BETTER CARE STARTS WITH CULTURAL AWARENESS

HSA MEMBERS AT WRINCH MEMORIAL HOSPITAL IN HAZELTON LEARN PHRASES IN GITXSANIMAAX
On February 18 the BC government announced the budget for 2020. A new year, and a new budget that sets the priorities for the province.

Budgets are more than just numbers and spreadsheets. They are a political document – one that reveals the broader commitment of our government and the areas they will focus on in the year ahead. Needless to say, we pay close attention to where the money is going.

Budget 2020 has been labeled a “stay the course” budget. Not a lot of new program spending – but consistent investment in the initiatives government committed to when elected in 2017. There is more money to continue growing the child-care program, grant money for students at college or university, paid leave for victims of domestic or sexual violence, an ICBC revamp, and more funding to keep expanding desperately needed affordable housing.

These are all important initiatives that help grow our communities and address some of the social determinants of health. It has been a long time since we’ve had a government invest in our collective social safety net – so I applaud these crucial commitments.

But what about health care spending?

I was very pleased to see sustained investments in health care. In fact, health spending will increase from about $23 billion in 2019/20 to $24.3 billion in 2020/21 – an increase of 5.6 per cent. The government is also making major capital investments – new hospitals, expanded ERs, medical and diagnostic equipment, and more – to the tune of $6.4 billion over three years.

This is all good news. But we continue to warn about the impact of professional shortages. As we grow our health care system to meet the needs of British Columbians, we must grow the team of professionals that make our system work.

The majority of Ministry of Health-designated “priority professions” that have labour market challenges, including recruitment and retention, are health science disciplines. This includes physiotherapists, occupational therapists, and lab and imaging technologists, among others. We will continue working with the provincial government to identify immediate and long-term solutions that address public-sector shortages of health science professionals, such as expanding post-secondary training opportunities and improving working conditions.

Another area that we are paying close attention to is funding for child development centres (CDCs). While the budget offered a modest lift for the Ministry of Children and Family Development, we fear that CDCs are falling further and further behind. These service hubs are critical for children and families with special needs. We will continue to pressure government to provide the funding CDCs need to continue the important work they do in the communities they serve.

Overall, this budget is good news. Our job now is to be advocating and offering our expertise to ensure our health care and community social service programs continue to meet the needs of the people of BC and the remarkable professionals that make this all possible.
STAFF AT MACKENZIE COUNSELLING SERVICES JOIN HSA

Mackenzie Counselling Services (MCS) employees have voted 100 per cent in favour of joining HSA.

HSA’s nine newest members work in reception, finance, counselling, supported child development, family support, and child and youth care roles. They serve the community of Mackenzie, a remote mill town located 185 km north of Prince George.

MCS employees join a growing wave of mental health care workers voting for union representation with HSA.

“We are so pleased to welcome Mackenzie Counselling Services employees to the HSA family. This is a win not just for the agency’s workers, but for the whole community,” said HSA President Val Avery.

“The delivery of quality mental health care begins with quality jobs. MCS’s employees work tirelessly to support families across the region,” she said.

Mackenzie Counselling Services employees provide counselling, child and youth mental health services, family enrichment programming, family services through infant and supported child development, and a safe home program.

HSA will be supporting its newest members at MCS in achieving parity in wages, benefits and retirement security with other community social service workers across the province. This includes the ability to enroll in the Municipal Pension Plan, the sixth-largest defined benefit pension plan in Canada, which holds $52 billion in assets.

“Having a union protects me for the future,” said Leticia Clattenburg, a family support worker at MCS. “Having a pension means a lot to me. And I hope that it will help our agency with current employee retention issues. A pension makes it more enticing for staff to stay.”
FOUR MEMBERS ACCLAIMED, ONE ELECTED, TO HSA’S BOARD OF DIRECTORS

Pathologist Assistant Derrick Hoyt from Region 2, Speech Language Pathologist Tara Chen from Region 6, Cardiology Technologist Cherylee Hylands from Region 8, and Medical Laboratory Technologist Mandi Ayers from Region 10 have been acclaimed in HSA’s Board of Directors elections. Hoyt, Hylands, and Ayers are returning to the board, and Chen begins her first term as a regional director, replacing outgoing director Nancy Hay.

Joe Sebastian was re-elected for Region 4 in a contested election that took place online and by mail between Feb. 12 and Feb 27.

The HSA Board of Directors is HSA’s highest governing body between annual general meetings, and is composed of ten regional directors and the president. Officers are elected for a two-year term that commences at the end of HSA’s annual general meeting. In 2020, elections were held for Regions 2, 4, 6, 8, and 10.

HSA thanks outgoing Region 6 Director Nancy Hay for her dedicated service to the union. Hay was elected in 2016 and has served two terms on the board. She has been an active member of HSA for over a decade, first as a general steward at St. Paul’s Hospital.

PROVINCE ANNOUNCES NEW COMMUNITY HEALTH CENTRE (CHC) IN RENFREW-COLLINGWOOD AREA OF VANCOUVER

The province has announced that a new community health centre (CHC) will be coming to Vancouver’s Renfrew-Collingwood neighbourhood. Rise CHC is scheduled to open its doors in April 2020, and will be operated by the Collingwood Neighbourhood House Society.

Rise CHC will offer primary care and health promotion programming, and support patients in navigating social services. As services expand, the centre will offer nutrition support, counselling, physiotherapy, patient education, and disease prevention activities and initiatives.

Community health centres are community-governed and provide integrated health and social services tailored to the unique needs of the surrounding communities. Through targeted efforts to address the social determinants of health and provide preventative care, community health centres have a strong record in serving marginalized populations with complex health needs.

HSA has been a longstanding advocate for the development of community health centres that are democratically governed, community run, and integrate health and social services to optimize multidisciplinary, team-based patient care. In some cases, the community-run model has enabled community health centres to use public advocacy as a tool in fostering healthier neighbourhoods and addressing the social determinants of health. And through meaningful community outreach and engagement opportunities, CHCs are able to offer community-directed services and programs.
CMHA BC DIVISION VICTORIA OFFICE JOINS HSA

In December 2019, nineteen workers from the Canadian Mental Health Association (CMHA) BC Division Victoria Office voted in favour of joining HSA, and will be covered by the Health Science Professionals Bargaining Association collective agreement.

These new HSA members, who work in vocational counselling and allied to social worker professions, join a growing number of HSA members working in the mental health sector.

They deliver a variety of mental health and wellness programs, including a parent support program for children with anxiety, and the Bounce Back coaching program for youth and adults experiencing stress, anxiety, and depression.

CMHA BC Victoria staff voted to join HSA to achieve parity with workers in the wider public sector surrounding wages, benefits, and a defined-benefit pension plan.

SOCIAL WORKERS CONCERNED ABOUT HOMELESS CLIENTS

Last year, HSA assisted the Health Advocacy Committee of the BC Association of Social Workers with distributing their 2019 “Discharge Into Homelessness Survey” to acute care social workers. The Committee is researching outcomes for vulnerable patients discharged from hospital. We are happy to share some results from the survey.

Health Advocacy Committee BC Association of Social Workers

121 acute care social workers responded to our province wide survey exploring outcomes for vulnerable, homeless people being discharged from hospital

95% of respondents had been involved in the discharge of homeless patients during the past 3 months

"Many come to the ER as their health needs are not being managed at the shelters or outdoors. They need to have secure housing to access some of the supports such as wound care"

50% said that most of the homeless patients they were involved with had either mental health conditions, addictions or concurrent disorders

20% said that all of the homeless patients they were involved with had concurrent disorders

"Without proper follow-up in a supportive setting, there is a high probability of a person coming back to the ER"

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Discharge into Homelessness Survey Results 2019

Portion of time that social worker’s advocacy efforts resulted in a homeless patient being able to stay longer in hospital.

81% of respondents knew of homeless patients discharged and returned to hospital within 48 hours

80% of respondents were involved with patients who were discharged to locations where necessary health care services could not be provided

35% of respondents reported that the majority of the homeless patients they were involved with had mobility impairments

Respondents reported that Discharge of Homeless Patients is challenging due to:

- The complexity of clients’ conditions including concurrent disorders
- Systemic obstacles including:
  - lack of shelters or affordable housing
  - a focus on medical rather than social conditions
  - a lack of coordination of care, and
  - pressure to discharge patients
- Social workers experiencing moral distress, stress and frustration, hopelessness, and a lack of support and resources

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Thank you to the Health Sciences Association for their assistance in distributing the survey link to hospital social workers and to the acute care social workers who responded. For more information about this project, please contact Fiona Lewis, Health Advocacy Committee Chair at bcasw@bcasw.org.
Angie Combs, aboriginal patient liaison worker at Wrinch Memorial Hospital in Hazelton, BC, recalls that staff at the hospital would occasionally ask her to teach them some words and phrases in Gitxsanimaax, the language spoken by the Gitxsan First Nation. The hospital is on Gitxsan territory, which spans 33,000 square kilometers across northwest BC.

“I started with speaking phrases like, ‘How are you today,’” said Combs.

“They would forget, so I tried to spell them phonetically, and that worked really well,” she said. In a matter of time, Combs decided to write a phrasebook on the Gitxsanimaax language.

Now the phrasebook is included in the orientation kits for hospital staff, said Combs.

“They’re really excited about it,” she said. “We keep ordering books because it’s really in big demand.”

Production is supported by the Northwest East Indigenous Health Improvement Committee. First established in 2005, Indigenous Health Improvement Committees bring together leaders in Indigenous health and Northern Health to help identify and decrease barriers to health care experienced by Indigenous patients, and support overall health and wellness.

Now the phrasebooks are being circulated in other corners of the community.

“Coast Mountain College wanted a bunch the other day,” she explained. She said that the phrasebook has now been distributed to different community health stations and the band office.

“I am planning on taking it to the public library here in Hazelton,” she said.

HSA member and settler Ruth Brady is a medical laboratory technologist at the hospital who tries to use Gitxsanimaax to make patients from the Gitxsan Nation feel more comfortable at the hospital. She often interacts with patients when drawing blood from them.

“I put a printed copy of a few statements behind the chair, so if I felt like I wanted to say ‘hello,’ I could. Sometimes I never could remember how it started, I’ve got it written phonetically. There are a couple other phrases there, like ‘thank you’ – ‘Ham i yaa.’”

“Languages don’t come easily to me,” explains Brady. “I didn’t do well in Latin or French either.”

“But it is there so that if someone wanted to greet somebody, they could.”

According to Brady, one of the easiest Gitxanimaax words is “luugwilam,” which means “really good.”

“Someone may ask, ‘how are you doing?’ And you might say, ‘luugwilam,’” said Brady.

“When a doctor or nurse will say one or two words to the patient in our language, it’s like music to the ears,” said Combs.

The phrasebook is just one of the many ways Combs is working to make the hospital a more inclusive and accessible space for Indigenous patients and their families.

She works with the healthcare staff to coordinate translation, when needed, and sometimes supports Indigenous patients with completing forms and other paperwork. She provides spiritual assistance, such as smudging or connecting patients to a minister, and provides patients with culturally relevant information.

“I work on discharge plans, and it really helps that I know a lot of people that are in our area, and I know our families,” she said.

Combs said her role also involves providing information to patients on Aboriginal health and resources, and advocating
When asked what advice she would give to health care staff who would like to make health care services safer and more inclusive for Indigenous patients, Combs said that it is important to learn about First Nations communities.

Learning about history
Brady said that the Indigenous cultural awareness training offered to healthcare staff by Northern Health was educational for her.

“It’s a very good course because there’s history included. I knew a lot about the history [of colonization], but it’s even worse than I thought.”

“There’s of course a very negative history to when the settlers came. We refer to ourselves now as settlers,” said Brady.

“People came and thought they knew better and didn’t see a lot of value in the Gitxsan way of life, the religion, the governance, and the feast system. Everything was made illegal. Feasts were made illegal.”

According to the Gitxsan website, feasts were banned by the federal government in 1884. It describes feasts as “the central political and social institution of the Gitxsan culture.” As of this time, “Anyone caught feasting can now be jailed, as can non-natives who have knowledge of a feast and fail to report it.” The potlatch – or the feast house - was illegal until 1951.

And in 1889, the Federal Fisheries Act was passed banning Indigenous peoples from selling fish and owning fishing licenses.

Members of the Gitxsan Nation actively resisted these bans and took action to maintain the feast system, despite some being jailed.

Unjust laws targeting First Nations’ governance systems and cultural and spiritual practices existed alongside the theft of land by the colonial government. The reserve system, solidified under Indian Act, was part of a strategy to dispossess Indigenous peoples of their territories and make way for white settlement.

Without consent from leadership, the reserves of Kitwancool, Gitanaax, Kispiox and Glen Vowell were established, following the appointment of a joint federal-provincial commission in 1876, according to the website, which states that, “B.C. allocates 10 acres per head of household for natives. Non-natives are allowed to claim up to 320 acres per person.”

“Since contact, the Gitxsan have always asserted ownership of, jurisdiction over, and the right to self-government on, Gitxsan Territory,” reads the nation’s website.
TO ME, SOLIDARITY MEANS JOINING WITH MY COLLEAGUES TO NEGOTIATE THE FUNDAMENTAL ISSUES THAT DEFINE OUR LIVES, AND JOINING TO MAKE OUR COMMUNITIES MORE FAIR AND DEMOCRATIC. MY VOICE WILL NATURALLY BE LOUDER WHEN I’M SURROUNDED BY LIKE-MINDED VOICES.”

- RENÉE AUSTIN, PARENT COACH
CANADIAN MENTAL HEALTH ASSOCIATION, BC DIVISION
BY ELLA CHROBAK
HSA STEWARD,
VANCOUVER GENERAL HOSPITAL

Last year I had the opportunity to sit in on a few Joint Occupational Health and Safety (JOHS) meetings and was struck by the very unique challenges that JOHS committees have throughout worksite facilities. But there are also some common goals, including patient/worker safety and strong communication and cooperation between the employer, employees, and the union stewards. In order to have this system work efficiently, it is important that each stakeholder is properly represented.

JOHS committees are a powerful tool for ensuring occupational health and safety in the workplace. While sometimes challenging, through this structure we are empowered to collaboratively and in a timely manner find solutions to the hazards that may occur, and communicate information to proper stakeholders. Efficient communication and reporting are key to a safe and healthy workplace and the implementation and maintenance of best practices.

Vancouver General Hospital is the largest hospital in BC. Many patients travel from outside the city to access its specialized services and advanced treatments. According to the VGH and UBC Hospital Foundation, nearly half of its patients live outside Metro Vancouver.

A large contingent of HSA members are employed at the hospital, which means our chapter must maintain a diverse OH&S steward list to represent members’ interests on the numerous JOHS committees throughout our facility. We keep HSA informed about the many changes and challenges appearing on a regular basis so that solutions are explored and implemented in a timely manner.

Steward coordination

However, as with any large facility, there are many changes to employee status – whether it be through new job placements, family needs, or retirement. Thus, the OH&S steward list over time also changes and needs to be updated.

As such, there is a survey in the development stage that will be sent to all HSA members who are sitting on the various JOHS committees. The goal of the survey is to determine:
1. If they sit on the committee as a representative of the employer or of HSA
2. If they are an elected union steward
3. Whether or not they have received training, and if they have, what kind of training
4. How often their JOHS committee meets, and where the meeting minutes are kept.

This will provide the chapter with an updated OH&S steward list, determine if the obligations under WorkSafe BC regulations are being met, and will help us access more accurate information about ongoing issues regarding workplace health and safety at VGH.

One of the advantages of working in a larger facility is that there is a great network across HSA union members, other employees, and VGH for resource sharing. But this is only an advantage if there is great communication amongst all stakeholders.

To continue network building and information sharing, Vancouver Coastal Health (VCH) will be hosting its annual Health and Safety Conference on May 11, 2020.

The conference will have industry specialists presenting on topics such as violence prevention in healthcare, resiliency, VCH’s Critical Incident Stress Management Program, and the Emergency Safety Culture Project. HSA and other unions are involved in the planning. Several vendors will have booths displaying new and innovative products, and there will be concurrent 20-minute workshops running in the afternoon.

This event is a great opportunity to meet with others to share experiences and concerns to improve the safety of the workplace environment. HSA is sponsoring the event and serves on the planning committee. All existing VCH JOHS committee members are encouraged to attend. Registration is through the VCH registration portal.
I am on the executive of the North Central Labour Council. During our planning for our 2017 International Women’s Day Breakfast, HSA and the United Way began the Tampon Tuesday Campaign. I thought it would be a great fit with the event so we asked participants to bring menstrual products, cash donations, and other toiletry items.

The response was amazing! We filled my entire SUV with products. We also had a raffle the morning of the breakfast. We approached a local business, New Look Interiors, and asked them to create a large gift basket. United Food and Commercial Workers Union Local 1518 donated a box of oils and vinegars and the Hospital Employees’ Union Local 180 donated two gift cards. We raised over $900 in cash donations from the raffle.

We decided to make the donations to the New Hope Society in Prince George. New Hope is an agency that supports women living on the streets and those involved in sex work. The great work of this organization is often overlooked by society in the same way that their clients are overlooked and marginalized. According to the organization, New Hope is the only sex worker support organization in all of northern BC.

The same year, HSA member Carol Bourque from the University Hospital of Northern BC organized a collection drive for menstrual hygiene items at the hospital, which were donated to St. Vincent de Paul Society, a local organization that runs a drop-in centre and offers other services to low-income people. She was able to connect with a family member who works for a local TV station, which aired a story on the support campaign for St. Vincent de Paul.

I work at the Child Development Centre (CDC) of Prince George. Our HSA steward team set up a collection box in our staff room. We collected a large moving box full of product. This was just from our small agency of 60 members. Our executive director was unsure of the campaign at first but quickly approved it after reading literature we provided. We shared some stories and statistical information with him.
2018

In 2018, we again partnered with the labour council to build awareness among other unions and delegates who may not be aware of the campaign goals and the need for products.

The 2018 drive surpassed 2017, as we needed two vehicles to deliver the donations! For a second time, we raised around $900 in cash through the raffle. Sandy, one of our stewards, spearheaded the Stomp out Period Poverty donations at the CDC and took our donations to New Hope Society.

2019

In 2019, we wanted go the extra step and have products in all our washrooms at the CDC. As a non-profit, there were some concerns brought up that some clients might empty the baskets, and it might become a financial issue for the center, but we moved forward despite these concerns.

All our washrooms are marked as gender neutral. Many of our families are stretched financially and many of our staff believe in equality for those using menstrual products. Our executive director agreed. We now have a basket of brand name menstrual products in every washroom with the following sign:

TAMPONS AND TOILET PAPER FOR EVERY PUBLIC WASHROOM
TOGETHER WE CAN STOMP OUT PERIOD POVERTY
PERIODS ARE A FACT OF LIFE.
MONTHLY MENSTRUATION PRODUCTS ARE A NECESSITY. NOBODY SHOULD HAVE TO PICK BETWEEN FEEDING THEIR FAMILY AND BEING ABLE TO AFFORD BASIC HYGIENE PRODUCTS.
INSPIRED BY: HSA STOMP OUT PERIOD POVERTY CAMPAIGN AND UNITED WAY PERIOD PROMISE INITIATIVE

2020

Our 2020 CDC campaign has been scheduled and we are hoping to again provide products to the New Hope Society. North Central Labour Council is again holding a raffle to raise money to purchase products as well as accepting donations. I recently had a casual conversation with my MLA about the need for products to be in public spaces. It is through conversation that we make a difference.

We presently have donation boxes in our staff room. HSA provided a gift basket for a raffle. When a member makes a donation they are entered in the draw. We have also added the HSA stickers onto the donated product to bring more awareness to the campaign.

We have achieved successes in many ways at the CDC and through North Central Labour Council surrounding the Stomp Out Period Poverty campaign. We have been able to collect products, but we are beginning to move on to advocacy. The support of HSA has been invaluable in empowering our members to create change. We have now been able move past “just collecting” to the promotion of policy change.

By providing free products and having discussions with families, other professionals, and visitors, we have increased awareness around need. I am honoured to be part of this campaign and look forward to reading news releases from government and policy makers.
CONSTITUENCY LIAISON AND MEDICAL RADIATION TECHNOLOGIST ERIN KAVALIUNAS

MAKING OUR VOICES HEARD

HSA members effect change through the Constituency Liaison program

BY SAMANTHA PONTING
HSA COMMUNICATIONS

Medical Radiation Technologist Erin Kavaliunas has been an HSA Constituency Liaison (CL) in the provincial riding of Kelowna-Mission since 2019. As a CL, Kavaliunas’ role is to develop a relationship with her local Member of the Legislative Assembly (MLA) on behalf of HSA.

She learns about the provincial policy issues important to HSA members, and arranges meetings with her MLA to lobby them on these issues. HSA’s Constituency Liaisons play an important role in highlighting the work of member professionals to elected politicians.

The CL program has two streams. One focuses on issues pertaining to health science professionals and the health care system, and the second lobbies on issues affecting members working in child development centres. Kavaliunas works at Kelowna General Hospital and participates in the health science professionals stream.

Kavaliunas said she really appreciated the training she received from HSA. “We had a guest speaker come in who was a former member of the legislature,” she explained. “The training brought attention just how influential HSA members can be under the right circumstances.”

In June, HSA arranged for former BC cabinet minister Elizabeth Cull to meet with CLs. From 1991-1993, Cull served as the Minister of Health with the governing BC NDP, and in 1993, her portfolio changed to Finance Minister and Deputy Premier. She shared with CLs some valuable tips for attracting the ear of a local MLA.

In Kavaliunas’ riding, the local MLA is Steve Thompson, a member of the official opposition. She arranged a meeting with him last fall alongside Constituency Liaison Aurelle Law. Law has been a CL since 2014.

“She got me trained up to take over from her,” said Kavaliunas. She said Law is planning to retire soon, and is working with her as part of succession planning.

“We were able to get a meeting with our MLA quite easily because Aurelle had developed a relationship with him over the last number of years,” said Kavaliunas.

She is confident that she will be able to carry on this relationship. “He’ll recognize my name now,” she said.

In the most recent round of lobbying, CLs focused primarily on the issue of presumptive coverage. When a worker receives a formal diagnosis of PTSD or another mental health disorder as a result of a work-related traumatic event or events, presumptive coverage makes it easier to advance a Workers’ Compensation claim.

HSA is calling on the government to expand presumptive coverage to include the whole team of community social service and health care workers.
so that our members can have quicker access to the support they need to rehabilitate. HSA’s lobbying efforts have been coupled with a concerted email campaign. To date, more than 1330 emails have been sent to the Minister of Labour Harry Bains and local MLAs.

Kavaliunas said she strongly supports the campaign. And through the program, she has been able to share her first-hand experience with her local MLA.

She said that presumptive coverage is an issue that affects many imaging technologists, and she is strongly in support of the campaign. “We see a lot of horrendous things come through the imaging department. Things such as potential pediatric abuse cases, traumatic car accidents, gunshot wounds, domestic abuse, and even mental health cases that have caused people to afflict harm on themselves.”

It isn’t just one event that can cause a person to have post-traumatic stress disorder or depression. “It can be a number of these events occurring over the years that can affect the person,” said Kavaliunas.

She said that it can be hard to avoid the psychological impacts of the work. “I believe that in health care, a lot of us try to desensitize and turn off that part of the brain.”

“But being the sympathetic, empathetic people we are, and being drawn to professions where we want to help people, it can be difficult to shut that off all of the time.”

According to Kavaliunas, “There’s always a number of patients who, over the course of our careers, we’ll never forget what has happened to them. As much as we may want to, it just sticks with us.”

Constituency Liaisons also engage in HSA’s ongoing lobbying efforts around staff shortages and workload issues facing the health sector.

“Both are issues we struggle with in my field of medical radiology,” said Kavaliunas. “Workload has definitely been an issue at a few sites I’ve worked at.” She said that in some cases,
Psychiatric Nurses work to support individuals experiencing mental health illnesses with the knowledge that mental health functions on a continuum between wellness and illness, and varies at different parts of their lives. We exercise empathy and compassion towards our clients and fight against mental health stigma by shedding light on what it means to be human.”

AMRIT DHALIWAL, REGISTERED PSYCHIATRIC NURSE
RIVERVIEW, COAST MENTAL HEALTH
COMMUNICATING WITH YOUNG WORKERS

BY ALEXANDRIA WALENCIAK
HSA MEMBER

In 2017, the National Union of Public and General Employees (NUPGE) commissioned a series of studies that focused on understanding, engaging and communicating with their younger members. This report was presented at the HSA Annual Convention in 2018, and there were many findings and recommendations made about how to communicate effectively with younger union members. One large takeaway from this report was that younger members respond more positively to presentations from people who are similar in age to them.

More recently, there was a resolution submitted at the 2019 HSA Convention by the BC Cancer Vancouver chapter proposing the exploration of a Young Worker’s Committee for HSA. This resolution was passed with a majority vote, with a requirement for a report back to the 2020 Annual Convention. Details about the costs, mandate, size, and composition of the committee were all to be investigated.

You heard it here first folks: the result of this exploration was the formation of the union’s first Young Workers’ Advisory Group (affectionately referred to by its members as YWAG)! The Advisory Group was created following two young workers’ workshops, and two years of discussion at the union’s annual convention about strategies for increased participation by younger workers in HSA and the broader labour and solidarity movements.

HSA’s Board of Directors had already budgeted for the advisory group in 2019, and over the summer sought expressions of interest from members to participate in the group whose purpose is to:

- work to understand how HSA is relevant to young workers and how to encourage their participation in the union;
- monitor and promote awareness of young worker issues within the union; and
- encourage increased opportunities in the labour movement for young workers’ involvement and participation.

The board received a number of applications, formed a sub-committee of board members to review the applications, and appointed the five members. Another resolution passed at the HSA convention in 2019 was put forward by the Sunny Hill Health Centre chapter, which proposed using young workers to help raise the profiles of HSA professions in high schools and post-secondary institutions. This was proposed to help combat shortages within health science professions across BC, and to maximize the success of the outreach that would done.

One of the first orders of business for YWAG has been to pursue the actions proposed by the Sunny Hill Health Centre chapter. Our goal is to build contacts and recruit young workers from within the union to present at schools across British Columbia, increasing the students’ awareness of potential job opportunities not previously considered. Presentations will also inform students about HSA, helping them to learn more about the union that they will likely belong to if they pursue these career paths, and highlighting the value of being a union member.

If you are a young worker aged 35 years or under and would be interested in getting involved in this project, please reach out to us! There will be a diverse range of tasks that go into a campaign like this. It’s not all going to be presenting! Send an email to the advisory committee at info@hsabc.org.

Join the Young Workers’ Advisory Group as we outreach to high school and post-secondary students.
Jill Slind, Computational Biologist, Vancouver Cancer Centre  she/her pronouns

One thing you would like the advisory group to accomplish this year: I want the advisory group to set a precedent of how it will operate in the future through establishing a focus on “bottom-up” engagement and learning. I want to work towards establishing a structure that ensures we have ways to engage union workers all over BC, and remove barriers for that engagement.

What solidarity means to you: Solidarity means standing together to fight for a common cause. Respecting those that have come before you, and affording that same respect to the generations that come after you. We can stand together and make the changes we see as necessary to keep the rights of all workers in our union maintained.

Your perfect day looks like: A day spent with a few friends as we work on our crafting projects over coffee or tea, with several playful puppies to draw our attention away from time to time.

Jas Giddha, Medical Radiation Technologist Supervisor, Surrey Memorial Hospital, Jim Pattison Outpatient Care and Surgery Centre, Peace Arch Hospital  he/his pronouns

Why it’s important to engage young workers at HSA: They are the fastest growing demographic and, in many sectors, they are already the largest working group. The majority of young workers don’t know what a union is, what it does, or their rights as a union member, making them vulnerable. A recent national survey conducted by NUPGE found that young workers share similar values to the labour movement but feel that their union is “out of touch” on many forefronts. All the union has ever fought for is at risk of being lost if there are no young workers from the next generation to pass the torch on to.

Hobbies unrelated to your job: In my spare time, when I am feeling energetic, I enjoy travelling to new places, playing sports and working out. Often you can find me chilling at home watching Netflix or the Canucks game. I am pursuing my hobby in real estate and been vegetarian for almost seven years. Feel free to connect with me on Instagram @original_giddha

Karen Sandhu, Vancouver General Hospital, Electromyography Technologist  she/her pronouns

Why you joined HSA’s YWAG: I was interested in having a space for young workers in which we could learn from one another and from leaders in the union. I think it’s important to create opportunities for others as it gives them a safe space to learn and thrive. We shouldn’t assume that we know or understand what barriers people face but try to equal the playing field to give everyone a fair shot.
One of the biggest challenges facing young workers today: The feeling that your opinions aren’t valued or welcomed by those with seniority over you. It seems as though it is easy at times to think that because you have more years of experience than someone else, that you know better than them and that you cannot learn from them. I have been guilty of these kinds of thoughts before with those who were my junior. But in reality, we can all learn from each other because we all see the world differently.

One thing you would like the advisory group to accomplish this year: This year, I would like to see the group find our place in the union and really establish the group’s purpose and structure for future members.

Jennifer Hiscock, University Hospital of Northern BC  she/her pronouns

What young people bring to the labour movement: Personally I feel like young workers can bring a fresh perspective, and eagerness to learn and engage.

One thing you would like the advisory group to accomplish this year: to start creating a platform for making connections. I would like to see peer mentoring between engaged and experienced workers and those who want to start being more involved.

Your ideal vacation destination: Somewhere I can get a combination of relaxation and adventure/sightseeing. A beach with swimming, or in my case floundering, is always a bonus too :)

Alexandria Walenciak, X-ray Technologist, Nanaimo Regional General Hospital  she/her pronouns

One of the biggest challenges facing young workers today: The feeling that your opinions aren’t valued or welcomed by those with seniority over you. It seems as though it is easy at times to think that because you have more years of experience than someone else, that you know better than them and that you cannot learn from them. I have been guilty of these kinds of thoughts before with those who were my junior. But in reality, we can all learn from each other because we all see the world differently.

One thing you would like the advisory group to accomplish this year: This year, I would like to see the group find our place in the union and really establish the group’s purpose and structure for future members.

Last book you read in full: The Other Side of the Story by Marian Keyes. I’m currently reading: Secrets of a Successful Organizer by Alexandra Bradbury, Mark Brenner, and Jane Slaughter; Anybody Out There by Marian Keyes; and Girl, Stop Apologizing by Rachel Hollis
By Dennis Blatchford
HSA’s Pensions and Benefits Advocate
Answers common questions related to pensions.

On January first, the Joint Health Sciences Benefit Trust (JHSBT) website was finally launched following months of feedback and development in 2019. The JHSBT was created in April 2017 to provide health and welfare benefits to Health Sciences Professional Bargaining Association members throughout BC. It has been jointly formed by the HSPBA and the Health Employers’ Association of BC (HEABC).

The website is designed to give members information on the JHSBT – its structures, policies, annual reports, and financial statements, in accordance to the JHSBT trust agreement.

The website also lists the JHSBT service providers who assist the board in managing the operation of the trust – including the primary third-party administrator, Health Benefits Trust (HBT) – along with links to claims-paying agents Pacific Blue Cross (PBC) and Great-West Life (GWL).

I know the JHSBT is relatively new, and there is a long back story to the development of the JHSBT. But looking at the JHSBT today in 2020, is the trust in a good position?

Yes, I must say that I am happy with the current progress of the trust. I think given where we were early in the last decade – facing an unfriendly government demanding major concessions on benefits – that getting through that without members paying a big price, was a significant accomplishment. Today, we have collectively built a strong partnership committed to seeing the JHSBT succeed.

Through this new partnership, trustees have better tools to plan and manage the long-term health of the trust, employers benefit from greater cost certainty, and the current funding agreement appears sufficient to get us through to a renewed JHSBT funding agreement in 2022.

And through it all, members continue to enjoy a very good health and welfare benefit package for themselves and their families. In short, it’s turning out to be a good arrangement all around.

As a trust member, I make contributions to the trust. What are the impacts of my contributions?

Members are part of the trust both personally and financially. Personally, because they and their dependents are beneficiaries of the JHSBT, but financially as well as they are financial partners contributing to the success of the long-term disability plan. Member contributions, in part, help fund the long-term disability plan - an important feature of the JHSBT. So members have an interest in knowing that their investments contribute to providing stable, long-term disability benefits for members in need.

What else can I learn on the new website?

Members can also learn about the finances of the trust, including the trust’s current financial position and a breakdown of the operating costs. They can also learn about JHSBT governance and the players involved in supporting the work of trustees and those organizations contracted to administer the day-to-day functions of the JHSBT.

The JHSBT website also provides an opportunity for members to provide feedback, comments or questions to the JHSBT through questions@jhsbt.ca.

I encourage members to check out the new website at www.jhsbt.ca.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.
KATIE RIECKEN
HERE TO SERVE MEMBERS LIKE YOU

Job title and department: Communications officer

Your job before this one: Senior labour relations officer at HSA

What you actually do, in your own words: I always tell people that my job is to help working people make their jobs and their communities better.

Why this matters: Because making positive change – whether it’s getting a crosswalk put in front of the elementary school or ensuring overtime shifts are equitably distributed – requires collective action. HSA brings people together to make positive change.

Your loved ones describes you as: Always knowing what they need, and always having snacks.

Secret talent unrelated to job: Baking. I spent my childhood eating whole grains and carob, but I’ve certainly made up for it as an adult.

Go-to song for an energy boost: “High Horse” by Kacey Musgraves. I’m sorry, but disco is good.

Literary, TV or movie character most inspiring to you: Veronica Mars, because who doesn’t love stopping evil millionaires while also cracking jokes?

The best thing about public health care is: That we all have equitable access to the care we need. Though I’d love to see the system expand, starting with Pharmacare.

Your perfect day looks like: Sleeping in, and then relaxing in my living room, which is magically free of Pokemon cards and Lego, while someone else cooks me dinner.

What solidarity means to you: “No one is free until we are all free.” (Martin Luther King Jr.)
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).