THE REPORT
HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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CLOCKWISE FROM TOP LEFT: RACHEL RINSMA, RUBY KAUR, TONYA EDWARDS, NALEENA GOUNDER, GAIL GUMPRICH, AND SEAN SPINA

THANK YOU TO ALL OUR HEALTH CARE AND SOCIAL SERVICE HEROES!

HIGHLIGHTING A FEW OF THE MANY HSA MEMBERS WHO HAVE SUPPORTED OUR COMMUNITIES DURING COVID-19

RE-START: OPPORTUNITY TO RETHINK AND RE-INVEST IN PUBLIC SERVICES

HSA PRESIDENT VAL AVERY

These are very challenging times, especially for health care and community social service professionals on the frontlines supporting British Columbians through a global pandemic.

I recognize the demands this pandemic has placed on our members. You've been there, every day, supporting the most vulnerable, protecting our communities, and always putting others first as we struggled to flatten the curve.

I see your effort. I hear your stories. And I marvel at your dedication.

The union continues to monitor and advocate on a number of critical issues facing you during this pandemic, including access to PPE both in the hospital and community setting. Your safety is paramount and we are in constant contact with employers, government, and public health officials to support our members' health and safety.

We have also been at the forefront of the fight for recognition of all members of the health care and social services teams.

We are very pleased to see that the federal and provincial government are working together to also recognize your work. As you may have heard, the BC government announced a significant investment in frontline workers that will provide an hourly wage lift of $4 an hour for 16 weeks, retroactive to March 15. This investment is estimated at about $40 million for HSA members alone.

We worked hard to secure this lift, and so have you. I particularly want to thank the hundreds of members who emailed Health Minister Adrian Dix, highlighting the work you do every day to deliver the care British Columbians count on in this time of crisis.

This pandemic has shed a bright light on the important work of thousands of British Columbians. This includes workers who keep our grocery stores running, pick our vegetables, care for our children and elders, clean our workplaces, and open the doors each day so people can access vital services. But many of the workers who contribute to our livelihoods and our economy are low-wage earners with few protections and benefits.

As we begin the process of re-starting our economy, this is an opportunity to rethink working conditions, rethink how we value work in all sectors, and rethink how we structure our economy so people are not left behind.

And, importantly, it's an opportunity to rethink health care and social service delivery, including the continuing challenge of recruitment and retention of skilled professionals, and the management and oversight of long-term care.

The re-start will present challenges for our members: addressing the backlog of surgeries, supporting people's mental health, and building back programs to support children and families.

This is a chance to re-invest in public services to be more resilient and sustainable, and introduce reforms where needed.

"I recognize the demands this pandemic has placed on our members. You've been there, every day, supporting the most vulnerable, protecting our communities, and always putting others first as we struggled to flatten the curve."

This is a critical moment – the new normal is a chance to be a better normal for thousands of working people across the province, and the public services we all rely on.

Finally, I want to acknowledge the stress and anxiety that comes with working on the front line though a global pandemic. I strongly encourage you to monitor your own health and mental wellness – reach out for support when needed. As the saying goes, this is a marathon, not a sprint.

We have a long road ahead of us. Our work is not done yet – we can't re-start BC without you. And our union will be there every step of the way to ensure your work is recognized, supported, and valued.

HSA MEMBERS WIN $4/HOUR PANDEMIC PAY PREMIUM FOR FRONTLINE HEALTH CARE AND SOCIAL SERVICE WORKERS

The Health Sciences Association welcomes the May 19th announcement by BC Finance Minister Carole James of a $4 an hour pandemic pay premium for frontline health care and social service workers working in the COVID-19 pandemic crisis.

Hundreds of HSA members emailed Health Minister Adrian Dix describing the care they have delivered throughout the pandemic.

The fund for frontline workers is cost-shared by the federal and provincial governments, with the federal government funding 75 per cent, and the provincial government covering 25 per cent of the cost. The top up is expected to deliver $40 million to HSA members alone.

The announcement ensures that all HSA members working under the HSPBA, CBA, and NBA collective agreements will receive pandemic pay at a rate of $4 an hour for 16 weeks retroactive to March 15. Many members covered by the CSSBA collective agreement will also receive the premium. There is no requirement to apply for the fund, which will be administered by employers.

Government and employers are working on the details of administration of the payment, but anticipate the premiums will be paid as a lump sum.

"In social services and community health settings, our members are putting their own health at risk," said HSA President Val Avery. "Their commitment to their clients and patients has been an inspiration, and this is significant and tangible recognition of the work they do to support some of the province's most vulnerable people."

While the pandemic pay premium is important recognition of the role all frontline workers are playing in the province's pandemic response, HSA is working to ensure the next stages of the response include strategies to ensure the health care and social services systems are equipped to meet the challenges ahead.

INSIDE THIS ISSUE

NUPGE POLL FINDS ALMOST UNIVERSAL SUPPORT FOR BRINGING LONG-TERM CARE UNDER THE CANADA HEALTH ACT

According to a recent poll commissioned by the National Union of Public and General Employees (NUPGE) and conducted by Abacus Data, 86 per cent of Canadians support bringing long-term care under the Canada Health Act, and only 2 per cent opposed this.

The poll also found that 81 per cent of Canadians believe the government should invest whatever money and resources are needed to rebuild health care and other public services that were previously cut/minimized.

Placing long-term care homes under the jurisdiction of the Canada Health Act as an insurable service would empower the federal government to establish national standards for care, staffing, and employment. It would pave the way for universal access to long-term care.

The current COVID-19 crisis in long-term care homes across the country has highlighted the serious harms resulting from a patchwork system across provinces and territories that includes both publicly and privately-operated facilities.

In BC, residential care homes owned by health authorities have, on average, the highest levels of direct care for residents. This includes nursing and care provided by other health science professionals including social workers, dietitians, occupational therapists, and physiotherapists.

According to data from May 6, a staggering 82 per cent of all COVID-related deaths Canada have taken place in long-term care homes. And in a study released by the International Long-term Care Policy Network using data from May 2, Canada ranked highest among 14 countries in proportion of COVID-19 related deaths taking place in long-term care homes.

36 long-term care homes in British Columbia have had COVID-19 outbreaks as of May 25, according to the Times Colonist.

Since 2019, Vancouver Island Health Authority has taken temporary control over three long-term care facilities - operated by companies belonging to the Retirement Concepts group - due to concerns surrounding resident neglect and staffing. In February, a Retirement Concepts facility in Summerland was taken over by Interior Health.

On May 26, the Canadian Forces released a bombshell report on the state of five of Ontario long-term care homes. The report describes deplorable conditions including neglected and malnourished residents, insect infestations, and disregard of critical safety protocols. Sienna Senior Living, a company that operates one of the LTC homes named, owns another 19 LTC and retirement residents in British Columbia.

The full poll results are available online at bit.ly/nupge-ltc

11 NEW MEMBERS FROM ALOUETTE ADDICTIONS SERVICES JOIN HSA

HSA extends a warm welcome to 11 new members from Alouette Addictions Services Society, who voted to join HSA this past April. HSA's newest members belong to the health services and support - community subsector, and join HSA's current chapter at Alouette Addictions composed of longstanding HSA members in the Health Science Professionals Bargaining Association (HSPBA).

The newly unionized staff at the society work with clients with substance use and housing needs in Maple Ridge and Pitt Meadows. They work as mental health and community outreach workers, receptionists, and medical office assistants.

Alouette Addictions Services delivers specialized programs and counselling for individuals and families affected by substance use and mental health issues. It provides support to individuals at risk of losing housing or without housing, and provides assessments and referrals to other community resources.

STATEMENT FROM CANADA'S UNIONS ON ANTI-BLACK RACISM

Amid the horrific scenes coming out of the United States of continued police brutality against protesters in the aftermath of the murder of George Floyd, Canada's unions are expressing solidarity with Black communities everywhere, including in our own backyard.

The fight against anti-Black racism and police brutality is based in the long, despicable history of slavery, oppression and colonization of Indigenous communities and Black people in North America. The impact of which continues to be felt today.

There is no reason that Black people in Canada should die at the hands of our police services. Yet the deaths of Black Canadians Abdirahman Abdi, Bony Jean-Pierre, D'Andre Campbell and most recently under investigation, Regis Korchinski-Paquet, demonstrate that anti-Black racism continues to be a leading cause for the loss of Black lives.

"Anti-Black racism is a destructive force in our society afflicting families and communities," said Hassan Yussuff, Canadian Labour Congress (CLC) president. "Canada's unions are committed to fighting all forms of discrimination and are urgently calling for accountability and systemic change."

It's important to highlight the severe lack of mental health supports, the lack of access to prescription medication and poor working conditions facing many workers who are often Black and racialized. Research clearly shows that Black communities have diminished health outcomes compared to the broader population as a result of historic neglect on the part of our system. This is playing out in this current pandemic, with early indications of a disproportionate impact on Black, Indigenous and other racialized communities.

"It's time to hold some very uncomfortable conversations and reflect on the policy decisions and choices that have led us here," continued Yussuff. "The whole country is looking to our government for leadership and immediate action that will lead to real and meaningful changes in the way Black communities are treated."

The CLC is committed to raising awareness on the role of Canada's labour movement to combat anti-Black racism, including providing educational opportunities to union members, as well as to the broader public, and publicly advocating for accountability and systemic change at the policy level.

For further reading related to anti-Black racism in Canada:

- Policing Black Lives by Robyn Maynard
- White Fragility by Robin DiAngelo
- The Skin We're In by Desmond Cole
- BlackLife: Post-BLM and the Struggle for Freedom by Rinaldo Walcott and Idil Abdillahi
- There's Something In The Water by Ingrid R. G. Waldron
- Until We Are Free: Reflections on Black Lives Matter in Canada edited by Rodney Diverlus, Sandy Hudson, and Syrus Marcus Ware

Find more resources online at bit.ly/clc2020blm

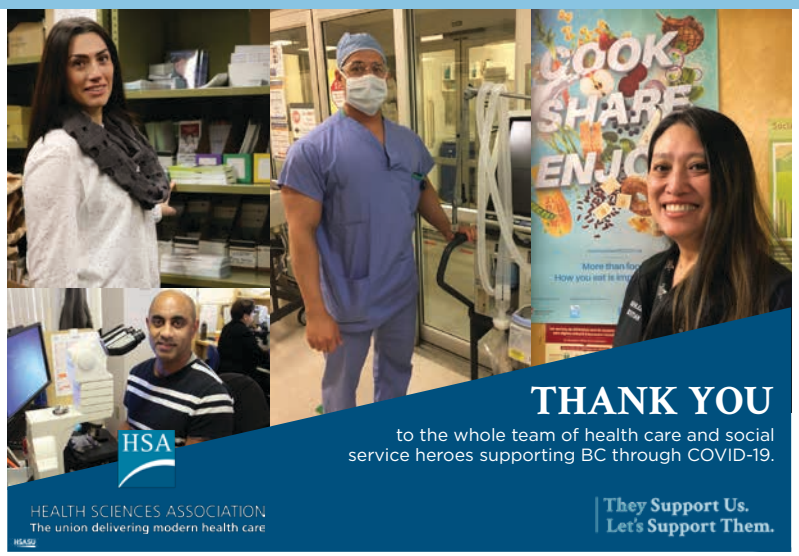
THANK YOU TO ALL OUR HEALTH CARE AND SOCIAL SERVICE HEROES!

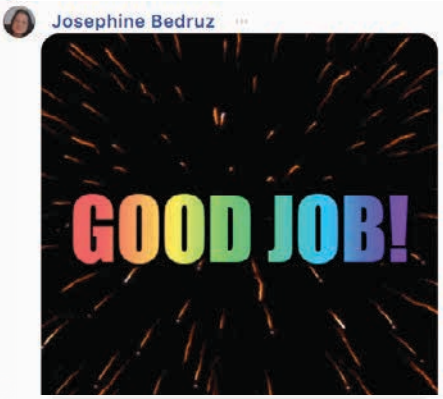
BY SAMANTHA PONTING
HSA COMMUNICATIONS

HSA members across the province have been making major sacrifices to support our communities during the COVID-19 crisis. Working long hours in sometimes difficult situations, health care and social service workers have displayed immense dedication to their work in a time of crisis. Our communities are safer because of you.

This spring, HSA's viral video campaign has shined a spotlight on the work of HSA members during the pandemic. Since released, expressions of gratitude from neighbours, friends, patients, clients, and co-workers across the province have poured in, thanking health care and social service workers for their commitment to the public good.

Throughout the crisis, HSA members have stepped up, delivering services in innovative ways in the face of new challenges. The following stories highlight just a few of the many ways that HSA members have been providing safety, protection, and support to British Columbians every day, behind the scenes and on the frontlines.





DELIVERING MENTAL HEALTH CARE DURING A PANDEMIC

For small BC towns like Bella Coola, remoteness can be a blessing and a curse. Highly-populated areas across Canada have been hit hardest by COVID-19, while more isolated communities have seen fewer transmissions.

Bella Coola, situated off BC's central coast, is normally accessible by boat, flight, or road. For those entering the community by the Chilcotin highway from William's Lake during the pandemic, travellers are met by a community checkpoint erected by the Nuxalk Nation, where they are provided with educational resources, including information on physical distancing, self-isolation, and COVID-19 safety protocols.

According to Ruby Kaur, a registered clinical counsellor and coordinator with the Intensive Care Management team at Bella Coola General Hospital, the community of Bella Coola is, effectively, on lock-down.

"If we can keep it to be COVID free, then that's really good. We can stay in our bubble," said Kaur.

But if an outbreak were to happen in the area, there could be serious impacts. The hospital has limited resources – she said it has only one respirator – and COVID patients may have to be medically evacuated from the town.

"If we were to have an outbreak of COVID-19, then I think it would spread like fire here," said Kaur. "We are really vulnerable in a small community."

She said that earlier in the week, there was a confirmed or suspected case in an area off the Chilcotin highway.

"It's pretty close, and I think that is causing some anxiety in the community."

Since the pandemic began, rates of anxiety and depression have increased dramatically across the country. A report released by Mental Health Research Canada entitled, "Mental Health in Crisis: How COVID-19 is Impacting Canadians," reveals that the number of Canadians experiencing high to extreme levels of anxiety has quadrupled since the start of the pandemic, from five to 20 per cent. The number of Canadians self-reporting high levels of depression has increased from 7 per cent to 16 per cent. The data is based on a survey of 1800 adults, conducted between April 22-28.

In the survey, Canadians cited job loss, fear of a family member becoming ill, and economic anxiety as factors negatively impacting mental health.

With rates of anxiety and depression increasing in the wake of the pandemic, mental health care providers play essential roles in the delivery of public healthcare.

"We're seeing an increase of domestic situations, anxiety, depression, and substance use. We're seeing that in the forefront," explained Kaur. "And some of these conditions are chronic conditions that need to continue to be addressed by mental health workers."

Access to housing is an ongoing issue for many remote communities, and crammed housing quarters can cause fluctuations in conflict, explained Kaur.
Kaur has played an important role in developing mental health care services at Bella Coola General Hospital. She built from scratch the mental health care program in intensive care, and now coordinates and delivers therapeutic services for patients struggling with mental health challenges and/or substance use. The team provides in-patient support while also delivering mental

BELLA COOLA GENERAL HOSPITAL

health care and follow-up support in the community.

For mental health patients in Bella Coola, the pandemic has created new obstacles to accessing mental health services.

"How we work in a rural-remote community, we are very hands on. Our work is very much relational work," described Kaur. She said that it's been a challenge to deliver mental health services in ways that are both effective and safe for the staff and patients. This has meant limiting traffic to the hospital and shifting how care is delivered.

"The hospital is pretty much on lockdown and [patients] need to call ahead if they need something," explained Kaur. "That becomes a barrier for some of our people."
For individuals without access to the Internet or a phone, these new restrictions can be a challenge.

And for mental health patients who would benefit from a residential care program for the treatment of substance use or traumatic injuries, access to external programs is now limited.

According to Kaur, "Because of the pandemic, we can't refer people out who may be interested in stopping their opioid use or their alcohol use, and want to go to treatment."

"Sometimes it's helpful to leave their environment to get some of that support," said Kaur. But in the wake of the pandemic, there are no flights leaving the community, and many rehabilitation programs are now closed down, she said.

Despite the challenges surrounding mental health care delivery in Bella Coola, Kaur has found ways to deliver effective care while adhering to important safety protocols.

For those with access to phone and Internet, zoom or phone sessions are available.

To replace in-office sessions, Kaur initiated walking sessions for her patients. She said that this has created the opportunity to provide more land-based therapy.

"If they needed our services without the pandemic, they would need our services especially during the pandemic. So we altered our services."

"WE ARE HERE." NEW TEXT CRISIS LINE INCREASES ACCESS TO TRANSITION HOUSE SERVICES IN MIDST OF PANDEMIC

The Coronavirus has had serious impacts on women and children at risk of violence. According to Tonya Edwards, transition house coordinator at the Comox Valley Transition Society (CVTS), increased pressures and stress caused by the pandemic can exacerbate domestic and intimate-partner violence. She said that for some people, anxiety and depression has increased since the global outbreak.

HSA members at CVTS have been working hard to support women and children who rely on the society's services in the midst of the pandemic.

"We know that for women who are living in unsafe homes, the violence is potentially escalating," said Edwards. And yet, the Comox Valley Transition Society has seen a drop in demand for its services, specifically for transition beds offered through Lilli House, a transition house in Courtney operated by the society.

According to Edwards, call volume has gone down drastically, and at the time of speaking with HSA, only four out of the house's nine beds had been filled.

"In all of the years that I've worked there," she explained, "that has never happened. We have never had that many beds available." She said that under normal circumstances, the house is generally at full capacity, and when a bed opens up in the morning, it is usually filled by that afternoon.

Edwards and her colleagues suspect that women are facing new obstacles to connect with the society. "We are assuming they aren't available to get away from their partners to make those phone calls."

She also pointed to fears surrounding the transition house's

communal environment. "Especially if they have children, they might be quite concerned about coming into a house and living communally, in the chance that this virus might be picked up within the transition house."

The staff at CVTS have had to navigate these complex realities surrounding the pandemic and the needs of women and children.

To increase access to its services, the society launched a text line to deliver crisis support. Edwards hopes that for people in close quarters with perpetrators of violence, texting may be easier than calling.

"We know that many women are in unsafe homes and are not able to possibly give us a call because their partner is either in the next room, or right there.

As part of its outreach efforts, CVTS developed a radio ad to promote the new text line. "We have advertising happening through 98.9 Jet FM," said Edwards, "with a message that 'we are here.'"

And a second ad was created to promote the society's counselling programs.

Staff are adapting quickly to the evolving needs of clients in the wake of the pandemic's onset. "That's been very different for staff, to do crisis calls over texting," explained Edwards. "Our staff are amazing and they make a difficult job seem a lot easier," she said. They are working diligently to ensure the implementation of constantly evolving federal and health authority guidelines, while providing needed support to the society's clients. Due to their efforts, there have been no documented cases of COVID-19 at Lilli House to date.

According to Edwards, "Our whole goal throughout all of this has been to keep everybody safe and to stay operational."

This has meant the implementation of new physical distancing and sanitation protocols in the transition house. They've reduced the number of toys in the toy room and limited the shared use of common spaces. Women staying in the transition house have been asked to refrain from visiting friends and family. "We encourage facetiming, phone calls, and connecting with their families and their close ones as much as possible," said Edwards.

"And it is tough for staff too, because it is not how we normally work." Edwards, who is now working from home, said she is a hands-on person who has struggled with working away from the transition house.

In her role as transition house coordinator, Edwards is responsible for managing staff, updating and implementing policies and procedures, and performing administrative functions.

However, she has never stepped away from providing frontline support to clients. "I still do a lot of the frontline work as well. I am very passionate about frontline work," said Edwards. Before her work at Lilly House, she was a recovery worker at Amethyst House, a recovery home operated by CVTS. Before her current position at Lilli House, Edwards worked there as a crisis intervention worker.

Her frontline experiences give her insight into how community members can support women who may be experiencing violence. She encourages people to check in on their neighbours and make sure they are ok.

She said it is also important to spread awareness that in times likes these, "domestic violence does go up. And people are in unsafe situations."

"Have that compassion and check in with people."

> "WE KNOW THAT MANY WOMEN ARE IN UNSAFE HOMES AND ARE NOT ABLE TO POSSIBLY GIVE US A CALL BECAUSE THEIR PARTNER IS EITHER IN THE NEXT ROOM, OR RIGHT THERE."
>
> - TONYA EDWARDS, TRANSITION HOUSE COORDINATOR COMOX VALLEY TRANSITION SOCIETY

HOW TABLETS MAY REDUCE EXPOSURE TO COVID-19 IN THE HOSPITAL

For those with access to technology, it's a little easier to foster social connections amidst the broad call to physically distance from friends and family. When it comes to health care delivery, fresh technologies are being used across the province to reduce health practitioners' exposure to infectious disease, while connecting patients to loved ones unable to enter the hospital.

Dr. Sean Spina, HSA member and the clinical coordinator of Clinical Pharmacy Services at Royal Jubilee Hospital in Victoria, is leading a research study evaluating the impact of technology on clinical practice in a pandemic setting. The study, entitled "The COVID Trial: Care Outcomes of Virtual Information Delivery (COVID)," is examining the effects of an iPad pilot project unrolled across Vancouver Island.

The initiative has seen iPads placed in the rooms of patients who are on droplet precautions – patients who are suspected of having a respiratory condition and are treated as COVID-19 positive.

The technology deployment seeks to reduce the required use of personal protective equipment (PPE) in a period when there is a critical shortage globally.

"From the collaboration centre we actually have the iPad, and I can dial directly into the room," explained Spina. "I can say 'Hello John, this is Dr. Spina. I'm the pharmacist working with you today.'"

"I'll say, 'Hey, can you push the big red button so I can see you?'"

"I can have a conversation with him, and it is through this process that I can do the best possible medication history (BPMH). I don't have to do a physical assessment on the patient for this part of my job."

Pharmacists will assess a patient's BPMH – how a patient has taken medications at home in relation to how they were prescribed – as part of a hospital's admissions procedure. This, in turn, informs the inpatient medication orders for the patient.

The iPads are also being used to connect patients to family members outside the hospital. Spina said that many patients have experienced loneliness due to visitor restrictions.

"We assume there is great value in having their family member connecting with them," said Spina. "It's a pretty easy system." An email address is retrieved from a family member when the patient is admitted, and the system allows a video chat with the press of a button.

Other health care professionals on the patient's care team are also using the technology in order to reduce risk of exposure to COVID-19.

SEAN SPINA, CLINICAL COORDINATOR
PHARMACY SERVICES
ROYAL JUBILEE HOSPITAL

Spina's research team is evaluating the effectiveness of the pilot project. Through a survey, they are assessing how patients, family members, and members of the care team are responding to the devices.

"My role in this is to evaluate the project so we can actually learn from it for future deployments," he said.

"We feel there is a responsibility to be accountable to a publicly funded healthcare system," explained Spina, "instead of just implementing technology without knowing how it is impacting the delivery of care."

THE RESOURCEFUL PHARMACIST: PLANNING FOR DRUG SHORTAGES DURING COVID-19

Healthcare delivery teams across the country have been responding dynamically to the new challenges emerging from the pandemic. And for the frontline pharmacist, this has meant increased planning, problem-solving, and ingenuity.

With the introduction of new infectious disease processes in BC's hospitals, there's been some transformation in medication therapy, according to Spina.

> *"All my staff have stayed on the ward doing their job because they feel that there's great value to what they're doing for patient care. That demonstrates the commitment they have to their patients and care teams."*

Seeing patients on a daily basis, clinical pharmacists "identify, solve, and prevent drug therapy problems," said Spina. For patients experiencing adverse drug reactions, pharmacists play a critical role in conducting a clinical assessment, which includes a patient interview and a review of the patient's medical history and currently medications.

But the role of the pharmacist has evolved in the wake of COVID-19. "There's a lot of uncertainty," said Spina. "We're planning for every eventuality, which is anxiety provoking and stressful for a variety of people."

"It's gotten very busy. We are planning for and managing multiple drug shortages," said Spina. He said this has been one of the more challenging aspects of his work. "Our team has been very active ensuring that we have an adequate supply of medications to support COVID-19 patients."

This also means monitoring returns to the hospital's dispensary, and ensuring returns are cleaned properly. In a pandemic situation, this becomes a very important task.

Because COVID-19 is a respiratory disease, there has been a high demand for asthma inhalers. During this pandemic, pharmacists asked, "how are we going to best utilize our inhalers?" said Spina. It's the job of the pharmacist to ensure that patients receive proper medication in the midst of these challenges. Each ward requires adequate volumes of medications.

"We have to adjust those levels to make sure we have an adequate supply on the wards and minimize the shipping of drugs back to the dispensary."

For COVID-19 patients, important medical interventions require the support of medications.

"Every patient on ventilators need medications in order to allow them to be sedated enough to be adequately ventilated," explains Spina.

Pharmacists are working collaboratively with a variety of other health care professions — including social workers, occupational therapists, physiotherapists, respiratory therapists, dietitians, pharmacy technicians, registered nurses, and physicians – to ensure the best health outcomes for COVID-19 patients based on the best available evidence

The Island Health clinical pharmacy program has been contributing to the development of clinical practice guidelines.

"Specialists have been informing the development of clinical practice guidelines locally as well as provincially," said Spina.

"We make sure we are using the best evidence to inform decisions about medication therapies," he explained.

Despite anxiety surrounding potential exposure to COVID-19, Spina said he is proud of the pharmacists and pharmacy technicians, who have displayed unwavering dedication to health care delivery.

"All my staff have stayed on the ward doing their job because they feel that there's great value to what they're doing for patient care. That demonstrates the commitment they have to their patients and care teams," he said.

FACIAL RECOGNITION PROJECT

BY GAIL GUMPRICH
HSA MEMBER

COVID-19 has had a massive impact in everyone's life, but most of all for patients in the hospital. Visitors have not been allowed into acute care facilities since March 20, 2020, except for end of life and a very few other exceptional circumstances. People admitted to the hospital have been completely alone, except for the staff caring for them.

Masks and goggles are now worn in all patient care areas, even where there are no patients with COVID-19. Imagine a parade of faceless, masked figures coming in and out, all day long, for days or even weeks. For patients who have dementia, delirium, or drowsiness, and even those who are cognitively intact but feel terribly because of their illness, seeing a person's face can make a huge difference to how they feel.

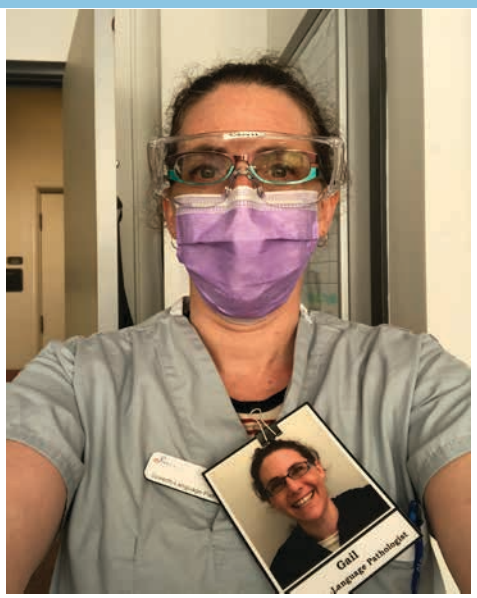
With the support of the St. Paul's Hospital Foundation, the Speech-Language Pathology (S-LP) department at St. Paul's Hospital in Vancouver started an initiative to clip selfies to our scrubs so that patients can see the smiling face of the person providing their care. We call it the Facial Recognition Project.

This not only makes patients feel more at ease, it helps them focus in order to participate in a conversation. It helps us to connect with our patients and even our co-workers, who we often do not recognize!

Since this project started about a month ago, many staff, including allied health, nurses, physicians, and support staff have started wearing these selfies. Many of them have given the feedback that interactions with their patients have been better since wearing it, and patients often comment on it.

I have experienced many positive reactions to my photo from patients. The first time I wore my selfie, a severely depressed patient in the ICU looked at my photo and smiled for the first time. She had never seen my face (or anyone else's for that matter!), though we had met several times. A different patient on day two post-stroke said to me "I remember you!" She smiled and pointed to my photo.

Since this project started, S-LP friends of mine from across the country have contacted me asking how to roll it out. Soon patients will be able to see the faces of their caregivers from Vancouver Island to Newfoundland and a few places in between!



GAIL GUMPRICH, SPEECH-LANGUAGE PATHOLOGIST, WITH HER SELFIE CLIPPED TO HER SCRUBS

FEELING LIKE PART OF THE SOLUTION

When Medical Laboratory Technologist Rachel Rinsma and her colleagues at the BC Cancer Agency were asked if they'd assist with COVID-19 testing at the BC Centre for Disease Control, they put their hands up.

Though the hours were long and the work was stressful, "It was nice to feel like I had a direct hand in helping," said Rinsma. "While it is horrible that this pandemic is happening, it is positive to be able to help my colleagues and my community."

RACHEL RINSMA, MEDICAL LABORATORY TECHNOLOGIST
BC CANCER AGENCY

WORKPLACE RACISM SURVEY SHEDS INSIGHT INTO INJUSTICES FACING BIPOC HSA MEMBERS

June has marked an unprecedented moment in North America, whereby hundreds of thousands of people have taken to the streets to protest the disturbing police killing of unarmed Black man George Floyd and ongoing systemic anti-Black racism. People all over the world have demonstrated in solidarity against anti-Black police brutality, including here in Canada.

Meanwhile, the global pandemic has resulted in a resurgence of Anti-Asian racism. In BC, reports have emerged regarding racist verbal and physical attacks on people of Asian descent, as well as vandalism targeting Asian communities. Examples of racism in our society are numerous and unending, and we know that no workplace is immune to it.

Through the Diversity education workshops HSA has offered for many years, we knew that systemic racism was an issue affecting our members at work, and last year HSA staff members Samantha Ponting and Nat Lowe undertook a research project to begin to understand the scope of members' experience and develop strategies to take on issues of racism for HSA members.

In January, the union launched an online survey to investigate members' experiences of racism at work. Critically, the survey asked BIPOC members to weigh in on what actions can be taken by the union to support members affected by racism.

The survey is a first concrete step that will build HSA's organizational capacity to challenge and disrupt racism at work and beyond, and will launch member-led development of resources for HSA stewards, and the broader membership. The accounts and recommendations shared in the survey have immense educational utility, and shed light on the racial injustices facing HSA's BIPOC members.

The survey included five major points of interrogation:

- Member experiences with racial harassment, bullying, physical violence, micro-aggressions (a subtle or indirect slight) and other racial remarks and behaviours at work.
- Member experiences with racial discrimination at work.
- Reporting and complaint mechanisms at work, including barriers to challenging racism at work.
- Work's impact on access to religious, cultural, and spiritual rights.
- Member experiences with assistance from union representatives surrounding issues pertaining to racism in the workplace.

In addition, it sought feedback from the membership on:

- How the collective agreement can be amended to improve access to religious-cultural rights.
- Reasons that may hinder members from seeking assistance from HSA representatives regarding workplace racism.
- How our union can improve the support it provides members in addressing workplace racism.

The survey featured open and closed-ended questions designed to collect both quantitative and qualitative data based off self-reporting. Survey results paint a very troubling picture of the subtle and overt ways racism can take shape in member workplaces.

Among 177 respondents, 71.2 per cent report to have experienced some form of racial harassment, microaggression, bullying, physical violence, or intimidation at work or workplace events in the past five years. 113 respondents provided written accounts of these experiences.

Survey results also indicate that HSA members are unlikely to issue a complaint regarding experiences of workplace racism. Overwhelmingly, respondents believe that reporting racism could lead to negative backlash by management or coworkers. In fact, respondents identified negative backlash as the most likely reason members may not seek union assistance in regards to an issue of workplace racism. This speaks to the deep-seeded challenges in confronting racism.

Through the survey, several racialized members volunteered to take a leadership role in addressing the issues and will be working with HSA staff and members in consultation with HSA's Committee on Equality and Social Action. In the coming weeks they will review the survey report and establish a plan for the union to take proactive steps to challenge racism at work.

WHAT'S THE DEAL WITH PPE?

BY MIKE WISLA
HSA SENIOR LRO - OCCUPATIONAL HEALTH & SAFETY

During the COVID-19 pandemic, Personal Protective Equipment has become an important, front-of-mind topic in the health care and social services fields. PPE are any pieces of equipment that workers use to protect themselves from harm when all other methods of keeping workers safe cannot be employed.

PPE is the last resort. It is not always the most desirable solution, but is one solution. It can include gloves, surgical masks, gowns, face shields and eye protection, scrubs, and respirators - specifically the N95 respirator. All of this equipment is essential to protecting workers working in the vicinity of the COVID-19 virus. And it's in high demand worldwide.

The *Workers' Compensation Act* and occupational health and safety regulations are clear. Outside of safety boots and hard hats, the responsibility to supply PPE rests solely with the employer. PPE must be appropriate, and it must be correct and safe for the wearer.

At the start of the pandemic, HSABC, led by HSA, commissioned a report by Dr. John Murphy, president of Resource Environmental Associates and an adjunct professor at the University of Toronto. Dr. Murphy's report, "Respiratory Protection for Health Workers Caring for COVID-19 Patients," examined the needs for PPE for healthcare workers, defined when N95 respirators would be required and when the use of surgical masks is appropriate, and offered opinions on non-standard and repurposed equipment.

HSABC presented this data to the Health Employers' Association (HEABC), the health authorities, and the Ministry of Health (MoH). This has served as a basis for HSA's position on the need and use of proper PPE for healthcare and social service workers provincewide.

One of the key points in the Murphy document was regarding the use of the N95 respirator for all aerosol generating medical procedures (AGMP). Science has shown that the COVID-19 virus is transmitted in droplet form, and workers performing AGMP would need the N95 for maximum protection.

For proper use, the N95 must meet the standards set by the National Institute of Occupational Safety and Health (NIOSH), an American agency whose guidance and recommendations are used to establish standards worldwide. The respirator must also be fit tested for each individual to ensure proper size and proper seal.

In addition to this, the worker must also be trained on using the equipment, including proper donning and doffing, seal, and care. The N95 was shown to be the proper piece of equipment for AGMP, approved and regulated by NIOSH, Worksafe BC, and the employers. However, because of the world-wide demand for N95 respirators, this equipment is in limited supply.

In order to conserve supplies, Worksafe BC invoked a temporary regulatory change to the fit testing protocol. The regulation in BC, prior to the temporary change, was for all workers requiring the use of N95 respirators to be fit tested annually. This annual testing used a large number of respirators, which once used for testing, were taken out of service. HSA endorsed this change under the following conditions in order to preserve supply and have more N95 available to frontline workers.

Under the temporary change, the employer will still have to conduct fit testing for employees required to use the respirator every two years. This change meets international standards. British Columbia had been one of the few jurisdictions in the world that regulated annual training.

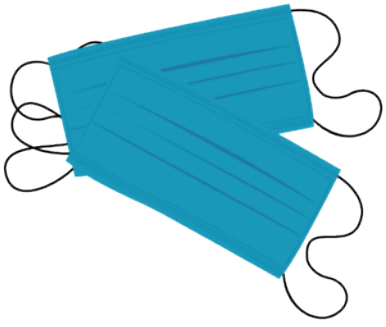
The shortage of standard N95 respirators, and awareness of other possible PPE shortages, prompted the provincial government to introduce PPE protocols, starting at Stage 4 (the ministry protocol documents define stages of action based on shortages of supply. Stage 4 indicates potential shortage of

some items or sizes).

HSA staff combed the documents, and successfully charged the ministry with updating and correcting the protocol for the recognition for fresh masks after changing locations and after breaks. This proved important for our members provincewide.

Throughout the pandemic, HSA has kept pressure on the government and employers to be accountable. Due to insistence from HSA, PPE updates from the MoH and the health authorities became a regular agenda item at biweekly provincial meetings. This ongoing pressure has helped to bring in a new provincial protocol update, released in early June.

HSA has alerted members to ongoing issues with PPE. When it was found that some non-traditional PPE was unsafe for use in MRI, this was brought to the attention of members and health authorities provincewide and shared nationally.



PPE will remain a top concern as long as members need this lifesaving equipment. Members of the HSA OHS team continue to meet regularly at the local, provincial, and national levels, with government, with management, and with other unions. HSA has been a partner on committees in most health authorities, and has been able to provide advice and oversight on a number of policies and procedures.

The team also supports members with advice and with actions refusing unsafe work. Personal protective equipment is the last line of defense, and HSA will continue to support members, ensuring that the gear is safe, appropriate, and equitable.

TURNING FEAR INTO ACTION: HOW ONE HSA MEMBER IS INFLUENCING OH&S PROTOCOLS

BY NALEENA GOUNDER
HSA MEMBER

Earlier this year, media coverage of COVID-19 slowly ramped up. By March, we were all saturated with conflicting yet weighty information.

This COVID issue was turning out to be a slowly slithering snake, which then enveloped us in its clutches. Restrictions started narrowing our world from the globe, to our country, to our city, and finally to our household.

On March 12, I was scheduled to be part of a dance performance - the day after the provincial government announced that gatherings over 250 are restricted. My co-performers and I spent months preparing for it. The show went on, but the directors announced a cap in ticket sales, which halved our capacity. A month later, we cancelled the vacation that I had booked with three other families.

COVID overtook life, squeezing out many joys and freedoms, and replacing them with anxiety and fear.

I had a good inventory of supports and strategies for coping with anxiety and practicing self-care. But I couldn't turn to most of these since the city had closed down.

So I decided that I would do something more constructive than worry and ruminate. I started by limiting my media time. Then, I contacted HSA to ask if they needed any help with responding to COVID-19.

Initially, I assisted with COVID-related grievances. I saw how other members were faced with problems at work. Tight open-concept spaces made distancing impossible. The idea of cohorting was an expectation.

Some folks were uncomfortable with this risk. There was also a major lack of personal protective equipment (PPE). Some folks could not change face-to-face interactions with clients.

It made me realize how fortunate I am that my worksite allows for some personal agency around certain safety precautions, such as physical distancing, holding off on outreach visits, and working from home. I have regular access to equipment for virtual visits.

I work as a care coordinator in housing with Vancouver Community Mental Health Service. In my job, I assess referrals for housing placement and household management, and collaboratively troubleshoot issues.

HSA asked if I'd be interested in joining a weekly union-employer OH&S/Infection Prevention and Control teleconference for Vancouver Coastal Health. This would be as a frontline HSA voice. My interest in mental heath and experience with joint OH&S (JOSH) committees in outpatient psychiatry, community psychiatry, and for a treatment centre was also an asset.

I've now been on a number of calls. We've gone through discussions regarding incoming PPE, PPE testing and allocation, infection control, and now, recovery. As a front-liner, I had no idea how much work was going on behind the scenes to develop OH&S protocols, guided by the ministry's regulations.

This teleconference was also to be a bridge between the upper-line planners and the boots-on-the-ground workers.

As just one employee in an organization with thousands, I feel that I'm not always heard. It was reassuring to hear that people like me could have a voice.

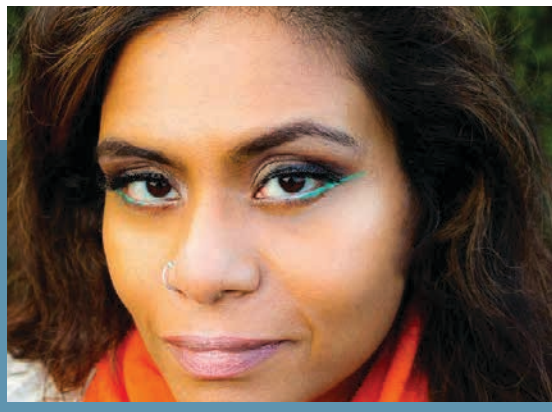
Through the committee, each union has an opportunity to voice concerns or comments on policies and documents presented by the chair. There is a chance to follow up with last week's issues, provide feedback, or discuss a new issue brought forth by the frontline staff. The various unions have brought forth lots of frontline questions and problems, including:

- What is the recommended time break between patients and PPE changes?
- What are the size options for PPE?
- Is the protocol feasible in practice, with time and workload pressures?
- Some employees follow don/doff procedures but others don't. Is this an issue with education, available time, or coaching/reinforcement?
- How do employees manage skin irritation if PPE is non-negotiable?

Now that restrictions are loosening, this teleconference will continue talks about recovery, and what our new normal might look like.

A member has a right to safe work. Every member has a voice. If you have concerns or questions around COVID, please speak with your supervisor and manager. If the situation is not resolved, contact HSA through the COVID email: covid19hotline@hsabc.org or hotline: 1-604-549-5168.

If you're interested in joining your JOHS committee, you will need to take a couple of training sessions first. You can speak with your local committee or contact the union for the next training sessions. If you don't want to join it, but want to see what they've been up to, check the boards at your worksite for the meeting minutes. You can also bring your concerns to the HSA representative on your local JOHS committee.



"AS JUST ONE EMPLOYEE IN AN ORGANIZATION WITH THOUSANDS, I FEEL THAT I'M NOT ALWAYS HEARD. IT WAS REASSURING TO HEAR THAT PEOPLE LIKE ME COULD HAVE A VOICE."

- NALEENA GOUNDER, CARE COORDINATOR VANCOUVER COMMUNITY MENTAL HEALTH SERVICE

SURVEY: HSA MEMBERS EXPERIENCING HIGH LEVELS OF STRESS, ANXIETY

BY DAVID DURNING
HSA OH&S ADVOCATE

The spring of 2020 has been a time of unprecedented change in workplaces all over the world. For healthcare and social services workers in particular, these changes have had a tremendous impact on health, safety, and personal wellbeing, made even more significant by the fact that no one can predict when the traumatic experience of this pandemic will come to an end.

In April, more than 250 HSA members participated in a national survey of health sector workers, designed to gather information about our members' work-related stress during the pandemic. Coordinated by John Oudyk, of the Occupational Health Clinics of Ontario Workers (OHCOW) and supported by healthcare union representatives and academics from across Canada and the US, the purpose is to collect data for research and analysis and to support efforts to improve workplace practices for controlling the physical and psychological hazards created by COVID-19.

The survey confirms the need for intervention and support to prevent ongoing psychological injury. More than half of those surveyed indicated signs of anxiety and depression related to the pandemic. There is also evidence of inadequate and uneven responses from health sector employers, who are responsible for providing a safe workplace. Unless appropriate measures are taken promptly, conditions will worsen.

We've seen through the survey findings that HSA members are highly committed to their work, taking pride in caring for patients and clients even while facing unusually high levels of risk to their own personal safety. In fact, 65 per cent of respondents feel that their contributions in the current circumstances are more important now than ever. That commitment is inspiring, but it can have a serious downside when it is taken for granted and workers do not feel supported. This in itself is an area of stress.

> *"HSA members are highly committed to their work, taking pride in caring for patients and clients even while facing unusually high levels of risk to their own personal safety.*

Survey results provide a baseline for examination and will help the union monitor workplace stressors as the pandemic response evolves.

The survey design includes questions to measure:

- burnout, stress and sleep disorder symptoms
- anxiety and depression symptoms
- self-efficacy
- COVID-19 exposure
- Personal Protective Equipment (PPE) experiences and training
- work pace, predictability, role conflict, supervisor support, colleague and family support
- psychological health and safety climate
- organizational culture's tolerance of behaviours harmful to mental health

Among HSA's survey respondents, 71 per cent work in hospitals while the remainder are split among outpatient services, long-term care, community health and labs. 12 per cent work as supervisors.

What the survey reveals

PPE and training

There is a strong correlation between having PPE needs met and lower levels of anxiety. Workers without access to appropriate PPE or information about which PPE to be using are more likely to experience a range of psychological symptoms than workers whose PPE needs are adequately met.

Similarly, appropriate COVID-19 infection control training is strongly related to better mental health outcomes. However, only 42 per cent of respondents rated their training as good or better. Additional survey findings include:

- Of those knowing they need an N95 mask, only 25 per cent reported having the appropriate type and an adequate supply.

- 57 per cent said eye protection and goggles were in short supply. For surgical masks, it is 52 per cent.
- 61 per cent reported restricted access to PPE.
- 10 per cent said they were refused a particular type of PPE.

The union continues to advocate for improvements to the PPE allocation process and for frontline involvement in infection control planning and decision making.

Exposure

Provincial guidance on exposure and contact tracing requires strict confidentiality, but the downside of that confidentiality is that when workers don't know the potential risk of COVID exposure in their workplace, their fears are greatly increased.

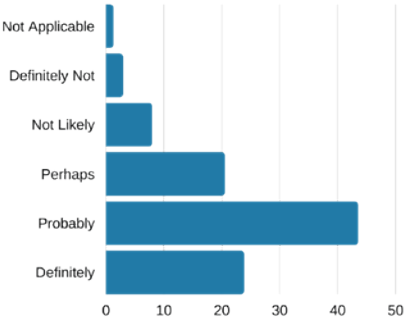
The union continues to push for better coordination and information sharing with workers and their joint occupational health and safety committees on workplace exposures. The survey found:

- 35 per cent of respondents had direct contact with COVID patients.
- 33 per cent didn't know how many patients were suspected or presumed to have COVID within their organization.
- 17 per cent shared spaces with workers who are in regular contact with COVID patients.
- 62 per cent didn't know if co-workers had been infected.
- 49 per cent were very or extremely concerned about bringing the virus home from work.

Fear and anxiety

Although so much is still unknown about COVID-19 or perhaps because so much is unknown, there is a need to do a better job of communicating evidence-based information with workers to assist them in making informed decisions about the risks they face at work.

If denied appropriate PPE, which statement best characterizes how you feel about exercising your right to refuse unsafe work?



On a scale of 1 to 10 rating the level of fear experienced, 9 per cent indicated a level of 10 (10 = as much fear as I have ever felt!). The average level was between 6 and 7.

Self-efficacy

Having the ability to exercise control over one's own risk management is an important component of worker wellbeing. A large majority of HSA members express confidence in their abilities to manage risk – on their own or in conjunction with their peers - but indications are they are not properly supported in this. According to survey findings:

- More than 85 per cent of respondents expressed confidence in their ability to assess their own personal risks and PPE needs.
- 65 per cent agreed that their contribution at work was more important than ever.
- More than 80 per cent are confident in their ability to solve challenging problems well.
- More than 80 per cent report a good atmosphere among colleagues and 94 per cent feel confident in calling on those colleagues for support.
- 68 per cent of members indicate they always or often have support from family/friends outside the workplace when they need it.

Where do we go from here?

The first wave of this pandemic has helped us to identify gaps in our health and safety systems, especially in terms of the need to support members in having more control over their own risk assessments, PPE choices and workplace exposure control plans. Detailed analysis of survey results will continue, helping to guide the union's advocacy efforts for workplace health and safety improvements.

HSA will continue to provide feedback to the Ministry of Health and health and social service sector employers about the health and safety improvements that are needed in the sector, with the emphasis being on more transparent and inclusive decision making involving workers and their joint occupational health and safety committees.

Staff Profile: Petra St. Pierre

Job title and department: Labour Relations Officer, Servicing Department

What you actually do, in your own words: My primary role is to ensure that there is compliance with the Collective Agreement provisions in the workplace. I provide support and guidance to the stewards in order to fulfill their role as an elected steward.

Your job before this one: Prior to working at HSA, I worked for the BC Nurses' Union as a Labour Relations Officer. I am also a practicing RN at VGH.

Your loved ones describe you as: I am like a chocolate covered ice cream bar - tough on the outside, but a softie on the inside. I think they would also say I am loyal, dependable, and a little bit crazy, in a good way.

Secret talent unrelated to job: I love to change my hair colour, length, style, etc. I have had many different hair-styles over time.

Favourite music genre and why: I do not really have a favorite, but I am particular to good reggae music.

Literary, TV or movie character most inspiring to you: There are so many. Hmmm...I would probably say Morgan Freedman's character in *Shawshank Redemption*: an endless amount of patience, but look at the reward!

Your perfect day looks like: Spending time in my garden. I am not an avid gardener, but there is something about it that just soothes me.

Best place you've ever visited and why: I love Paris, France. And Buenos Aires is not far behind.

What solidarity means to you: Solidarity means that you share the same beliefs, values, and struggles with the people who are likeminded as you, whether they are in your house or thousands of miles away.

TIME TO END PROFIT-

BY ANDREW LONGHURST AND KENDRA STRAUSS,
CANADIAN CENTRE FOR POLICY ALTERNATIVES

The coronavirus pandemic has shone a light on serious problems in Canada's seniors' care system, as nursing homes quickly became the epicenters of the outbreak. These problems are not only due to the greater vulnerability of seniors to the disease, but also to how care is organized and staffed.

As a part of the pandemic response, BC announced extraordinary and positive measures to mitigate the spread of COVID-19 in the province's long-term care (nursing homes) and assisted living facilities. Specifically the public health order has:

- Required that most staff work at one facility only ("single-site order");
- Enabled public health officials to ensure compliance with the single-site order;
- Required that all workers are paid the unionized industry standard; and,
- Committed to full-time hours for workers required to work at a single site.

These changes were necessary because many seniors' care workers have to patch together a living by working multiple low-wage, part-time jobs in different health care facilities. The BC government will temporarily "top-up" wages to bring them in line with the industry standard for unionized staff.

Notwithstanding these important and welcome changes, a number of concerns remain about how BC's home and community care sector is meeting the needs of seniors during the pandemic.

Going into the crisis, our system had already been weakened by policy decisions beginning in the early 2000s that:

- Reduced access and eligibility to publicly funded care;
- Produced vulnerabilities and gaps that are impacting seniors and those who care for them; and,
- Encouraged profit-making through risky business practices such as subcontracting, which undermined working conditions and created staffing shortages.

Rebuilding seniors' care in BC

The COVID-19 crisis is exposing the long-term impacts of policies aimed at cutting costs and expanding the role of for-profit companies in the seniors' care sector in BC. Reduced pay and benefits and understaffing are bad for workers; they are also bad for vulnerable older people who depend on those workers. Over a short period of time the BC government has been trying to rectify workforce instabilities brought about over years of labour policy deregulation and business practices intended to drive profits.

Going forward, policy can be steered in a different direction, however.

MAKING IN SENIORS' CARE

Over the medium and long-term, the BC government should end its reliance on contracting with for-profit companies and transition exclusively to non-profit and public delivery of seniors' care.

In the immediate term, there are a number of steps that the provincial government should take, including requiring much greater transparency ib how public funds meant for direct care are used, banning subcontracting, protecting seniors in assisted living from evictions, and rejecting potential calls to bail out over-leveraged seniors care corporations.

The BC government needs to move boldly on a capital plan to start building new seniors' care infrastructure and acquiring for-profit-owned facilities. BC's long-standing policy approach has allowed corporations and their investors to build up large real estate portfolios on the public dime, while receiving generous public funding that assumes they are paying unionized wages when many in fact are not.

The BC government said that it will cost about $10 million per month to provide "top-up" funding to increase wages to the unionized industry standard so that no worker loses income as a result of the COVID-19 single-site order. It appears these public dollars will flow to employers that, up to now, have not been paying the unionized industry standard rate. Structuring the wage top-up in this manner raises some concerns.

The Seniors Advocate found that a significant number of long-term care operators have been funded using a formula that is based on the unionized industry standard rate but have failed to pay their workers commensurately. In practice, the top-up, that will go to these employers as well, means these operators will be double-dipping and will be rewarded for over-charging the public. Instead, they should be compelled to pay the unionized wage rate—without additional funding—and to become part of the public sector labour relations structure.

It is not tenable to suggest that these workers will get a pay cut after the pandemic, or that they should return to cobbling together an income through multiple part-time jobs. All of which reinforces the need to move to consistent public and non-profit ownership and delivery of care.

When we emerge from this crisis, there should be a public consultation on the kind of seniors' care system we want in our province and across Canada, drawing on lessons from the pandemic. We have the evidence and tools to rebuild seniors' care. COVID-19 has revealed the urgency of doing so.

Andrew Longhurst is a researcher and policy analyst with the Health Sciences Association of BC, and a research associate with the CCPA-BC. Dr. Kendra Strauss is an Associate Professor and Director of the Labour Studies Program at SFU, and a research associate with the CCPA-BC.

The full-length article was published by the Canadian Centre for Policy Alternatives—BC Office at https://www.policynote.ca/seniors-care-profit/.

PHOTO: THE SALVATION ARMY BUCHANAN LODGE, NEW WESTMINSTER

PANDEMIC PREDICAMENT: SHOULD I STAY OR SHOULD I GO?

BY DENNIS BLATCHFORD

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

I was planning to retire in the near future, but now wonder what impact the pandemic may have on my pension long term. Would it be better to delay my retirement plans to build up additional pensionable service?

As a defined benefit pension plan, the MPP is designed to account for fluctuations in markets, and still deliver income security for plan members in retirement, all in accordance with the accrued pension benefit at retirement. We call this the "basic benefit," and that portion of your pension is guaranteed.

In order to do that, the plan assumes there will be market downturns and sets contribution rates for active plan members and employers based on those assumptions. In fact, the plan models such anticipated events and builds in additional worse-case scenarios as an added buffer to soften the blow in case of a severe market shock.

This appears to be the situation we are dealing with today, and likely, for the foreseeable future. I say that with some reservation, as it is difficult to see the full impact of any crisis when you are in the middle of it. But as was famously said during the 2008 financial meltdown, "This may not be the Great Depression, but it's certainly a pretty good one."

Okay, so my basic pension is secure. Are there other possible impacts?

Well, that will likely depend on how world economies come out of the pandemic. Governments, regulators, and policymakers are trying to stabilize the situation so that the current pandemic shock doesn't spiral into something worse long term. We've had a long run of falling, low, and stable inflation, which means pensions in pay have generally kept up with inflation.

But many of us can remember a very different time when the value of pensions was being rapidly eroded by inflation. In fact, that was what led to the creation of an inflation account for the MPP back in the early 80s, when inflation was out of control. The introduction of that program has proven enormously valuable for retirees. Through the fund, an inflation adjustment increase is added as a top-up to the guaranteed basic pension.

However, there are limits. The current inflation allowance is capped at 2.1 per cent, which is fine provided that the rate of inflation remains stable. The danger during any economic shock is that inflation may start to run away as interest rates rise during the recovery. That could result in inflation exceeding the cap, and over time the erosion of the value of pensions.

So should I offset any potential pension erosion by working longer?

Working longer is certainly going to increase the value of your pension and extend the "best five years" window. Your "best five years" are your highest full-time salary earnings, whenever they are, applied to your pension calculation.

Should you live 30 years in retirement, that's a long time to have an additional, for arguments sake, let's say $75 per month in income. So it's worth considering if you continue to enjoy your work.

As we all know, the years roll by awfully fast as we get later in our careers, so what's another year? On the other hand, if you feel you are ready to go, need to go, or want to go, then by all means, take the leap and retire.

Don't let the anxieties of the pandemic interfere with an important personal decision, which is difficult enough for HSA members at the best of times! It might be the best thing you ever did. Either way, good luck with it!

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

MENTAL HEALTH RESOURCES FOR HSA MEMBERS

If you are feeling anxious, depressed, or are struggling with another mental health issue, you are not alone. The good news is there are resources available to HSA members who are looking for mental health support. Here is a list of resources that are available to you.

Virtual mental health services through your benefits plan

If you receive benefits through your collective agreement, reimbursement is now available through the benefits provider for registered counselling and psychological virtual services. For more information, visit www.pac.bluecross.ca/covid19.

Referrals for mental health practitioners

Many mental health practitioners have now moved their services online, but continue to operate during the pandemic.

For help finding a psychologist near you, visit: www.psychologists.bc.ca/find_psychologist. To receive a free referral over the phone, contact the BC Psychology Association's (BCPA) Referral line, open Monday-Friday between 9:30am-4:30pm: 604-730-0522 or 1-800-730-0522.

For help finding a registered clinical counsellor, visit the BC Association of Clinical Counsellors (BCACC) website: www.bc-counsellors.org. To receive a free referral over the phone, call 1-800-909-6303 (toll free) or 250-595-4448 from Monday – Friday between 9am and 4:30pm.

Supplemental psychological services

The BC Psychological Association (BCPA) is offering free psychological first aid to adults 19+ who are feeling anxiety, stress, or uncertainty due to the COVID-19 pandemic. Through their website, you can book 30-minute telephone consultations that provide information to help cope with the stress associated with COVID-19. You may use the service as many times as needed.

To book a call, visit: www.psychologists.bc.ca/covid-19-resources.

Canadian Mental Health Association-BC Bounce Back Program

The Bounce Back program is a free program designed for adults and youth 15+ who are experiencing low mood, mild to moderate depression, anxiety, stress, or worry. The program, offered online or with the support of a coach over the phone, provides tools and resources to help clients strengthen their mental health. Coaching and workbooks are available in English, French, Mandarin, Cantonese or Punjabi. For more information, visit: www.bouncebackbc.ca.

Free virtual counselling services for people aged 12-24

Free virtual counselling services are now available for young people aged 12-24 and their caregivers. No referral or assessment is required. To book an appointment, call 1-833-308-6379 or 604-283-2234. A variety of other mental health and wellness services and supports are available through Foundry centres. Visit Foundry.bc.ca for more information.

Digital Mental Health Therapy

To access a free online program on managing mental health during COVID 19, visit: https://info.starlingminds.com/covid19-free-mental-health.

Crisis Intervention

The Crisis Intervention and Suicide Prevention Centre of BC operates a 24-7 distress phone line, as well as a web-based hotline for adults in distress.

Crisis line: 1-800-784-2433 (1-800-SUICIDE).
Web-based hotline: CrisisCentreChat.ca

Alcohol & Drug Information and Referral Service (ADIRS)

ADIRS provides multilingual referrals to services across the province for people in need of support for any kind of substance use issue.

Call 1-800-663-1441 (toll-free in B.C.) or 604-660-9382 (in the Lower Mainland)

HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

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

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