

# Advocate

Official news magazine of the BC Federation of Retired Union Members (BC FORUM)

Vol. 29 No. 1, Spring 2026



## **Holding our breath: Asbestos awareness for seniors**

**Seniors Advocate:  
Dispelling myths  
about seniors**

**ELDER ABUSE:  
RECOGNIZE THE  
SIGNS & GET  
SUPPORT**

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## Advocate

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## THE ADVOCATE

# In this edition

This is our first edition for 2026. Already, the year has been full of events that leave the world feeling precarious. In this edition we look at some of the issues that seniors are facing here at home; the BC Budget 2026 and the impacts on seniors living in poverty, elder abuse and how to recognize the signs, and how past exposure to asbestos can show its impacts later in life. We also look at myths about seniors that are influencing the discourse about the future of young people. Despite these challenges, there is much to appreciate. We hope you enjoy this edition of The Advocate.

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# Fighting for good in a precarious world

By Sam Wiese, BC FORUM President

There is much to consider as we inch further into 2026. It's hard to believe that we're already three months into this year.

Each year, January is dedicated to mental health awareness. From the grade school classroom to national conglomerates, talking about Canada's mental health is not only encouraged, it's rewarded when in February we promote "buddies over bullies" and Pink Shirt Day.

We owe thanks to MP Jean Augustine, a trailblazing politician and social activist and the first Black woman elected to Parliament, for presenting the motion which resulted in the federal government declaring February as Black History Month.

With the onset of March we celebrate International Women's Day on March 8, a time to celebrate women's accomplishments in all fields. We recognize the days of suffrage and the declaration of women as persons, as well as our ongoing battle for equity in all matter of things.

April is the month we look closer at workplace health and safety with recognition that the effects of workplace accidents, injuries and deaths that can have a reach beyond the workshop floor.

When looking to our individual health and safety we are faced with the troubling insecurity of our world due to the ever increasing unpredictability of the Trump administration. With total disregard for the fragility of peace in the Middle East and for the wellbeing of the people who live there, Trump bombed Iran, calling them the "Loser of the Middle East". If anybody hoped that Trump might look at a diplomatic solution to this war, he has surely proved otherwise.

We have all heard the adage which cites dangerous, often destructive, consequences that occur when an



incompetent or unwise person is given authority. Well, I daresay we are living it right now. Under the flimsy excuse of a war against drug trafficking, the U.S. has invaded both Venezuela and Ecuador, and throttled Cuba. We all understand the hazards of illegal drugs and that their distribution must be thwarted, but to use that premise to justify seizure of a country's resources and then impose embargoes that result in a virtual strangulation of whole populations, is inhumane. If the U.S. Congress, their closest allies and friends are unable to reign in this madness where are the 1907 Hague Conventions?

On the topic of conventions, the work continues on a UN legally binding treaty—the Convention on the Rights of Older Persons—to address specific human rights violations, discrimination, and protection gaps faced by people over 60. Following a landmark April 2025 resolution, this treaty aims to combat ageism, ensure dignity, and define state responsibilities.

The UN Human Rights Council established a working group to draft the convention, with an organizational session expected by March 2026. The convention is needed as the existing international human rights frame-

works are fragmented, leaving older people vulnerable to neglect, exploitation, poverty, and violence.

It is this vulnerability that is the focus of this edition of *The Advocate*. Issues such as elder abuse, exposure to toxic substances and the pressures placed on seniors from others in society are not easy topics to address but they are necessary ones.

Healthy ageing results from maintaining a well-balanced, healthy diet, appropriate physical activities, social connection, and remaining free of any form of abuse be it outright or coercive. Only by understanding the patterns of coercive behaviours, elder abuse, and hidden health dangers, can we ensure our ability to age in the place(s) of our choice, fight for legislated changes that meet our needs without negative impact on others, move towards a United Nations convention on the rights of older persons, have access to full medical care including medications required, and to enjoy our senior years with dignity and respect.

There is a notion in the current zeitgeist that seniors hoard wealth while young people struggle to make ends meet. Generations should not be pitted against each other. This is a capitalist strategy that exploits our struggles and frustration and causes us to put blame in the wrong place. We are collectively impacted by the economy and the widening gap between the rich and the poor. Young people are facing an uncertain future, and seniors remain some of the most vulnerable in our society. We must work together, in solidarity, to improve the lives of every Canadian, and share the wealth we have all worked to realize.

Thank you for reading this edition of *The Advocate*, and as ever, should you have any suggestions for future articles please send them on via e-mail to [bcbforum@bcfed.ca](mailto:bcbforum@bcfed.ca)

# B.C. Budget 2026 and impacts on seniors living in poverty

The following information is drawn from a report by BC Policy Solutions.

**B**C Policy Solutions is an independent, non-partisan research institute committed to advancing transformative policy solutions to the most pressing challenges facing people in B.C. Through research, convening and public engagement, they seek to build a more just, equitable, and sustainable future for all. The BC Policy Solutions website is a treasure trove of information and can be accessed at [bcpolicy.ca](http://bcpolicy.ca).

The following are excerpts about the 2026 BC Budget and information about seniors' precarious living situations in BC. You can access the full budget analysis through the webinar available on YouTube by searching "Making sense of BC Budget 2026 (BC budget briefing)" or you can access the written report at [bcpolicy.ca/2026/02/17/bc-budget-2026](http://bcpolicy.ca/2026/02/17/bc-budget-2026).

The information on seniors' poverty is found at [bcpolicy.ca/2025/11/27/seniors-poverty](http://bcpolicy.ca/2025/11/27/seniors-poverty).

## B.C. Budget 2026

"With Budget 2026, the BC government has prioritized deficit and debt reduction at the expense of public investment that could have made life more affordable for B.C. families and built a more equitable future for the next generation.

Further, slowing down the delivery of approved long-term care projects at a time when our population is aging and access to long-term care is already stretched is asking vulnerable seniors to take the hit for reducing the provincial debt.

Instead of asking those who have more to contribute more, the B.C. budget asks youth, working families, people in poverty and seniors to fend



for themselves amid public services stretched beyond capacity and huge rural-urban gaps in access to health care, transit and other key services."

## Seniors living in poverty:

"Nearly 170,000 BC seniors are living in poverty and many more have incomes only marginally above the poverty line.

The poverty rate among B.C. seniors (15.5%) now exceeds the poverty rate of every other age group, a change since 2015. These are real people who are forced to choose between groceries and medication, between heating their homes and paying rent.

Many seniors have incomes just above the poverty line with half of B.C. seniors living on after-tax income of less than \$35,000 per year and 28%

living on income less than \$25,000. As of March 2025 about 30% of BC seniors (344,449 seniors) receive the Guaranteed Income Supplement (GIS), a monthly federal benefit for seniors with low incomes.

While these seniors are not technically in poverty, they still struggle to make ends meet, particularly because they usually have higher health care expenses than younger age groups. These seniors are missed by many public policies that narrowly target those below the poverty line.

In BC, 43.7% of renters who are seniors live in unaffordable housing (costing more than 30% of their income). This is a significantly higher percentage than the 29.9% of renters who are working-age adults who live in unaffordable housing. One third of senior renter households are in

core housing need (33.0%), which is much higher than the 17.7% among working-age renter households. Core housing need is highest for single senior women (48.1%), on par with the rate for single-parent households (48.5%). There are long wait lists for seniors to access rent-geared-to-income housing in B.C. as demand outstrips supply.

To tackle poverty and low-income among BC seniors, we need provincial and federal government action to improve retirement security. Provincially, this would include an increase to the BC Seniors Supplement (a top-up to the GIS for low-income seniors) and indexing it to inflation. There also needs to be further increases to the federal Guaranteed Income Supplement.

Increased investment in a diverse range of affordable housing options would help ease the burden of the housing crisis for seniors. We must also ensure that the SAFER program, an income-tested rent subsidy for people aged 60 or older, does not keep recipients in core housing need.

Implementing universal pharmacare and extended health programs would reduce health spending by seniors as would eliminating charges for publicly funded home support and increasing access to these vital services.

In addition to government programs and supports, increasing funding for seniors' organizations is crucial to support social engagement among seniors and to help seniors access supports and services they need to live with dignity."

For all those interested, we encourage you to look into BC Policy Solutions' series of webinars: The future of primary care in B.C. at [bcpolicy.ca/primary-care](http://bcpolicy.ca/primary-care).



# Need support? Call 211

By the United Way BC

Across British Columbia, workers and retirees are navigating increasingly complex economic and social landscapes. Rising housing costs, evolving healthcare systems, caregiving responsibilities, and income pressures are affecting individuals at every stage of life. In this environment, timely access to accurate, trustworthy information is not simply helpful, it is essential.

211 British Columbia is a free, confidential service connecting individuals to essential resources like housing support, mental health support, financial assistance, and legal resources. By acting as a centralized access point, 211 reduces the burden on individuals to navigate fragmented systems on alone.

Last year, 211 supported 40,353 individuals across BC, connecting them to programs and services that make a real difference. Callers spanned all working-age groups, with approximately 25% of callers aged 50 and older. Across callers overall, the most common needs in 2025 were housing and homelessness, followed by income and financial assistance, mental health supports, and health services.

These trends reflect broader structural pressures. Workers approaching retirement, individuals living on fixed incomes, those recovering from injury, and families supporting aging relatives often face intersecting challenges. Even individuals with stable employment can encounter temporary crises that require community-based assistance beyond workplace benefits.

For many, the difficulty is not the absence of services; it is knowing where to begin. British Columbia has a wide network of programs and supports, but navigating eligibility requirements, application processes, and service availability can be overwhelming.

With 211's extensive database of over 8,000 resources, the service helps callers navigate a wide range of chal-



lenges at any stage of life, including unionized workers and those transitioning into retirement. 211 can act as a bridge, ensuring members can quickly access services that complement what unions may already provide. By connecting individuals to accurate, up-to-date information quickly, 211 helps reduce stress during periods of uncertainty and improves the likelihood that individuals receive the right support at the right time.

In British Columbia, dialing or texting 2-1-1 or accessing live chat at [bc.211.ca](http://bc.211.ca) connects individuals to a trained Resource Navigator in over 240 languages, Monday to Friday, 9:00 a.m. to 9:00 p.m. (excluding statutory holidays). You can also search our online database 24/7 at [bc.211.ca](http://bc.211.ca) to find services and supports across B.C.

As demand for navigation support continues to evolve, 211 remains a practical and accessible entry point into British Columbia's broader network of community services; supporting stability, informed decision-making, and timely access to care for workers and retirees alike.

# Elder abuse: The sad story behind the forced smile.

To prevent and address elder abuse we first need to understand what it entails. The following information is an amalgamation of research from community, provincial, federal and global sources from which we identify the types of abuse, the effects, symptoms, and remediation.

Abuse affects between 4% and 10% of older adults in Canada. Only one in five incidents of elder abuse comes to the attention of those who can help. Is this only the tip of the iceberg? Most likely, especially given the compounding challenge of a rapidly growing aging population and the continuing decline in resources for that ageing population.

Elder Abuse is defined by the World Health Organization as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.” Elder abuse is categorized as follows:

### Financial

Financial abuse is the misuse of a person’s funds and assets, obtaining property and funds without the owner’s knowledge and full consent, or in the case of an elderly person who is not competent, not in his/her best interests.

- Missing valuables.
- Unusual banking activities.
- Unexplained transfers or new “joint” assignments to things such as bank accounts, property ownership, other holdings.
- Unexplained amendments to a power of attorney or wills.
- A sudden new companion showing interest in your pecuniary or physical financial health are all things to be addressed.



### Physical

Physical abuse is violence or rough treatment used to coerce or inflict bodily harm. There doesn't have to be an identifiable or outward presenting injury for there to be physical abuse.

- Pushing, kicking, shoving, shaking.
- Hitting, slapping, poking.
- Pulling hair, biting, pinching, arm twisting.
- Spitting at someone.
- Confining or restraining a person inappropriately.

### Sexual

Sexual abuse is any sexual behaviour directed toward an older adult without that person’s full knowledge and consent. It includes:

- Coercing an older person through manipulation, force, trickery, threats or other means into unwanted sexual activity.

Sexual abuse also includes sexual contact with seniors who are unable to grant consent.

### Psychological & emotional

Psychological and emotional abuse is any act or treatment, including confinement, isolation, verbal assault, humiliation, intimidation, or infantilization, which may diminish the sense of identity, dignity, and self-worth.

- Words that are hurtful and make the senior feel unworthy.
- Not considering a person’s wishes.
- Removal of decision-making powers
- Not respecting a person’s belongings or pets.
- Threatening a senior, “Give me gas money or I won’t take you to visit your grandchildren.”
- Treating a senior like a child.
- Shunning, ignoring or lack of acknowledgement.

- Verbal intimidation, being forced into making decisions against the seniors' will.
- Threats of institutionalization –“Do what I say or I'll put you in a home”.
- Not allowing the senior to socialize, including access to telephone, friends, neighbours, or attending social gatherings.
- Withholding of affection, such as refusing access to grandchildren.

## Other forms of abuse & neglect

Other forms of abuse can include over or under-medication, censoring mail, violation of civil and human rights, denial or limiting access to visitors, or invasion or denial of privacy.

Instances of abuse often coincide with neglect. Neglect is when lack of care, assistance, or attention leads to physical, mental or emotional harm, or loss of financial assets.

When any form of mistreatment occurs individuals may fall into a pattern of self-neglect, the failure to care for one's self that again leads to physical, mental or emotional harm or financial loss.

## Scams & Phishing

Albeit not always punishable by law, scams and phishing expeditions must still be considered under the auspices of elder abuse. Just because one may have identified the scam before any financial loss occurs, the toll of the continual “what if” begets emotional turmoil which leads to a decline in mental health which often leads to a decline in physical health.

## Systemic abuse

Finally, we should not forget systemic abuse. Systemic abuse (also called institutional abuse) refers to rules, regulations, policies, or social practices that harm or discriminate against older adults. Systemic abuse

includes rules that are developed for an apparently neutral purpose, but that hurt the person. Examples include using physical restraints as an easy way to prevent falls; or diapering a person instead of helping them to the washroom, simply to save time or effort. Sometimes staff shortages can lead to systemic neglect.

## Symptoms of abuse

Knowing the forms of elder abuse is the first step, identifying the symptoms is the second step. Whether it be yourself, a family member or friend, it's a lot easier to identify financial abuse when the car that's normally parked at home suddenly disappears after talking to your new best chum. Here are some other things to be aware of.

## Signs of financial abuse

- Notice of eviction or discontinuation of utilities.
- Older adult is unable to pay bills, buy food or pay rent.
- Standard of living not in keeping with the senior's income or assets.
- The older person's home is unexpectedly sold.
- The senior is not receiving bank statements
- Power of Attorney refuses to consider moving an older adult to long-term care or a retirement home in order to gain or retain access to their finances.

## Signs of physical abuse:

- Exhibits signs of under/over medication.
- Open wounds, cuts, punctures, untreated injuries.
- Sprains, dislocations, internal injuries.
- Broken eyeglasses.
- Signs of being restrained.
- Bruising and abrasions.
- Unexplained injuries.

- Excessive visits to different ERs or different doctors.
- Suddenly pulling back or making defensive moves when being approached.

## Signs of sexual abuse

- Bruising around the breasts, inner thighs or genital area.
- Unexplained venereal disease or genital infections.
- Torn, stained, or bloody under-clothing.
- Difficulty in walking or sitting.
- Inappropriate sexual comments.

## Signs of psychological abuse

- Low self-esteem, withdrawal.
- Tearfulness.
- Lack of eye contact with health care providers.
- Fearfulness – Nervous around caregiver or other persons.
- Reluctance to talk openly, waits for caregiver to respond to questions asked of them.
- Helplessness.
- Insomnia/sleep deprivation/fatigue, listlessness.

## Intervention & reporting

The third step in addressing adult abuse is to rectify, remediate and repair. This can only happen when intervention takes place, and intervention is most probable when abuse is reported. There is little or no evidence that shows an abuser will cease mistreatment of their own volition. Yet too often seniors are reluctant to report abuse to the police or other authorities.

The following is a list of reasons that create barriers to reporting:

- Fear of retaliation – afraid of what the abuser will do to them if they report the abuse.
- Dependence on the abuser for food, shelter, clothing, socialization and health care.

(cont. on next page)

# ISSUES FACING SENIORS

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- Pride and embarrassment from telling anyone that a family member, friend or other caregiver is harming them, or stealing their money.
- Afraid they will be put in an institution, such as a long-term home.
- Feelings of hopelessness and powerlessness especially when the abuser is very controlling.
- Inability to communicate due to language barrier or health/illness such as dementia.
- Believe the police and/or social agencies cannot help them.
- Lack of understanding of their legal and human rights or the justice system.
- Unaware that abuse is occurring in their lives or within their environment.
- Not familiar with who or where to make a report.

## Resources

We have several options available to us that address elder abuse. In this edition of *The Advocate* you will find an article from the United Way BC about 211, which we know you will find invaluable. In addition, the following is a short synopsis of some other programs and services available. Please note that this list is not intended to cover all available resources .

**Indigenous Elder wellness:** Elders' Guide is a comprehensive resource from the First Nations Health Authority, Seniors BC and the Ministry of Health. The purpose of the guide is to ensure that Elders and their families and caregivers have access to information about programs, services and resources they need. Website: [fnha.ca/eldersguide](http://fnha.ca/eldersguide).

**BC Association of Aboriginal Friendship Centres | Elders Programs:** Resources include an Elder abuse awareness and prevention toolkit and facilitator's guide. Website: [bcaafc.com/help/elders/](http://bcaafc.com/help/elders/).



**BC Association of Community Response Networks (BC CRN):** A provincial non-profit organization dedicated to preventing the mistreatment of vulnerable adults, including older adults, through community awareness, collaboration, and action. Includes a complete list of community resources throughout B.C. Website: [bccrns.ca](http://bccrns.ca).

**SeniorsBC & HealthLinkBC:** Provincial government sites that provide online information for seniors, families, and caregivers about government services, and support and benefits for older adults in B.C. Resources include downloadable versions of the BC Seniors' Guide, Healthy Eating for Seniors, Elder Abuse Prevention and advance care planning guides. Website for Seniors BC: [seniorsbc.ca](http://seniorsbc.ca). Website for HealthLinkBC: [healthlinkbc.ca](http://healthlinkbc.ca)

**Seniors First BC:** Provides victim services, information and legal support, and runs the Seniors Abuse and Information Line (SAIL). Website: [seniorsfirstbc.ca](http://seniorsfirstbc.ca)

**The Seniors Abuse and Information Line (SAIL):** a safe, confidential place for older adults and those who care about them to talk to someone about situations where they feel they are being abused or mistreated, or to receive information about elder abuse prevention. Website: [seniorsfirstbc.ca/programs/sail](http://seniorsfirstbc.ca/programs/sail).

If you are calling SAIL from the Lower Mainland, call 604-437-1940. If calling from elsewhere in BC, Canada, or North America, please call Toll-Free 1-866-437-1940. SAIL is available on weekdays 8 am to 8 pm and weekends 10 am to 5:30 pm, excluding statutory holidays. Language interpretation is available.

**Ombudsperson BC:** An independent voice for fairness and accountability, the Office of the Ombudsperson investigates and responds to complaints about the provision of public services. Website: [bcombudsperson.ca](http://bcombudsperson.ca).

**Public Guardian and Trustee of B.C.:** Provides financial and personal care services to adults who may need help managing their affairs. Website: [trustee.bc.ca](http://trustee.bc.ca).

**QMUNITY:** Offers information, free counselling and peer support for older 2SLGBTQIA adults, as well as the toll-free Prideline at 1-800-566-1170. Website: [qmunity.ca/seniors](http://qmunity.ca/seniors).

**Seniors Guidebook to Safety and Security | Royal Canadian Mounted Police:** The guide is for seniors, their family members, care-givers, friends, and anyone else who may find it useful. It is not meant to include everything but tries to answer some common concerns when it comes to seniors' safety and security. Website: [rcmp.ca/en/relationship-violence/seniors-guidebook-safety-and-security](http://rcmp.ca/en/relationship-violence/seniors-guidebook-safety-and-security).

# From the BC Federation of Labour

*The following two pieces originated as part of the March 2026 General Mail from the BC Federation of Labour. We thank the BC FED and in particular the Communications Team.*

## Tragedy at Tumbler Ridge

The tragedy in Tumbler Ridge underlined the strains on our mental health system, the shortage of services in rural and remote communities, and the vital contributions made by the workers doing all they can to bring comfort and healing to the many there who need it.

Our thoughts are with them, as well as with school staff across B.C. mourning the death of a colleague, and especially with the working people of Tumbler Ridge who have suffered such a terrible loss. We send them all our solidarity and our deepest condolences.



And we were heartened that the great majority of British Columbians stood by B.C.'s transgender and gender-diverse community, and rejected the efforts of a handful who tried to politicize the shooter's gender identity to spread fear and prejudice.

Let's recommit to ensuring safe, inclusive schools and communities, with the services and mental health supports we all deserve. And let's do all we can to allow everyone to live free from the threat of violence.

We saw our province at its best in the days following the shooting, coming together in support of this community.

## Elections matter! Voting for human rights

Can you imagine your MLA voting for discrimination? for hate speech? for human rights violations?

If you have a Conservative or OneBC MLA, you probably don't have to imagine it — it happened this week. OneBC's Tara Armstrong introduced a bill that would not only have repealed B.C.'s Human Rights Code, but scrapped the Human Rights Tribunal and fired the Human Rights Commissioner.

Fortunately, the Bill was voted down 50 to 37. But Armstrong is almost certain to continue introducing measures just as bad as this one. It's another reminder that elections matter!

## Notice of Annual General Meeting

**Wednesday June 17**  
**09:45 am - 12:30 pm**  
 USW 2009 Hall  
 #202 - 9292 200th Street  
 Langley, BC V1M 3A6

In our efforts to make the AGM as accessible as possible, we will be conducting a hybrid meeting.

Online registration will be open from June 1-10. Look for the AGM registration link in your email or via our website. If you are attending via Zoom, you must pre-register. We also welcome in-person registration from 9-9:30 am on June 17.

Light refreshments will be offered. There is onsite parking at the USW Hall and it is readily accessible by public transit.



# Asbestos awareness for seniors: The danger that waits decades

By Lee Loftus, BC FORUM Member

Most of us didn't think about asbestos when we were young. It was just part of the job. Pipe insulation. Fireproofing. Drywall mud. Floor tile. Boiler rooms. Brake linings. Cement board. Spray-on coatings. We worked around it, cut it, swept it, blew it out with compressed air. Nobody handed us a respirator. Nobody told us the dust would follow us home. Now, 30, 40, 50 years later — it's showing up.

That's the part people don't understand. Asbestos doesn't usually hit you the year you're exposed. It waits. It sits in your lungs. It scars slowly. And then one day, you're short of breath walking up a flight of stairs and you can't figure out why.

This article is about that wait. It's about what to look for. And it's about what to do next.

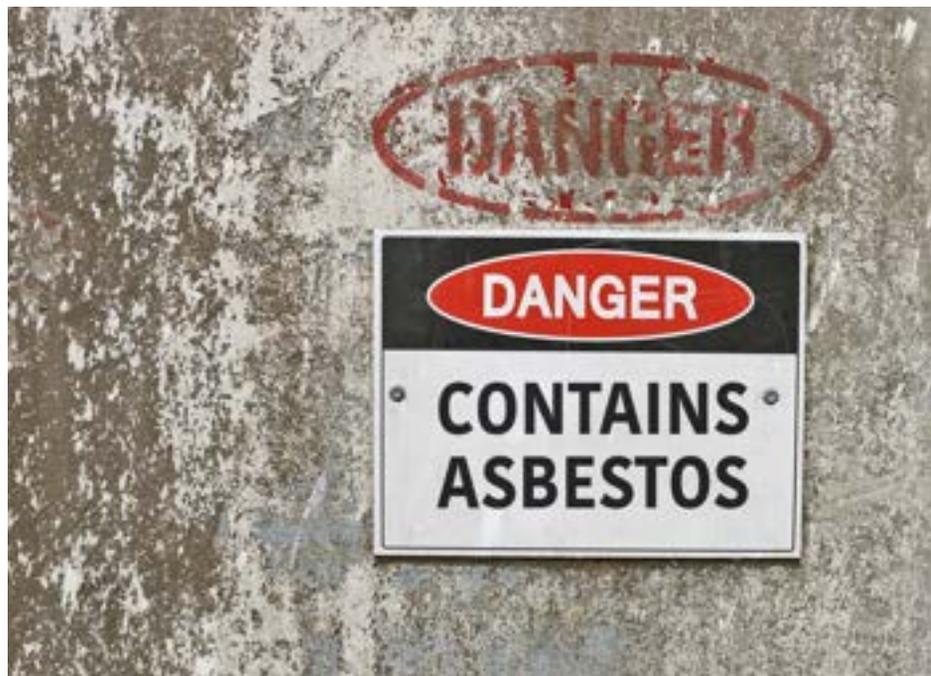
## Impacts on the body

When asbestos fibres are inhaled, they don't dissolve. They don't break down. They lodge in the lungs permanently. Over time, those fibres cause:

- Asbestosis – scarring of lung tissue.
- Pleural plaques – thickened patches on the lining of the lung.
- Diffuse pleural thickening – more extensive scarring.
- Lung cancer.
- Mesothelioma – a rare but aggressive cancer of the lung lining.

Asbestosis and pleural disease are scarring conditions. They reduce lung capacity. They make it harder for oxygen to move into your bloodstream. The scarring is permanent. It does not reverse.

And here's the key: symptoms often don't appear for 20–50 years after exposure. That's the latency. That's why it sneaks up on us.



## Warning signs

Too many of us brush this off as “getting older.” Don't.

Common early signs:

- Shortness of breath on exertion.
- Dry, persistent cough.
- Chest tightness.
- Fatigue you can't explain.
- Crackling sound in the lungs when breathing.
- Clubbing of the fingertips (in advanced cases).

If you worked in construction, shipyards, mills, refineries, power plants, brake shops, rail, or industrial maintenance before the 1990s — you were likely exposed. Even if you were “just the apprentice sweeping up.” Even if you “weren't the one installing it.” Asbestos dust doesn't respect job descriptions.

If you have a history of exposure and you develop symptoms, tell your doctor

— clearly — that you were exposed to asbestos. Many physicians still don't ask. You have to connect the dots.

## Documenting your work history – do it now

One of the biggest mistakes retirees make is waiting too long to write down their work history. Memories fade. Employers close. Records disappear. If you think you were exposed, document:

- Employers (company names and locations).
- Years worked.
- Job titles and tasks.
- Specific products you remember (pipe insulation, fireproofing spray, etc.).
- Worksites (schools, hospitals, mills, ships, industrial plants).
- Names of co-workers who can confirm conditions.

Write it down. Even if you feel fine today. If disease develops, this information becomes critical for:

- Workers' compensation claims.
- Exposure verification.
- Legal claims if required.
- Supporting fellow workers.

This is especially important in provinces like British Columbia under WorkSafeBC. Don't rely on "they'll have the records." Many don't.

## Workers' Compensation vs. litigation: The difference

This is where confusion sets in.

In British Columbia, work-related injury claims go through WorkSafeBC, aka the Worker's Compensation Board (WCB). If your disease is work-related:

- You may qualify for wage-loss benefits.
- Pension or permanent disability awards.
- Health care coverage.
- Survivor benefits for spouses.

The upside:

- No need to prove negligence.
- It's designed to be no-fault.

The downside:

- Benefits can be limited.
- The process can feel bureaucratic.
- You must prove work exposure.

In some cases — particularly involving manufacturers — legal action may be possible. Litigation:

- Requires proof of negligence.
- Takes time.
- Can result in higher settlements.
- Often involves law firms specializing in asbestos disease.

Important: In many cases, you cannot sue your employer directly if they were covered by workers' compensation legislation.

Do not assume someone will automatically guide you. Before signing anything, speak to:

- Your union (if applicable).
- An occupational disease advocate.
- A lawyer experienced in asbestos claims.

## Applying for Workers' Compensation

If you suspect asbestos-related disease, follow these practical steps:

1. See your doctor. Request chest imaging (X-ray or CT scan) and pulmonary function testing.
2. Tell the doctor clearly: "I had occupational asbestos exposure." Make sure it's recorded in your file.
3. File a claim immediately. In B.C., that's through WorkSafeBC.
4. Attach your documented work history.
5. Follow up. Don't assume silence means progress.

Claims for occupational disease are often more complex than injury claims. They require medical evidence and exposure history. Persistence matters.

## Asbestos in Your Environment Today

Here's the uncomfortable truth:

Asbestos did not disappear when it was banned. In Canada, most uses were prohibited in 2018. But asbestos remains in millions of buildings constructed before the 1990s.

Common places it still exists:

- Vinyl floor tiles (9x9 tiles especially).
- Pipe insulation.
- Boiler insulation.
- Vermiculite attic insulation.
- Popcorn ceilings.
- Drywall joint compound.
- Cement board siding.
- Fire doors.

If it's intact and undisturbed, it may not pose immediate risk. The danger comes when it's cut, drilled, sanded, or demolished.

## Renovations: The hidden trap for retirees

A lot of seniors take on home renovations. This is when you finally have time. You want to upgrade the kitchen. Replace flooring. Renovate the bathroom. You want to make a home you can enjoy.

Be careful. If your home was built before 1990, assume asbestos may be present. Before you:

- Remove old flooring.
- Tear out drywall.
- Scrape ceilings.
- Renovate basements.

It is important to get materials tested by a qualified lab to make sure they are safe. Do not:

- Dry sand old flooring.
- Use power tools on materials that might contain asbestos.
- Bag debris without protection.

The cost of testing is minor compared to the cost of disease. Too many people are getting secondary exposure in retirement — long after they left the trades.

## The Long Tail of Exposure

One of the hardest parts of asbestos disease is psychological. You did the work. You provided for your family. You built the schools, hospitals, mills, and towers. And decades later, your lungs pay the price.

That anger is real. But sitting in anger doesn't improve lung function. What helps:

- Early diagnosis.
- Monitoring by a respirologist.
- Smoking cessation (if applicable).
- Pulmonary rehab.
- Staying active within limits.
- Connecting with others facing occupational disease.

Breath becomes something you don't take for granted.

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## HEALTH & SAFETY

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### Families: Pay Attention Too

Family might be exposed from:

- Dust on work clothes.
- Shaking out coveralls.
- Laundry.

If your spouse or partner handled your dusty work gear in the 1970s or 80s, they should mention that to their doctor. Second-hand exposure is real.

### Why This Still Matters

Asbestos is not just history. It is still in many places It remains in:

- Schools.
- Hospitals.
- Commercial buildings.
- Older homes.

And younger workers are still encountering it during renovations and demolitions.

The fight isn't over. Now, the fight is about:

- Proper training.
- Certified removal.
- Strict enforcement.
- Safe disposal.
- Honest exposure reporting

Asbestos must be managed from cradle to grave. Not ignored. Not minimized. Not "grandfathered."

### Final Thoughts: Don't Wait

Now is the time. If you worked in environments where asbestos was present:

- Document your history now.
- Get baseline lung testing.
- Tell your doctor.
- Watch for symptoms.
- File claims promptly if diagnosed.
- Seek support if you need it.

Asbestos disease moves slowly – but once symptoms appear, progression can accelerate. Early recognition gives you options. Silence gives you none.

You spent your life building this country. Your health story deserves to be documented, acknowledged, and supported. Don't let asbestos remain the thing nobody talks about.

*Lee Loftus, a BC FORUM member, is the former business manager of the International Heat & Frost Insulators & Allied Workers Local 118 and former president of the BC Building Trades Council. A recognized expert in asbestos exposure, he has devoted decades to fighting for those who have been affected and to educating the public about its deadly dangers.*

*Lee is also a recipient of the King Charles III Coronation Medal, recognizing his positive impact on Canada and his community in the areas of environmental protection, sustainability, and diversity.*

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# From the Office of the Seniors Advocate

The following are a few highlights from the Seniors Advocate, Dan Levitt. For full details search Seniors Advocate – Government of British Columbia – newsletters ([seniorsadvocatebc.ca](http://seniorsadvocatebc.ca))

## Challenging ageing myths

BC Seniors Advocate Dan Levitt is calling on British Columbians to challenge persistent myths about ageing and confront ageism in 2026.

Despite some recent progress, many myths about ageing persist. Here are common stereotypes and the facts to disprove them:

### Myth 1: Most older people are grumpy and unhappy.

Fact: Research shows happiness increases later in life. The ‘U-curve of happiness’ shows that satisfaction is high when we’re young, falls midlife, then increases after age 55. Statistics Canada data from 2025 shows 60.5% of Canadians aged 65+ rated their life satisfaction between 8 and 10 out of 10, compared to 46% of people aged 15-24.

### Myth 2: Most older people are wealthy.

Fact: Most B.C. seniors live on low to moderate incomes. In B.C., about 25% of seniors live on annual incomes less than \$23,800, and half of seniors live on under \$37,000 a year. Community-based service providers report record numbers of seniors using food banks and meal programs, and seniors are one of the fastest-growing segments of the homeless population in B.C.

### Myth 3: Most older people can’t use or adapt to technology

Fact: Seniors are more tech-savvy than ever. In 2022, 83% of Canadians 65+ (and 72% of people 75+) used the internet, with B.C. leading at 90%. A 2020 poll of Canadian seniors found that during the pandemic, 88% of seniors were using the internet daily, more than half had cell phones, and 72% reported feeling confident using



technology. Some of the major barriers to older people using technology are the costs related to purchasing equipment and ongoing internet access, as well as knowledge required to use specific online services such as completing application forms and creating appointments.

### Myth 4: Older workers are not as effective as younger workers

Fact: Research shows intellectual capacity and the ability to perform routine or repetitive tasks is not dependent on age. However, physical strength can decrease as we grow older which is a consideration for people in active professions.

Many people continue working for a variety of reasons including personal fulfillment, lack of retirement savings, increasing cost of living, or unforeseen expenses. In 2024, 15% of people aged 65+ in B.C. were employed, up from 12% in 2014 – higher than the Canadian average (14%). Unfortunately, many group insurance plans are no longer available to workers 65+ and people can no longer contribute to many pensions plans after a certain age. The Seniors Advocate believes limiting access to these programs based solely on age is discriminatory.

### Myth 5: Most older people have dementia or memory loss

Fact: Reduced cognitive function and loss of memory are not a normal part of ageing. In B.C., 5% of people 65+ have dementia and this rate has remained steady for the last decade.

“I’m encouraging people to reflect on their own attitudes and beliefs about older adults and be mindful of the language that may perpetuate stereotypes,” said Levitt. “Be open to having conversations about ageing and age discrimination to increase awareness and create a more inclusive and respectful society. Ageing isn’t a problem – ageism is.”

Learn More: “Reframing Ageing: British Columbians’ Thoughts on Ageism” Report (March 2025).

## Long-Term Care and Assisted Living Directory

The 2025 Long-Term Care and Assisted Living Directory is now available online. The summary report shows a 5% increase of long-term care beds since 2019/20, vs. a 19% increase in the population of seniors 65+. Quick facts:

- B.C.’s senior population (65+) is projected to increase 26% in the next 10 years.
- The Ministry of Health’s current ten-year expansion plan aims to increase the number of new long-term care beds by 10% by 2030; no additional beds are planned after 2030.
- Today, there is a 2,000-bed shortfall and that gap widens and grows over 700% to meet the ministry’s projected future long-term care demand of 16,000 beds by 2035/36.

Learn More:

- OSA 2025 Long-Term Care and Assisted Living Directory.
- OSA Report – From Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C.

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## Update on B.C.'s Property Tax Deferment Program

Changes to the Property Tax Deferment (PTD) Program start in 2026. The new rules apply only if property taxes are deferred in 2026 or later years.

- Deferred taxes from 2026 onward will charge compound interest at Prime + 2%.
- Property tax balances from 2025 or earlier will continue under the previous interest rules.
- Homeowners do not need to repay their full balance to decide whether to defer future taxes.
- Automatic Renewal.

If enrolled in automatic renewal, your 2026 taxes may be deferred under the new interest rate unless you opt out. If so, it is best to opt out by June 1, 2026, through your eTaxBC account or by calling 1-888-355-2700.

Why is the property Tax Deferment Program important? Some seniors are understandably concerned about these changes. However, the Property Tax Deferment Program remains an important tool to help seniors with low incomes manage rising costs and stay in their homes. For more information Visit the webpage at [gov.bc.ca](http://gov.bc.ca) (search property-tax-deferment-program) or call 1-888-355-2700

## March 2026 Message from the Seniors Advocate

As we enter March, I want to share a brief update with seniors, caregivers and partners across British Columbia.

The provincial budget signals government priorities for the year ahead. Unfortunately, the recently released 2026 B.C. Budget does not prioritize seniors. It maintains core funding for existing seniors'

programs and services, but does not include any major new investments to address rising cost of living, growing care needs, or the increasing seniors' population.

Continued delays to several long-term care projects, changes to the Property Tax Deferment Program that will increase interest on deferred amounts, and expanded PST can only add to affordability challenges for many B.C. seniors. The budget is a missed opportunity to improve supports for ageing in place, such as reductions to home support co-payments, additional caregiver supports, or public coverage for the shingles vaccine.

My office will continue to monitor how these decisions are implemented and their impact on seniors and communities across the province.

Full statement is available at: Update on B.C.'s Property Tax Deferment Program - Seniors Advocate.



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Through our unions we saw the benefits of collective action. We know our voices are strongest when we stand in solidarity. That's where BC FORUM comes in. We are the only provincial organization that represents union members who have retired or are nearing retirement. We are an integral part of the labour movement, with formal representation in leadership bodies, and we maintain strong links with provincial and national seniors' groups. Here's how you can support and benefit from BC FORUM:

## Renew your membership

Look at the mailing label on this edition of the Advocate to check whether your membership is now due for renewal. If your membership is about to expire, you can renew by mailing the coupon below to BC FORUM, 110 - 4295 Canada Way, Burnaby, BC V5G 1H1; or renew online at [www.bcforum.ca](http://www.bcforum.ca).

## Encourage your friends to join!

Together, we can make a difference for ourselves and our families. Please encourage friends, colleagues and family members to join!

## Many unions cover first year dues

BC FORUM actively welcomes union members who are 50 and better, working or retired, and the list of unions that cover the first (and some up to three years!) membership for their qualified members keeps growing! If you're not yet a member, contact your union for details. Solidarity makes us strong!



## Extend the benefits of membership to your spouse

BC FORUM has always provided free \$2,500 Accidental Death and Dismemberment insurance coverage to members.

We are proud to extend this coverage to members' spouses at the low cost of \$5 per year. All you have to do is check the appropriate box when you apply or renew your membership. BC FORUM's AD&D coverage is valid until you reach age 86, the maximum age we were able to negotiate.



Your expiry date is on the mailing label. BCGEU, BCFMW, HSA, MoveUp, CEU, CUPE Locals 386, 402 and 7000; UFCW 1518, Heat and Frost, and LiUNA 1611 pay first year dues for qualified members.



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Union: \_\_\_\_\_ Date of birth:\* \_\_\_\_\_  
DAY MONTH YEAR

Spouse's name: \_\_\_\_\_ Spouse's birth date:\* \_\_\_\_\_  
DAY MONTH YEAR

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<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> MC Expiry  __  /  __  CVV*  __
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\* Required for Accidental Death & Dismemberment group insurance coverage to age 86.  
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# Generation Squeeze: A senior's view

By Sam Wiese and Michael McIsaac

On February 10, the Province and the Vancouver Sun featured an article by Douglas Todd titled "What Boomers Can Do for Younger Generations."

Todd, a well-known Canadian journalist, has often been described as Vancouver's most thoughtful columnist. As a senior—and one of the "boomers" referenced in the piece—I found that thoughtfulness sorely lacking.

Lacking was statistical information from credible sources such as the BC Seniors Advocate, or research produced by governments and non-governmental organizations that document the real circumstances facing our aging population. Instead, the focus was UBC professor Paul Kershaw, head of Generation Squeeze.

Generation Squeeze describes itself as a "think and change tank shaping public dialogue and influencing policy to create lasting systems change." Todd's article places much of the blame for unattainable home ownership on boomers still living in homes they purchased decades ago, and suggests that Canada's skyrocketing public debt is largely due to the pensions seniors receive.

Like many seniors who read the article, Michael MacIsaac, president of the Congress of Union Retirees of Canada (CURC), was taken aback. Michael's thoughts on Generation Squeeze and similar organizations.

## Michael's Response

The Congress of Union Retirees' (CURC) response to these groups is important. I have not been in the retiree movement long enough to understand all of the players, but one thing for sure is that many groups have certain connections, and I have questioned some of our alliances from the start.

A large number of groups claiming to support seniors are approximately 10-year-old organizations that have become very well-funded and well-connected within the Canadian



establishment: the financial industry, the pension industry (e.g. large pension funds, actuarial firms, financial consultants, pension lawyers), different levels of government, and high-profile academics. I don't think it was any coincident that at the same time as Harper and Flaherty were raising the age of retirement, groups started to spring up.

Shortly after I was elected to CURC we were asked to consider joining one of these groups. It did not take long to say no, after learning the former Conservative Minister of Health for Ontario was connected to the group.

Ten years ago we witnessed a change in how poverty is measured, which seemingly cut the number of seniors living in poverty in half overnight. I have met with every Minister for Seniors and Secretary of State since being elected, and each one referenced

how much they have cut poverty for seniors. The previous Senior's Minister lectured me on how we all owned million dollar houses, until I told him to read studies from his own department that report that 26% of seniors are struggling, 30% of seniors lived in rental housing, 23% entered retirement with mortgages. In the last 10 years the economy has doubled the number of those working past 65. It is necessity, not a choice.

At our CURC executive meeting in February, I raised the issue, and we discussed our response to "Generation Squeeze." We must be deliberate with who we are going to work with, and how to challenge the misinformation. We clearly have to tell the real story and push the solutions.

We have submitted resolutions to the upcoming federal NDP convention and to the CLC convention to encourage a national seniors strategy, a debate that will involve all three levels of government, municipal, provincial and federal. If you can, support these resolutions!

We have to tell the story of what is really happening and support the politicians that get it. We will work with everyone who wants to build support for those struggling, we will challenge those giving the false narrative.

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