



DMRC Report to VIUFA AGM

Spring 2023

I would like to open this report with a note of gratitude to the Snuneymuxw people, on whose traditional and unceded lands I live as an uninvited guest.

I would also like to offer my thanks to President Gara Pruesse, Chief Steward Clay Armstrong, and our Labour Relations Advisor Neil McLeod. When I was on disability leave for the fall term, they ably filled in for me and assisted members, giving me the space and time I needed to get back on my feet.

I would also like to thank Josephine McNeilly and Dana Swartz in HR. They are incredible professionals who seek to keep the wellbeing of our members centered in any situation they are a part of. Our relationship is always collegial and collaborative, and I am grateful for their continued presence at this institution.

My need for leave in the fall came on the heels of having been elected chair of the sector-wide FPSE DMR Committee, and so I would also like to extend my gratitude for past chair Ann Marie Davison (Kwantlen), and the FPSE Staff Liaison, Monica Staff, for filling my role while I was away.

The work of this position is in part to assist members who need to access benefits through salary replacement insurance (via Manulife) when they find themselves disabled or ill. It is my honour to continue to do this work, as well as to help members access accommodation when needed. If you know of a member of our faculty who may benefit from assistance in these areas, please don't hesitate to let me know, or to put them in touch with me. We find that statistically, members do better, and have better access to our benefits, when the local rep is involved.

We have had few problems in the application for both accommodation and benefits, and in most cases these issues were very specific to the individual and thus don't bear mentioning in any detail here. However, there are sector-wide trends that it makes sense for all of us to be aware of, and to report immediately if they occur in our Local.

Of these, the most important is that some employers have begun using Manulife in order to adjudicate access to our 30 days of sick leave. To be clear, those 30 days are a bargained right, and as long as a medical professional has indicated that a member is too ill to work, those days should be automatically available. However, an increasing number of locals are using Manulife's AMA program in order to judge whether access to those days should be granted. This program is now called the "Abilities Management

Access,” but was formerly known as “Attendance Management Access,” and the reasons for its use are somewhat suspect. This is particularly true when the potential conflict of interest is considered. If Manulife denies a member access to 30 days of sick leave, then that member is automatically declined access to any Short- or Long-term paid disability leave, a fact that is clearly in Manulife’s financial interests.

As a result of this trend, the DMRC has begun information gathering in order to ensure that this practice is tracked and grieved effectively. I don’t anticipate it happening at VIU, but if it does, I would appreciate being notified immediately. This is a trend we want to stop, especially since it is our older members who seem to be most frequently targeted.

More positively, there is also a trend spotted by HUB, the company which has been hired by the consortium¹ to oversee Manulife, in which employers are turning more toward funding preventative care, especially for musculoskeletal injuries which, along with mental health challenges, form the largest proportion of insurance claims.

There are a number of services that members have access to, but may not know about, through our benefits provider. I want to bring to the membership’s attention four of them: two to avoid, and two which might actually be helpful in certain circumstances.

The two to avoid both have significant privacy risks. One is an app called “Manulife Vitality,” which tracks various health-supporting activities and awards points which can add up to gifts. I strongly advise members against using this app. The potential benefits of a gift card to Indigo or (and the irony does not escape me here) Tim Horton’s are unlikely to outweigh the dangers of allowing the employer and a multinational corporation access to such personal data. The other thing that Manulife is beginning to push is “pharmacogenetics.” This is a process by which testing is done in order to determine which drugs might work best on an individual. As a medical process, it has great benefits, and if offered by one’s personal physician might be well worth pursuing. However, again, the privacy concerns related to putting that information in the hands of a corporation such as Manulife are significant. If it is funded by Manulife, I would strongly advise against it. If anyone receives any pressure from any quarter to participate in either the “Manulife Vitality” app or in a form of pharmacogenetics, please reach out immediately, and we will ensure that your rights are protected.

The two services which might be of use provide online access to health care. One of them is Phzio/MSK 360, which provides online access to physiotherapy. I have received mixed reviews about this app, and have not yet had time to try it for myself, but it might be a useful stop-gap given that there may be wait times associated with seeing a physio in person. The other service is “Stronger Minds by Beacon.” This is a service I recommend with some caution. It is an online platform that offers access to programs designed to strengthen resilience, and help with mental health issues. Again, I have not tried it for

¹ “The consortium” is the group of employers who together purchase the services of the insurer (currently Manulife), and to which our own institution belongs. The combined purchasing power allows the consortium to bargain for better pricing on our benefits. The body which oversees this process is the Joint Committee of Benefits Administration [JCBA], on which I am now sitting as the chair of the FPSE standing DMRCCommittee.

myself, but it might be a good addition to our access to counselling through the EFAP program, which is generally admitted to be somewhat insufficient.

On a final note, it is my continued resolve to push Manulife and the JCBA to move towards culturally appropriate care and treatment. Currently, Manulife uses an entirely Western medical model, which has obvious negative implications for those who are struggling with the effects of Western colonial oppression. It would be both just and sensible to expand Manulife's range of acceptable treatment options to acknowledge this.

Respectfully submitted,

Anna Atkinson