

## Spring 2021 Report:

# Disability Management and Rehabilitation Committee Representative

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*April 2021*

## Key Takeaways

- As always, if you or another member you know is in need of Manulife benefits, particularly Short- or Long-Term Disability Leave, please contact me as soon as possible. The application process can seem overwhelming, but is not that difficult to navigate with a bit of help. I'm happy to offer that help.
- At the end of your Manulife claim, you will be given the opportunity to fill out a survey. *Please fill that survey out.* The information you provide can help to shape our approach to negotiating with Manulife on issues related to service, which can really benefit others who need benefits in the future.
- I am beginning to work, in concert with the HR department at VIU, on changing Manulife's approach to treatment and care to a more inclusive model, which allows for Culturally Appropriate Care.

## Highlights

### Internal to VIU

As usual, one of the key highlights of this position is the opportunity I have to work with the professional, courteous, and talented Benefits Specialists in our HR Department. This year has seen far more stability in key positions than in the past, and I am grateful for the support I have from Josephine McNeilly and Reneé Brown, as well as Brenda McKay. Together, we have advocated for and supported members of our local through incredibly challenging times, and as usual, we have weathered the challenges posed by, at times, less-than-ideal service from Manulife. Sadly, Reneé recently moved to another position at VIU, but in her place we have the very competent and efficient Alison Todd.

We have now formally changed the name of our committee for consistency throughout our sector and are meeting (over Zoom) once every four weeks rather than once every six. This is an important move forward, since it means that the 30 sick days our contract entitles us to don't expire for members who may be at risk between one meeting and the next. It has taken a long time to achieve these two small steps, but they are important milestones, nonetheless.

In addition, without fail I am automatically included in any RTW (Return to Work) meetings, which had not been the case until quite recently. Again, I am deeply grateful to Josephine, in particular, for recognizing my position as being critical to the functioning of the committee, and to the support of our members.

### Manulife

On April 9 I was pleased to be part of a "Discovery Meeting" with representatives from Manulife, and from other campus unions, along with Brenda McKay, Josephine McNeilly, Alison Todd, and our VIUFA President Chris Jaeger. The purpose of that meeting was to provide feedback to Manulife on the service they were offering, and to suggest any necessary changes. Although I did bring up some of the ongoing challenges with Manulife (outlined in detail below), it was heartening to hear that Shawn Wakely, who has been promoted out of the position I have gotten to know him in, is

now working at the national level of the company and has developed a six-week mandatory training program for our case managers, which hopefully will help to address some of the challenges.

## Challenges

### Internal to VIU

In times like these, challenges in the field of Disability Management are to be expected. In our institution we have experienced an uptick in short-term disability applications, particularly as the January 2021 semester began. In the past few weeks, there has been another strong increase in members requiring support through our insurance benefits. This is almost certainly the result of considerable stressors placed on our members in the “pivot” to online learning, combined with the sense of grief and loss at not being able to connect with students (and friends and family) in a way that is part of our work and non-work lifestyle. Informal surveys of members have revealed further issues dealing with a sudden sense of the loss of competence, since the job we have been accustomed to doing and are expert in changed overnight into one that many felt unprepared or underprepared for.

### Manulife

The challenges with Manulife were reduced for some time over the past year, but a change in our case manager has resulted in a renewal of problems I had hoped were behind us. There have been communication issues, and I can say fairly confidently that, although Manulife seems to manage mental health disorders better than they have in the past, they are often absolutely rubbish at understanding cognitive and neurological challenges.

I would urge all members who have been on disability leave to fill out the survey that Manulife makes available after their claims are closed; the results of those surveys provide valuable information to the “consortium” of which VIU is a member, who together negotiate fees and services with Manulife and, when the contract’s term is complete, put our contract out to tender, and choose our benefits provider. The information from members can allow the consortium to put considerable pressure on Manulife to increase their training and levels of service; it can also provide evidence to the consortium that Manulife may not be the best benefits carrier, if a change needs to be made. That said, Manulife does seem open to feedback, including negative feedback, and there have been several changes made over the past year or so which have a positive impact on our members. For example, their communication style—particularly in terms of written documents—has become much more transparent and reader-friendly.

## Future Plans

At the “Discovery Meeting” mentioned above, I was pleased to hear members of VIU’s HR team bring up the issue of Culturally Appropriate Care. As some members may be aware, Manulife works on a strictly Western medical model. If people who are accessing disability benefits are not under the care of one or more western medical professionals, and following a prescribed western medical protocol, they are frequently seen to be in violation of the benefits agreement and are subject to having their benefits suspended. However, such a care model is deeply Eurocentric, and may not be the most appropriate or effective form of care in many cases, particularly for First Nations People. At the very least, Manulife should be aware of and accept that there are alternative forms of treatment and care for many disabilities. It is my intention to bring this up at the next FPSE DMRC Representatives meeting, and I hope to move the issue of culturally appropriate care forward with the goal of having Manulife accept a more inclusive set of care models which may work much better for many of our members.

Respectfully Submitted,

Anna Atkinson, VIUFA DMRC Representative