures that are often considered painful or anxiety inducing. Our interventions include preparing the child and family using developmentally appropriate language, helping children understand diagnosis and procedures through play, working with the family to create a coping plan for procedures, and providing non-pharmacological procedural support before, during, and after painful or unfamiliar procedural interventions.

One procedure that is known to cause fear in children and youth is MRI scans. Many children have misconceptions about the scan and lack the confidence and information to be able to successfully complete imaging without the use of sedation. As child life specialists, part of our role is running the MRI simulator program. MRI simulator appointments are booked one-on-one with a child life specialist and allow children the opportunity to come in advance of their MRI scan to practice each element of their imaging. During the appointment, children are able to learn about each step of the scan, explore the equipment at their own pace, ask questions, clear up misconceptions and practice laying still inside our mock MRI machine. The result is a higher percentage of children that are able to complete their scan without any sedation, which results in decreased medical risk for patients and utilizes fewer resources during their visit. Having more children able to complete non-sedated imaging in turn creates decreased wait list

times for MRI scans at BC Children's Hospital. In 2020, there were 265 patients that were able to successfully complete their MRI without sedation following a child life simulator appointment.

During this intervention, we are able to address each child's unique needs and create coping strategies in collaboration with the family to support children in having a positive experience with their imaging. After we have completed our assessments, we are also able to support children on the day they return for their actual imaging, whether it is for a sedated scan or a non-sedated scan. Child life specialists are fully integrated with the team of nurses, technologists, radiologists and other staff in medical imaging and are considered an essential part of departmental operations.

One of my favorite parts of my job is meeting a child when they arrive for a simulator appointment, often shy, fearful, and hesitant and then watching the same child leave at the end of the appointment expressing excitement and confidence for their MRI. Many parents are initially doubtful that their child will be able to successfully tolerate the equipment and sounds of the MRI while also laying still for extended periods of time. After the appointment, I often hear parents expressing how proud and surprised they are that their child was able to conquer their fears during the appointment.

Child life specialists make up a fairly small part of the HSA membership but are an essential role within the world of pediatrics. To learn more about the child life profession visit childlife.org.



LISA DAECHSEL AND "PATIENT"

Staff Profile: Jennifer Brandt

Name: Jennifer Brandt

Job title and department: Senior Labour Relations Officer/Education Officer in CREAMO.

What you actually do, in your own words: I, along with Sharon Geoghegan, provide member education for HSA. In the New Year, we'll be offering training for new stewards, OHS stewards, and co-ordinating numerous training opportunities for the general membership. I'm looking forward to meeting you via WebEx, and eventually during in-person training!

Your favourite part about the job: I love training members. It's very empowering for them to learn about their role in the union, and to receive knowledge and tools that they can take back to the workplace. Some of these members will go on to take leadership positions in HSA, and it's exciting to know I'll be training our future board of directors and presidents.

Your job before HSA: I worked in the communications department for the BC Teachers' Federation, and was a teacher in Japan and Surrey before that. I've taught students from K-12 and adult education. I was always very busy with union committee work and love advancing the labour movement.



Secret talent unrelated

to job: During the early days of the pandemic, I learned I am quite good at cutting hair for my husband and our boys. Not good enough for a career change, but good enough that they could go in public without shame.

What you're currently

binge-watching: We just finished watching Squid Game on Netflix. It's a Korean TV show, and much like The Hunger Games was held in Willy Wonka's chocolate factory. Turn it on after the kids are in bed, though.

Your perfect day looks

like: Sleeping in, a good latte, a walk in nature, and a seafood dinner made by someone other than me. Wait, this sounds like a line from a dating profile...

What solidarity means to

you: Doing the right thing, even if it won't benefit me directly. What's good for my neighbour is good for me.

JENNIFER BRANDT

Core Member Engagement Team: 2021 Report

BY KARL RILEY

This past Fall, a group of HSA members and staff came together to form the 2021 Core Member Engagement Team (also known as the CMET). CMET is an annual program aimed at identifying and developing new activists and building solidarity within our union. Participants in this year's program came from a variety of professions and represented the experience and diversity of our membership.

Starting in late September and continuing until the middle of November, CMET members worked directly with HSA's organizing staff to learn new skills, and help develop local chapters and identify new activists. Working in teams, the CMET members were assigned a list of priority chapters to focus their outreach and engagement efforts on. Just like last year, due to COVID the 2021 team was required to work remotely and coordinate with each other through WebEx and other digital platforms.

Each year, a campaign is developed to help support the CMET and mobilize HSA members around an important issue. This year's campaign was focused on the upcoming 2022 round of bargaining; CMET members were tasked with helping chapters organize and hold bargaining proposal meetings.

These meetings organized by the CMET were some of the most well-attended bargaining proposal meetings in HSA's history. They generated hundreds of proposals

that were then discussed and prioritized at our recent bargaining proposal conferences. These proposals outline members' key issues and provide direction for bargaining committee members going into next year's negotiations. This is an important process and key to ensuring we negotiate a new collective agreement that reflects the priorities of our membership.

The CMET also organized a letter-writing campaign to build awareness of the work that HSA members do and to build support for a fair contract in the upcoming round of bargaining. As a union, HSA has always understood the importance of the work our members do and the challenges they face every day to ensure quality services for their patients and clients. We also need to ensure that key decision-makers understand this well. The pandemic has shown just how vital health care and community social services are and why we need to continue to invest in these services and the hard-working people who provide them.

Who better to communicate this than the people living and working through it every single day? The letter-writing campaign focused on having members tell their own stories directly to their local Member of the Legislative Assembly (MLAs) and the Minister of Health. Many members stepped up and wrote very moving and powerful letters about the challenges they have faced day in and day out working



on the frontlines during the pandemic. We want to thank everyone who took the time to participate in this campaign. The letters will make a real difference and help the union deliver a fair contract for you and your colleagues next year.

Overall, this year's CMET program was successful and HSA is proud of what the team was able to accomplish, especially given that COVID-19 restrictions meant everything was coordinated virtually. We're constantly impressed by our members' commitment and dedication to their work, and their ability to deliver even under the most challenging of circumstances and this was no different. We want to give a huge thank you to the entire 2021 Core Member Engagement Team for everything they did to help build and strengthen our union during this year's program. We're looking forward to doing this again next year.

Scholarship and Bursary Winners

Congratulations to the winners of the 2021 HSA scholarships and bursaries.

Scholarships

- **Veronique Beaudet** – Child of Linda Frodyma-Beaudet, Occupational Therapist at Vancouver General Hospital
- **Sarah Bond** – Child of Karen Bond, Radiological Technologist at Penticton Regional Hospital
- **Syrah Edge-Buchanan** – Child of Christene Buchanan, Social Worker at Children's and Women's
- **Sarrah Hohmann** – HSA Member, Mental Health Intake Screener at Okanagan Correctional Centre
- **Noah Kanji** – Child of Zahra Kanji, Pharmacist at Lions Gate Hospital
- **Kai Leong** – Child of Bentley Leong, Physiotherapist at Sunny Hill Health Centre
- **Sara Magdalinski** – Child of Ellen Magdalinski, Registered Psychiatric Nurse at St. Paul's Hospital
- **Benjamin Quan** – Child of Mae Quan, Speech/Language Pathologist at Holy Family Hospital
- **Grady Smith** – Child of Mercy Smith, Registered Psychiatric Nurse at Surrey Memorial Hospital

Full-time Bursaries

- **Kaitlyn Adderley** – Child of Craig Adderley, Radiological Technologist at Penticton Regional Hospital
- **Ramzan Anjum** – HSA Member, Medical Laboratory Technologist at Children's & Women's
- **Zainab Anjum** – Child of Ramzan Anjum, Medical Laboratory Technologist at Children's & Women's
- **Tristen Bilawka** – Child of Jennifer Bilawka, Medical Laboratory Technologist at St. Paul's Hospital
- **Carly Dirom** – HSA Member, Cardiology Technologist at West Coast General Hospital
- **Marnie Houtstra** – Child of Sandra Houtstra, Radiologist Technologist at Kelowna General Hospital
- **Andrea Lai** – HSA Member, Dietitian at Surrey Memorial Hospital
- **Cayce Lavolette** – HSA Member, Social Worker at Sechelt Hospital
- **Lynda Li** – Child of Lucy Ou Luo, Cardiology Technologist at Burnaby Hospital
- **Catherine Lo** – HSA Member, Diagnostic Medical Sonographer at Vancouver General Hospital
- **Malcolm Maxwell** – Child of Anne Wichmann, Crisis Intervention Support Worker at Comox Valley Transition Society
- **Mallory McLeod** – HSA Member, Residential/Community Support Worker at Future Focus (Gatehouse)
- **Kim Nguyen** – HSA Member, Pharmacist at BC Cancer - Vancouver
- **Coral Ridinger** – Child of Sarah Hensall, Adult Youth & Child Worker at Alberni Community & Women's Services Society
- **Ansu Shaji** – HSA Member, Cardiology Technologist at Surrey Memorial Hospital
- **Sierra Shaw** – Child of Kerry Carlson, Physiotherapist at Vernon Jubilee Hospital
- **Simran Bhogal** – HSA Member, Radiological Technologist at Surrey Memorial Hospital
- **Bennett Brule** – Child of Andrew Brule, Rehabilitation Engineer at Sunny Hill Health Centre

Part-time Bursaries

- **Tamarra Arden** – HSA Member, Radiological Technologist at Royal Jubilee Hospital
- **Tara Emery** – HSA Member, Social Worker at Castlegar Health Centre
- **Hannah Robinson** – HSA Member, Dietitian at St. Paul's Hospital
- **Mandeep Thandi** – HSA Member, Anesthesia Asst. Supervisor at Vancouver General Hospital

Indigenous Bursaries

- **Elainah Andrew** – continuing her Dental Hygienist program at UBC.
- **Chelsea Canuel** – completing her Bachelor of Social Work Degree at UVIC.



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]
Kane Tse, Assistant Bioinformatics Coordinator
BC Cancer Agency

Region 6 [REGION06@hsabc.org]
Tara Chen, Speech Language Pathologist
St. Paul's Hospital

Region 1 [REGION01@hsabc.org]
Becky Packer, Physiotherapist
Cumberland Health Centre

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

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

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

Region 3 [REGION03@hsabc.org]
Jing-Yi Ng, Clinical Pharmacist
Burnaby Hospital

Region 9 [REGION09@hsabc.org]
Janice Morrison, Physiotherapist
Kootenay Lakel Hospital

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

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

Region 5 [REGION05@hsabc.org]
Jill Slind, Computational Biologist
BC Cancer Agency

EXECUTIVE DIRECTORS

Jeanne Meyers, Labour Relations and Legal Services

Josef Rieder, Human Resources

Kathy McLennan, Operations

MANAGING EDITOR

Miriam Sobrino

EDITOR

Katie Riecken

We welcome submissions to *The Report* from HSA members. See our submission guidelines online at www.hsabc.org/submissions.

The Report magazine is produced on the unceded homelands of the Qayqayt First Nation and printed in Richmond, BC, on the unceded territories of the Kwantlen, Tsawwassen, Stó:lo, Stz'uminus, and Musqueam peoples. Unceded means that Aboriginal title to this land has never been surrendered or relinquished.

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).



[@hsabc](https://twitter.com/hsabc)

hsabc.org

info@hsabc.org

HSASU



Always printed on recycled paper with vegetable-based ink