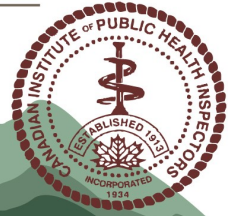


BC PAGE



News for the Canadian Institute of Public Health Inspectors



**JOIN US
NOW!**

A graphic illustration of a hand holding a red and white megaphone, pointing towards a large white speech bubble. The speech bubble contains the text "JOIN US NOW!" in large, bold, red and blue letters. The background is a blue gradient with a pattern of small white dots.

CIPHI BC Branch is seeking new members to revitalize its force.

- Are you looking to build your professional network?
- Have you been looking for an opportunity to get involved and help elevate your profession?
- Looking to apply your skills and make a difference with them?

The CIPHI BC Branch has councillor positions ready and waiting for you. Contact president@ciphi.bc.ca or one of our existing councillors (Page 19) for more information.

Ctrl + Alt + Delete + Restart!

How convenient would it be if we could all press four buttons to restart 2021. Covid, alas, is still with us, and while we may not have the option to restart, we do have the option to learn and adapt in order to improve ourselves, and our organization.

Over the past year, CIPHI National has been working with Be The Change Group - a population and public health firm that specializes in research, development and communications - on ways to improve recognition, understanding, and advocacy of CPHI(C)s. In short order, a three-page report will be presented to the National Executive team outlining a strategic advocacy plan for CIPHI. In addition to advocacy improvement for the Environmental Public Health profession, Be The Change group has been tasked with a complete overhaul of the CIPHI webpage. Stay tuned for more updates!

Yet, as I write this, almost 14 months to the day since the first Canadian COVID-19 case was identified, aggression and anger towards Environmental Health Officers has increased across the country. I'm sure we all have a story or two to share of angry owner/operators or irate members of the public who take their frustrations out on EHOs. As public health professionals, we have no choice but to let their invective roll off our backs. But how much is too much?

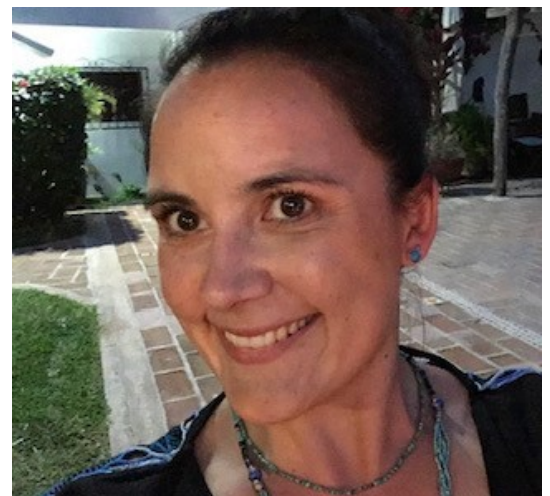
Harassment solidifies the need for professional advocacy. Advocacy will help the public understand that our ultimate goal is not to single out any one individual, but to focus on the bigger picture and keep our wider communities safe and healthy.

COVID-19 may have put a damper on a number of activities the BC branch would have initiated this past year, but one initiative the BC executive council members consider a priority is EHO training and education. We want to hear from you, however. What specific types of training, webinars, conferences or other opportunities do you think would aid in refining the knowledge and skills of EHOs? A survey will be shared with all BC CIPHI members to give you the chance to share your ideas. Watch out for the survey launch...coming soon.

Sincerely,



Stephanie Tooke,
BC Branch President



BC Branch's History

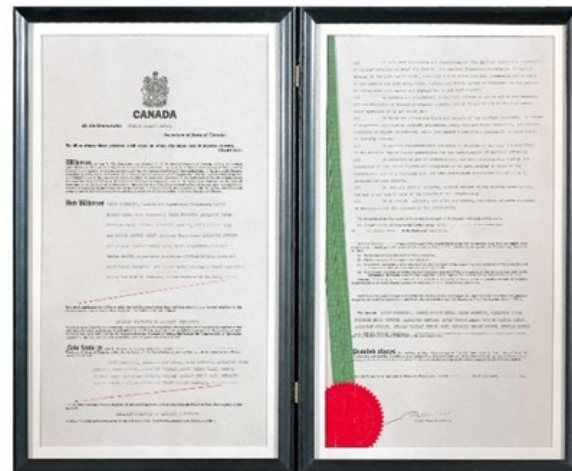
The BC Branch's Key Role in the Development of CIPHI

On September 14, 1925, the inaugural meeting of the **BC Branch** of the **Sanitary Inspectors Association of Canada** was held in Vancouver. Mr. Laurence Roberts, who had been elected by the National Executive as the National Vice-President for BC, was thus the President of the new BC Branch. During this first meeting officers were elected, a Board of Examiners were appointed and examination fees established. All Provincial and Municipal Medical Health Officers were invited to become Honorary Members. Monthly meetings were set. Mr. Roberts served as President for 3 years and then Mr. John Vance, also a Founding Member, was elected as the 2nd President in 1928. He served for 4 years plus 2 years as Past President. Mr. Vance was from England, had a degree in Science and was a member of the Royal Society of Health. He was employed by the Medical Health Officer with the Vancouver City Health Department. After much discussion by the BC Branch Executive in 1930, President Vance proposed that the National Executive seek a National Charter from the Secretary of State and that the BC Branch initiate that discussion at the next AGM of the national association. Things moved slowly at the National Executive on this issue. As a result discussions by the BC Branch Executive concluded if the National Executive was not prepared to move forward on this important initiative then the BC Branch would seek a national charter. The National Executive was in **shock**. In the following months all branches came on side and National did start the lengthy and ultimately successful process to obtain a National Charter in 1934.

Mr. Vance had a long and illustrious career with the City of Vancouver and he tangled with the crime syndicates on numerous occasions resulting in 6 attempts on his life including car bombs and acid thrown at him to blind him. He often required police protection before he testified in court. His office and laboratory are now a museum in Vancouver. In 1954 John Vance was awarded Honorary Membership in CISI.



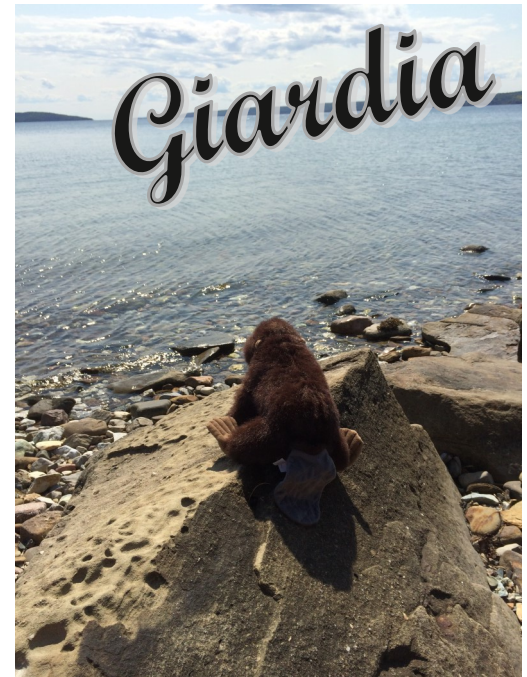
John Vance



Charter—Canadian Institute of Sanitary Inspectors
1934

Last but certainly not least, at the meeting of the British Columbia Branch of the Sanitary Inspectors Association of Canada on **October 2nd 1931**, a motion was approved to recommend to the Dominion Executive that the name of the association be changed to **"The Canadian Institute of Public Health Inspectors"**. At the CIPHI National Conference held in **Vancouver in 1963** it was announced that the Secretary of State for Canada had approved this name for the Institute. It had taken 32 years for the recommendation of the BC Branch to finally be achieved. Victory at last.

Tim Roark
BC Branch Historian



Hello Environmental Public Health Professionals. Way back, in a time before COVID, a proposed revamp for Giardia's Corner was in the works. We were dreaming of a new segment with sleek lines and a new vibe. Of course EHO life got busy, the project was delayed, and then a Pandemic hit. I come to you today from a familiar place. While the revitalization of Giardia's Corner has still not occurred, we did not want to miss the opportunity to introduce our wonderful, new BC Branch President, Stephanie Tooke. Stephanie took over the Presidency in January 2021 so we're happy to provide an introduction to her early in her term.

Q1. What school did you go to for the ENVH program? What year did you graduate?

A1. I attended the two year fast track program at Ryerson University

- The fast track program allows you to complete a four year degree in two years if you already have a bachelor's degree
- First degree in BSc in Nutrition and Food Science

I graduated from Ryerson in 2016

Q2. Where have you worked and what roles have you been in throughout your career?

A2. In my public health career:

- I completed my Public Health Inspector practicum at Halton Region in Ontario
- Accepted a full-time Public Health Inspector position with Haldimand-Norfolk Health Unit in Ontario
 - ◇ **The role was within a 'General' model meaning that PHIs covered all Public Health programs and did not specialize in one program area**
- Current position is with First Nations Health Authority in BC as a Environmental Health Officer
 - ◇ **In my current role as an Environmental Health Officer, I provide advice, educate, inspect and make recommendations to First Nations and their leadership to help them manage public health risks associated with the environment.**

Q3. How have you seen the focus of Environmental Public Health change over the years?

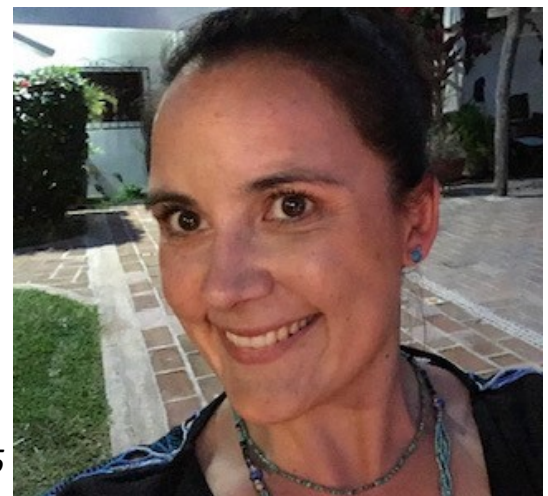
A3. I would have to say the overall focus of Environmental Public Health has swung towards concentrating, educating, mitigating the effects of climate change on the health and wellbeing of our communities.

Q4. What is one of the most memorable moments or situations in your career?

A4. Becoming an Environmental Health Officer/Public Health Inspector

- 1 I love my career.
- 2 The best part of my role is working with people

Q5. As an EHO/PHI, one of your primary roles is to look for problems or issues; how did you stay positive?



. . . Continued on Page 5

Giardia's Corner—Stephanie Tooke—Continued. . .

A5. Two things help me to stay positive:

1. Reminding myself daily that I have a duty to the public as a whole and I'm not serving them to the best of my ability if I don't address the problems/issues I observe
2. It is how you approach an issue/problem. My health inspector style is based on providing education; meaning, I don't just identify an issue, but I will provide the rationale as to why it is an issue. I have often found that once an individual knows the 'why' they are more willing to compile and maintain the practice.

Q6. On a scale of Educator to Enforcer, where would you place your health inspector style?

A6. Most definitely 'Educator'

Q7. Legislative recognition for CIPHI passed in Sept 2013 and mandatory membership was implemented in January of 2017, what do you see as the next big goal for CIPHI's BC Branch?

A7. To have the Continuing Profession Competencies (CPC) Program included within the BC Public Health Act to ensure EHDs are equipped with the most up to date skills, knowledge, and abilities to protect the health of British Columbians.

1. What's your favourite indoor/outdoor activity?

Beekeeping and Gardening

2. If you could learn to do anything, what would it be?

Speak another language or play an instrument

3. If you won the lottery, what is the first thing you would do?

Pay off my mortgage and then travel with my family (when we're allowed to 😊)

4. What do you miss most about being a kid?

Playing near the ravine with my brother and our friends.

WHICH WOULD YOU RATHER?

Drink a glass of Guinness or Fat Tire?

Drink Guinness

Visit Europe or Mexico?

BOTH

Got to a comedy club or dance club?

Dancing

Have a night out or an evening in?

Evening in

BC Branch—Survey

As many of our working lives have changed, so must CIPHI and how we engage with our membership. We want to hear from you, our members, what you want to see from the CIPHI – BC Branch.

Please participate in the first of a series of CIPHI – BC Branch surveys to tell us how we can better serve our CIPHI membership and community. Surveys will focus on education, connection (newsletter and social media), social activities, and support for CIPHI members working in BC.

Our first survey focuses around [Educational Opportunities](#) (We want to hear from you!!).

We plan to revitalize educational opportunities offered by CIPHI to our membership by offering online webinars, increasing brand awareness, planning virtual social events and any other great ideas our CIPHI membership would like to see from us. If you have an idea that is not mentioned in this survey, please feel free to contact us with it at President@ciphi.bc.ca.

COVID-19- Environmental Health Officer Lens

COVID-19 has changed our lives, our world. We have vaguely referenced the Spanish-flu and the Plague in conversations, but who would have that thought that in 2020, we would actually live through a pandemic. Environmental Health Officers (EHO) have been at the forefront of protecting public health. The lockdowns, restrictions and quarantines will echo with us for some time to come. As fatalities and financial and emotional damage continue to increase, Environmental Health Officers with their skills, knowledge and training will persevere through adversity.

Environmental Health Officers are trained to respond to public health crises whether it be a flood, wildfire or a pandemic. As part of COVID-19 response, EHO's rose to the challenge of managing outbreaks in settings such as hospitals and care facilities. With their investigating skills, EHO's quickly identified clusters at schools, construction sites, restaurants, fitness centres and many other sites. They ensured that control measures were rapidly implemented to prevent further spread. EHO's took on leadership roles to build capacity in the case and contact tracing program at VCH and provided training to many other community professionals. This program now consists of over 200 staff. Management of cases would not be possible without EHO's taking on the initiative to respond to this pandemic.

As the pandemic raged, public complaints and demand for inspections grew. New owners wanted to open their premises and launch new products. In the midst of case and contact tracing, EHO's continued to respond to complaints, grant approvals and conduct safety inspections. To streamline this process and ensure compliance with Public Health Orders, EHO's developed checklists, guidelines, inspection modules and built a triage team to ensure services were continued to be delivered. In addition, to secure the delivery of vaccines this phenomenal team scheduled and organized vaccine clinics. Not many professions are as nimble to adjust swiftly to protect public health.

Environmental Health Officers are now facing a new challenge and perhaps the most difficult over the last 14 months of this pandemic. Public resentment, anger and aggression towards officers is growing. A few people are convoluting public health messages and are failing to see the future impact of these restrictions. Social media platforms are being used to ridicule public health interventions. However, this team is resilient and will continue to protect public health at large. EHO's will continue to educate and ensure the safety of the public is of utmost priority.

This team of hard working individuals should be commended for the management of this pandemic. Without them, controlling the spread of communicable diseases may not have been possible and our water, pools, food, environment may not be as safe.

Kuljeet Chattha, Environmental Health Officer
Vancouver Coastal Health

Keep an eye out for your CIPHI face mask!

Every member will get one and additional masks will be available for purchase!

Stormtech's nanotechnology face masks come with three layers and a PM2.5 filter insert.



Building Water Systems – A New Certification from the EOCP

Jenni Green, P.Eng and Kalpna Solanki BSc CPHI(C) MBA

Legionella was discovered after an outbreak in 1976 among people who went to a Philadelphia convention of the American Legion. Those who were affected suffered from a type of pneumonia (lung infection) that eventually became known as Legionnaires' Disease.

Interestingly, the Legionella was also implicated in another illness. The first identified cases of Pontiac fever occurred in 1968 in Pontiac, Michigan, among people who worked at and visited the city's health department. It wasn't until Legionella was discovered after the 1976 outbreak in Philadelphia that public health officials were able to show that the same bacterium causes both diseases. While there is no vaccine, the disease is preventable as it is almost always connected to improperly maintained mechanical systems.

Monitoring the disease trends in Canada shows there is a reason to be concerned about the incidence of Legionnaires' Disease in Canada. In 2000, the rate of Legionella in Canada was around 0.2/100,000, by 2018, this had jumped to 1.7 per 100,000. Considering that these are only the reported cases, there is a very strong likelihood that individuals with milder forms of the illness may have attributed it to a cold or flu and may not have even sought treatment. There is also the strong possibility that many who did have Legionella were never tested even if they did seek medical attention.

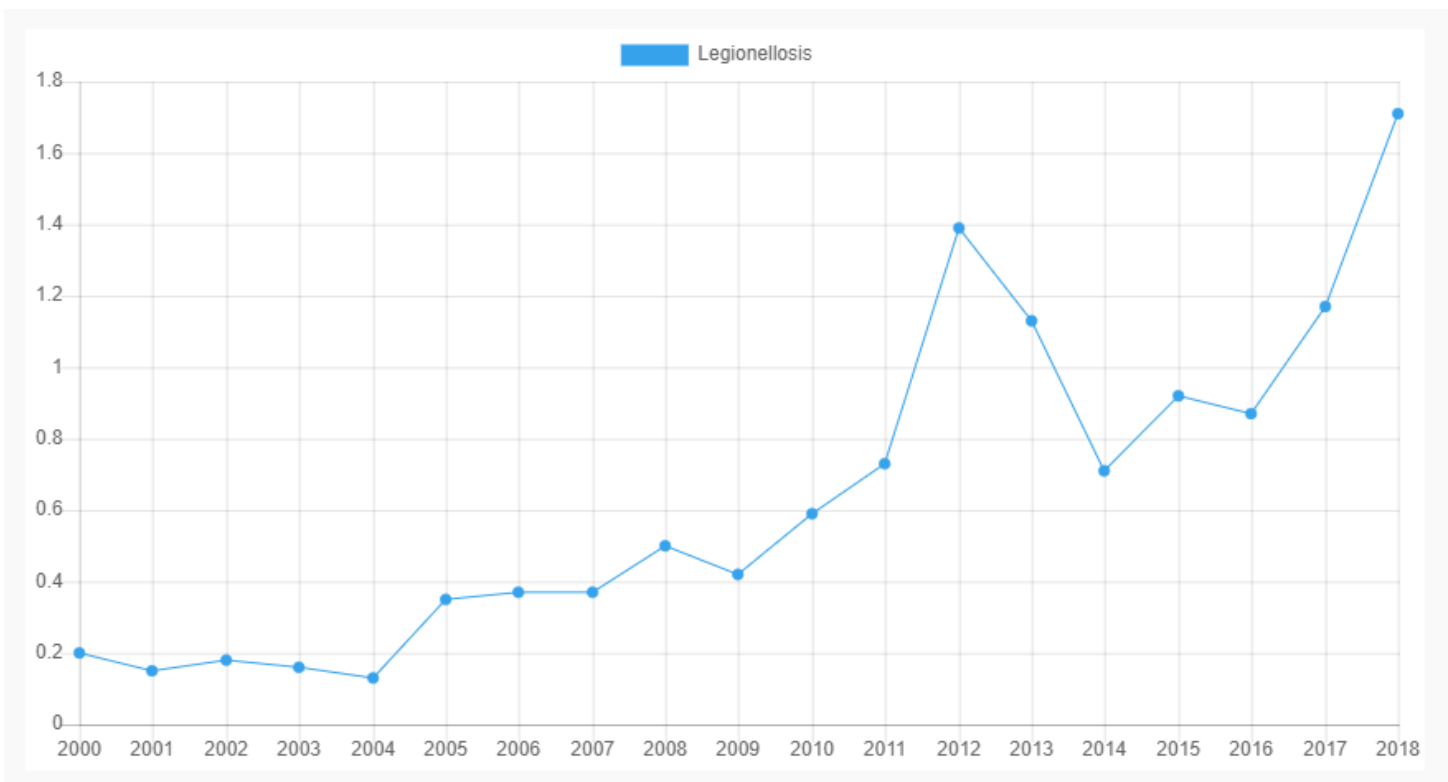


Figure 1 - Rate per 100,000 of reported cases of Legionella over time in Canada

Some recent cases of Legionella in Canada:

- Surrey, BC: a 2018, *Legionella* outbreak resulted in 14 cases (all hospitalised), including 7 in the intensive care unit with two deaths.
- Moncton, NB: 2019, 16 cases, 15 of whom were hospitalised;
- Quebec City, QC: 2012, 181 cases with 14 deaths;
- Toronto, ON: 2005, 135 cases with 23 deaths.

... **Continued on Page 8**

Building Water Systems – A New Certification from the EOCP Continued. . . .

A review of the data from the US shows similar alarming trends where year after year since 2000, the number of cases has been increasing steadily.

The COVID-19 pandemic has further heightened attention to Legionella as some health experts express concern that a prior COVID-19 infection could make a person more susceptible to Legionella. There is another concern as well related to shutdown of buildings during the pandemic, where water in cooling towers, fountains, and distribution systems have been left stagnant providing a perfect environment for Legionella to multiply.

Legionella is a genus of bacteria that includes the species *L. pneumophila* that causes a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever. Legionella bacteria are ubiquitous in water and soil, and multiply quickly in warm water (20-50°C).

Legionella are associated with the built environment. The bacteria can proliferate in poorly maintained plumbing and building mechanical systems and are transmitted through inhalation of contaminated water that has been aerosolised, but not by ingestion of water. Sources include, but are not limited to, cooling towers, swimming pools, domestic water systems, ice-making machines, whirlpool spas, hot springs, and fountains.

Cooling towers, decorative water features, and non-potable water treatment systems (such as for rainwater re-use), have all been implicated in Legionella outbreaks. Examples of some of these systems are shown below:



Figure 2 - Potable water treatment system within a building (Passed inspection)



Figure 3— Decorative Water Feature (Did not pass inspection)



Figure 4—Cooling Tower (Did not pass inspection)

These systems need to be properly installed, routinely tested and maintained, and reported on, to ensure that corrective action takes place to help prevent outbreaks.

In early 2020, the City of Vancouver, Vancouver Coastal Health Region, and the EOCP embarked on the project to implement a new certification, that of Building Water Systems* Operator certification. The certification was then announced at the EOCP's conference in September 2020. It is anticipated that this Operator training and certification process will have a significant impact in reducing the number of Legionella outbreaks in BC.

Most recently, during the Summer of 2020, in New Westminister BC, several individuals got Legionella, and one woman in her 70s needed to be hospitalized for 28 days after contracting the illness. To date, despite an extensive investigation, the Health Authority is still not aware of the source of the bacteria:

“That is not a small piece of work. Any manmade water system, whether it is a cooling tower on top of a building or whether it’s a fountain or water feature are possible places where the bacteria can grow and thrive, and so all of these are being looked at.” – Dr. Elizabeth Bodkin, Vice President, Population Health and Chief Medical Health Officer, Fraser Health

*This certification also encompasses potable water systems where anti-corrosives are used, as well as rainwater harvesting systems.

. . . Continued on Page 9

Building Water Systems – A New Certification from the EOCP Continued. . . .

Pre-requisites for the Building Water System (BWS) Operator certification, and ongoing requirements to maintain the certification are:

1. 50 hours of experience working as:

- In a relevant red seal trade e.g. plumber, boilermaker
- Facility Maintenance Technician
- Professional engineer working in a related field
- Certified EOCP Operator
- Water treatment service provider
- Environmental Health Officer
- Drinking Water Officer
- Swimming Pool Operator

2. Completion of an accredited BWS course

- Course will be two to three days long
- Cost for course will be approximately \$750
- Course may be in class or online

*Courses have been developed by training providers; accreditation is by the EOCP.

3. Examination

- Web-based or paper
- \$100
- 50 questions
- 2 hours long

4. Maintaining Certification

- Payment of EOCP annual dues (\$99)
- Completion of 1.2 CEUs (core and related) in every two-year reporting period
- (first reporting period would be 1st January 2022 to 31st December 2023)

The infographic is titled "How *Legionella* affects building water systems and people". It is divided into two main sections. The top section, labeled "1.", states that "Internal and external factors can lead to *Legionella* growth in building water systems." and is accompanied by three icons: "Construction" (a crane and pipes), "Biofilm" (a cross-section of a pipe with bacteria), and "Water temperature fluctuations" (three thermometers). The bottom section, labeled "2.", states that "*Legionella* grows best in large, complex water systems that are not adequately maintained." and is accompanied by three icons: a modern building, a hospital building with a red cross, and a cruise ship.

. . . Continued on Page 10

3. Water containing *Legionella* is aerosolized through devices.

4. People can get Legionnaires' disease when they breathe in mist or accidentally swallow water into the lungs containing *Legionella*. Those at increased risk are adults 50 years or older, current or former smokers, and people with a weakened immune system or chronic disease.

Cooling towers Showers Hot tubs Fountains


 www.cdc.gov/legionella 01/12/2018

Figure 5: Additional Information on Legionella and Building Water Systems

Whilst the Building Water Systems certification is first being rolled out in Vancouver, there has been a great deal of interest in this new certification throughout North America, and it is expected that other jurisdictions will follow suit.

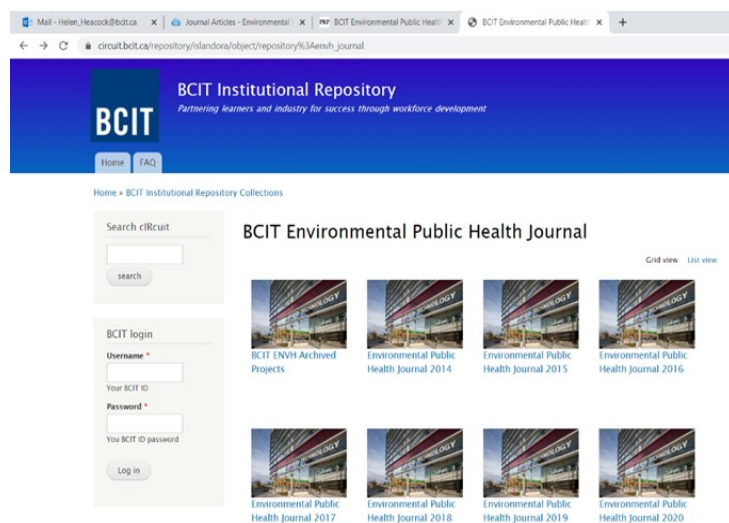
RETIREES

Stay Connected!

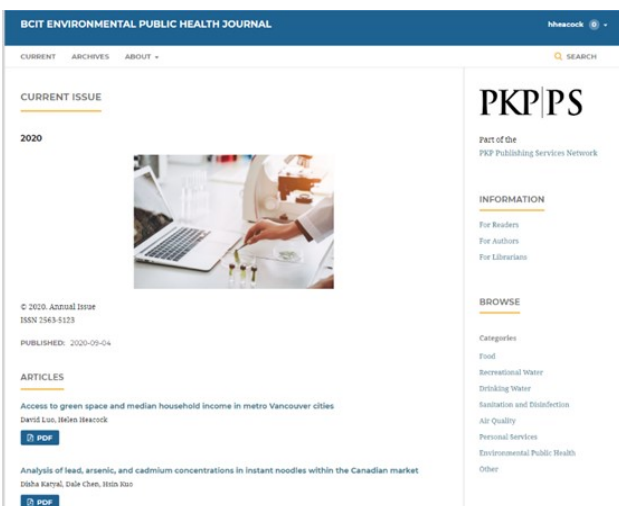
As a retired CPHI(C) a great way to stay connected with our professional organization is to sign up for the **CPHI Email Listserv**: Copy & paste into your browser <https://www.cphi.ca/listserve/> provide your email address & click on the subscribe button and you will receive notices via CIPHI National News.

BCIT STUDENT RESEARCH PROJECTS PUBLISHED IN THE BCIT ENVIRONMENTAL PUBLIC HEALTH JOURNAL

BCIT second year ENVH students take two research courses. They work independently to design, conduct, analyse and write up a research project as part of the requirements for completion of their BTech (Environmental Health) degree. I have co-taught the research classes at BCIT for 20+ years. My co-teachers have been Vince Crozier, Bobby Sidhu, Vanessa Karakilic and now Dale Chen. Students all spend considerable time creating, executing and writing up their research projects. The studies are all public and or environmental health based and many projects are developed from suggestions provided by EHOs working in the field or from Lorraine McIntyre and her colleagues at the BC CDC. The research projects are interesting, timely/relevant, and most are very practical; some have won NCEH or CIPHI awards for student research and several have been translated into policies, food safety notes, guidelines, or best practices. A few have been presented at conferences or published in journals. But for many years, each student's final product was a ring bound document that resided on a shelf in a bookcase in my office. Most papers were only read by future ENVH students looking for project ideas. When I co-taught with Bobby Sidhu, he spoke to a librarian at BCIT, Elizabeth Padilla, who offered to post the papers on the BCIT's open access research repository, which is an electronic database for BCIT student work. We had the students prepare their submissions in the same format as journal articles so they look polished and professional. https://circuit.bcit.ca/repository/islandora/object/repository%3Aenvh_journal



We started this in 2014 so student research from 2014 going forward has all been published in the BCIT repository. As the papers were on an open access repository, they were findable in google and google scholar and able to be viewed by more. I would periodically get an email from someone who had read a student paper in the repository asking for more information about a specific research study. Last summer, the BCIT Library, and Elizabeth Padilla, received funding to start a new open journal platform, OJS (PKP Open Journal System) - one that provides a DOI (digital object identifier - "a string of numbers, letters and symbols used to permanently identify an article or document and link it on the web") for each article. Elizabeth chose our ENVH research studies for the new open journal <https://journals.bcit.ca/index.php/ehj> because, she said, for years the articles have been prepared in a journal format and contained abstracts and keywords, which are vital for internet search engines, and the articles demonstrate the exemplary quality of BCIT student research. But of more importance was the subject matter; public and environmental health, which has broad appeal.



of more importance was the subject matter; public and environmental health, which has broad appeal.

The journal not only looks very professional but is easy to use; there are links to pdf versions of each research article by year published and we have created categories for the most commonly researched topics, eg *Food*, so readers can view projects by subject area. Another feature is that the number of views

. . . Continued on Page 12

BCIT STUDENT RESEARCH PROJECTS PUBLISHED IN THE BCIT ENVIRONMENTAL PUBLIC HEALTH JOURNAL Continued . . .

The screenshot shows the journal's homepage for the article "Analyzing ethanol accumulation in different kombucha tea brands during storage". The authors listed are James Chhay, Dale Chen, and Hsin Kuo. The article is published in the BCIT School of Health Sciences, Environmental Health. The abstract states: "Background Kombucha tea is a fermented tea beverage that is mainly consumed for its associated-health benefits. These associated-health benefits may range from detoxifying the body to cancer treating. However, there is little to no scientific evidence that suggests that they work on humans. Similarly, kombucha tea is also prone to post-fermentation. This presents possible ethanol production and accumulation within the tea after packaging which can pose a possible health risk to susceptible". The journal is part of the PKP Publishing Services Network.

and downloads is recorded. For instance, between June 2020 when the Journal was set up and April 8, there have been **4693 abstracts viewed and 2979 pdf downloads!!** Readers of this article who graduated from BCIT's ENVH Program since 2014, will, in all likelihood, have had their research projects viewed by others from around the world! An example of how one of last year's student projects is presented in the journal can be seen below:

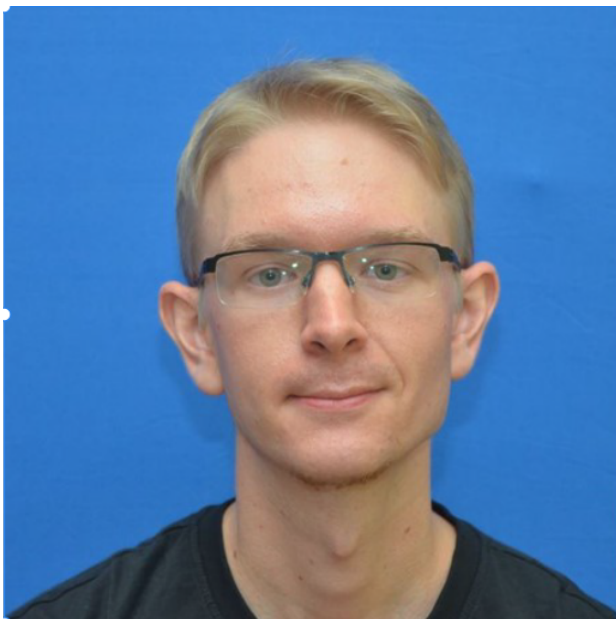
I am very happy that our student's work is finally getting the recognition it deserves. Science only moves forward when research findings are disseminated; then more studies are conducted to confirm or refute previous findings. Results can be applied to policies, procedures, guidelines... or to future research studies. Therefore,

by having the BCIT Environmental Public Health Journal accessible electronically, our student research is not only being viewed more frequently, but is contributing to the everchanging and important body of Public and Environmental Health knowledge.

Please contact me at hheacock@bcit.ca if you have any ideas for future student research projects.

Helen Heacock, PhD, MSc.

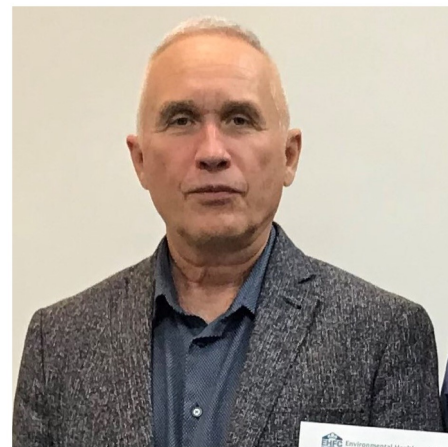
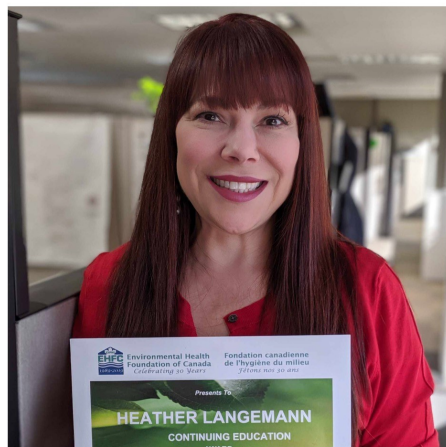
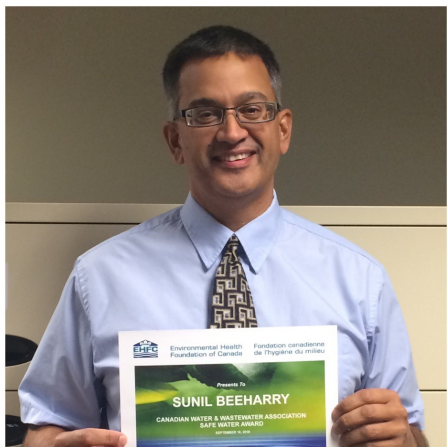
BCIT Awards



Elliot Spicer—recipient of the 2021 John A Stringer CIPHI Award.

Michelle Kobewka—recipient of the 2021 Bill Leith Award.

EHFC 2021 Awards



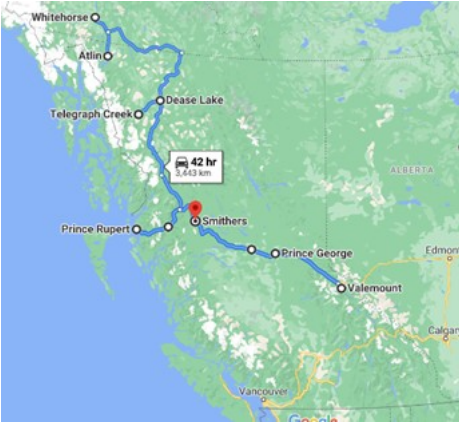
NOMINATIONS FOR THE 2021 ENVIRONMENTAL HEALTH FOUNDATION OF CANADA AWARDS OPEN MAY 1ST. GO TO WWW.EHFC.CA AWARDS PAGE FOR DETAILS.



**Environmental Health
Foundation of Canada**
Celebrating 30 Years

**Fondation canadienne
de l'hygiène du milieu**
Fêtons nos 30 ans

The EHOs of Northern Health



The term Geographic Environmental Health Officer isn't used in Northern Health, but if it was, Allison Crowe would be the prime example. She has been with Northern Health since 2018, leaving her Eastern home for some adventure. She has been mainly located in the Smithers office, but also worked out of Prince George. She has inspected facilities in at least 1/3 of BC, and even some in Whitehorse. When not exploring, consulting with exploration camps, or managing COVID-19 industrial camp clusters, Allison is part of the Food Safety Focus Group and mentors EHO students. She is still excited for spring weather, and a road trip through the Yukon to Atlin Lake, whether for inspection or personal, it doesn't matter. While she occasionally works from home during the weekdays, you're more likely to find her on a mountain top on her days off.

Aletta Schurter, CPHI(C)
Northern Health



**YOU KNOW WHAT
REALLY GRINDS
MY GEARS . . .**

“The misuse of the words premise and premises.....”

Please submit your “heard it a thousand time before one-liners” that you hear in the field over and over and your EPHP pet peeves to bcpageeditor@ciph.bc.ca. Let's all share in the hilariously annoying joys of our environmental public health experiences.

Letter to the Editor

Dear Editor:

For some time now I have had a real concern regarding the significant loss of Retired Members in CIPHI. After researching this subject I sent out an email on March 1st this year to most of the Retired Members for 2020 that I knew of across Canada. I could only find **36** that had renewed for 2021 at that time. Yet, as Historian for the BC Branch, I have a list of **145** retired PHIs/EHOs just in BC and only **6** of those had renewed their membership. **What we in CIPHI have lost is hundreds of supporters, boosters, contributors, helpers, and participants.** If I know of **145** retirees just in BC, as one example, and BC is about **1/10** the population of Canada, I'm sure there are at least 1,000 retired PHIs & EHOs across Canada who are no longer connected to, supporting, and advocating or speaking out for our profession. We have burned an invaluable bridge that could be difficult to rebuild. Now, some of those were never members of CIPHI so we know they would likely not be interested in joining as Retired Members. But in BC, many had been members including Branch Presidents, Councillors, conference committee members, Directors of EH, Chief PHIs, Managers, Consultants, and many field Inspectors. The basic position was the **benefit for the cost was no longer there** for retirees to pay \$50.00 a year. A few promotions were tried by CIPHI like a year free and then back to \$50.00 a year. It didn't work. For example, the BC Branch which had 50 or more Retired Members for years dropped to only 6.

Why has this situation arisen? Well, a few years back an excellent plan was developed for continuing competency of Regular Members and the creation of the Council of Professional Experience. However, this would create additional administration and operating costs for CIPHI including reserve funds in case of legal challenges, lawyers, etc. Regular Members supported that significant dues increase as they could see the real benefit to our members and profession. In addition, Nick Losito, Editor & Publisher of our journal, the Environmental Health Review, spoke to the need for a dues increase because printing and postage costs for 4 issues a year of the EHR were going up significantly. One member of the National Executive suggested students and retirees should pay much more as well and proposed nearly a 70% increase in those dues. Even though several persons spoke strongly against the almost 70% increase in annual fees for students and retirees, the motion as a whole was passed.

But times have changed. The EHR is no longer printed and mailed to members. They are all distributed electronically as are all branch newsletters. Most CIPHI correspondence to members is now done electronically rather than via Canada Post. This has been huge cost saving to CIPHI and members. **Thousands of dollars** have been generated by CIPHI National from Retired Members since 2007 with little cost other than the mailing of the annual receipt and sticker. What benefit have Retired Members received for all those dollars collected from Retired Members?

I believe there is one very simple and effective solution to resolve this unsatisfactory situation. When a PHI/EHO Regular Member retires he/she is automatically rolled over to Retired Membership with **no annual membership fee.** There's no need to have other members, executive members, or potentially paid staff at CIPHI HQ phone or email and try and convince them to pay \$50.00 (or more in future) to continue as members. Right now, I gather the BC Branch has about \$100,000.00 in the bank, National has \$500,000.00 or possibly \$600,000.00 in the bank and from what I've heard the Ontario Branch has a healthy bank balance as well. **We are not a poor organization.** Let's stop thinking about making another \$1,800.00 or \$2,000.00 from retirees but think positively about the potential support and advocacy that Retired Members can contribute regarding low salaries in some provinces, PHI shortages, recognition of our certification, plus other local issues, initiatives, etc. Retirees can speak out on these important issues since they are no longer government employees. Remember many of these colleagues have worked and contributed to our profession and CIPHI for 25 and up to 40+ years.

. . .Continued on Page 16

Letter to the Editor Continued. . .

I have received many comments in return, such as:

- *I will not be renewing in 2021 as I see no benefit and get very little information from CIPHI. SEVERAL STATED THIS.*
- *I will be renewing as I support CIPHI but many of my colleagues will not be.*
- *This is a great idea and I really support it. (LOTS OF SUPPORT)*
- *I get hardly and news or information from CIPHI. (QUITE A FEW STATED THIS)*
- *I really like this idea and would certainly renew if this was the case.*
- *I have no problem with the current free for retirees but get very little information.*
- *How can I support this proposal getting approval? (SEVERAL STATED THIS)*
- *I did not know CIPHI had a Retirees Advisory Committee.*

Several members suggested that a modest fee of \$5.00 or \$10.00 would be okay to cover the cost of mailing the annual membership sticker, etc.

The following points are therefore provided for your consideration:

1. I believe the automatic roll over from Regular Membership to Retired Membership is essential as **no one** is currently contacting retirees and encouraging them to continue as Retired Members. Retired PHI Bill Chrapko ,in Alberta, did that contact work for several years. He said it was time consuming and not all that successful but he enjoyed chatting with his former colleagues. He eventually retired from doing that follow up.
2. I strongly recommend that **if there is to be any retired membership fee it should be limited to \$5.00 or \$10.00 maximum per year after a FREE first year.**
3. Retired membership fees should be directed to the branches for processing as CIPHI National has NEVER shared Retired Membership dues with the branches.
4. Processing the retired membership fees by the branches would most likely be far less expensive than fees processed through the National business office.
5. A reduced membership fee is absolutely essential for this proposal to be successful and would only apply to PHIs & EHOs who have been members of CIPHI.

So Let’s look positively at the big picture. Let’s keep **Retired Members** as a valued part of the Institute, informed about our current issues and invited to participate and provide their input and support. As you can see from the responses above, I have shared this concept with many retired members across Canada as well as our BC Branch President Stephanie Tooke plus Casey Neathway our new National President Elect and the **Retired Members Advisory Committee** as a key group in CIPHI. They are waiting to see what happens next. I welcome both your comments and support.

Best regards,

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Keep up to date on the latest news at the BC Branch website:

www.ciphi.bc.ca

The page also contains information on membership, conferences, career opportunities, documents, and much more. Check it out regularly.

Did you know the BC Branch is on Facebook and Twitter?



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BC Branch Awards



Steve Chong (left) receiving the 2021 Member of the Year Award from Dr. Patty Daly (right).

Member of Year Award nomination submitted by Jessica Ip of VCH and Gary Tam of VCH:

Steve Chong graduated from Simon Fraser University in 1991 with a Bachelor's degree in Business Administration. He obtained his Bachelor of Technology degree at BCIT in 1993. He joined the then, Richmond Health Services in 1993 as an Environmental Health Officer and was on the BC Branch Executive for three years before becoming the Branch President from April 2004 to May 2006. Over the years, he took leadership roles progressively within the program. He became the Manager of Health Protection in Richmond and North Shore offices in 2006 and 2013, respectively. He is currently the Director of Health Protection at Vancouver Coastal Health. With the pandemic, he coordinated staff efforts to assist in COVID-19 case follow-up and contact tracing.

Steve led two successful BC Branch Education Conferences during his Presidency. He coordinated a full review of the BC Branch Constitution and Bylaws in 2009. He always spoke up for our profession to medial outlets whenever we were misrepresented and misperceived by communities. In 2010, he was awarded the National CIPHI President's Award for his dedication to the National Office.

During this pandemic year, when many EHOs are involved in case follow-ups and contact tracing, we worked tirelessly to have our dedicated professional work seen by the VCH senior management and fought hard to get us recognized and rewarded equitably as those health professionals who did the same work. He now heads the division for the COVID-19 contact tracing program. For those EHOs who are deployed to do COVID work, he always seizes opportunities to get them better pay for the needed work so we can be instrumental in bending the curve. His tenacity, resilience, and leadership over the years are clearly demonstrated during this provincial crisis, which has set a great example to many aspiring leaders in the organization and in the profession.

This is a difficult year for all, the work we do as a profession shines in the prevention and control of COVID-19. It has been a rewarding experience and a great pleasure working with him.

His significant contribution to the profession and the Institute makes him a well deserved candidate for this year's Member of the Year Award.



The VCH Health Protection Leadership Crew receiving the 2021 Alex Nilsson Award on behalf of the Vancouver Coastal Health Environmental Health Team. (left to right) Dr. Patty Daly, Steve Chong, Mark Ritson, Claudia Kurzac, Paul Markey, Jessica Ip, Jonathan Choi, and Richard Taki.

Congrats and thank you for your tireless efforts!!

Retirement—Claudia Kurzac



Claudia grew up in the suburbs of Campbell River and after graduation left for the bright lights of Vancouver to follow the romantic dreams of being a public health inspector.

- She actually conducted her first EHO field practicum in 1979 with what was then the City of Vancouver Health Department (where she spent her time chasing after Gypsy moths).
- After graduation from BCIT in 1980, she landed her first job in Winnipeg where she held the coveted title of being only the second female EHO in the Province of Manitoba (where she spent her time chasing after skunks). The one good thing about Winnipeg was meeting and marrying her husband, Robert.
- In 1992, the couple relocated to Vancouver with the intention of staying for a couple years before moving to a smaller community. However, the allure of city living kept her doing district inspection work until 1999 when she started her rotation in the communicable disease program.
- In 2005, Claudia was promoted to a Senior EHO and assigned to the Tobacco Enforcement program. In 2006, she moved to the Community Care Facilities Licensing program and worked there until 2008.
- In 2009 Claudia volunteered to complete a one year interchange with the Public Health Agency of Canada in the Professional Development program working on a number of projects including assisting public health disciplines in the development of discipline specific competencies. During the interchange, the H1N1 influenza outbreak hit and she was further seconded for a time to the infectious disease branch working on the development of guidance documents.
- In 2011 Claudia took on an acting-EH Manager role tasked with working on the development of a report for the Chief MHO in support of a tanning by-law for the City of Vancouver that would ban people under the age of 19 from using tanning beds (prior to the province bringing in a provincial regulation).
- After 21 years in Vancouver, in 2013 Claudia was finally appointed as an EH manager for the Richmond office. In Richmond she was exposed to a broader scope of EH practice and blossomed in her new role. She built a very cohesive and well-functioning team to meet the demands of the Richmond community.
- Along the way she also found time to promote the profession as BC Branch President (1999-2004) and National President (2004-2008) for the Canadian Institute of Public Health Inspectors (CIPHI).

Thank you Claudia, we are truly grateful that you were able to share 29 years with VCH. You have proven yourself to be a hardworking, dedicated and committed leader. It has been a privilege to have worked alongside you and I very much appreciated the support that you provided both as a Health Protection Leadership Council member and as a friend. You have always been outspoken on Environmental Health issues and more so when supporting your staff in Richmond. Have a great retirement and look after Robert and Nellie.

Richard Taki, Executive Director, Health Protection
Vancouver Coastal Health

The CIPHI 2020 AEC Planning Committee along with the National Executive Council have made the decision to postpone the AEC to 2022. Keep an eye out for details on the September 11-14, 2022 event!



Retirement—Paul Markey

Paul was born in Halifax, a town in the county of West Yorkshire in the north of England and was brought up in the nearby city of Bradford. To this day, he still supports Bradford City Football Club even though they play on a gravel field with a half pumped ball.



- Paul attended Leeds Polytechnic where he earned his Bachelor of Science Honours Degree in Environmental Health. Shortly after he became a member of the Chartered Institute of Environmental Health.
- His first position was with Bradford Metropolitan Borough Council where he worked in housing, food and Health & Safety. There he earned his qualifications as a red meat, poultry, and fish inspector. Of note is that at the same time, the 'Yorkshire Ripper' (an infamous mass murderer in the UK) was on the loose in the very same streets. After a few terrorising years, the Ripper was caught and imprisoned (Paul played no part in the arrest).
- For a short time, Paul took a leave of absence from this job to undertake a secondment as a Public Health educator in Nepal.
- Paul then took a position in the private sector working for the Food Hygiene Bureau. One of his duties while working in this position, was being responsible for inspecting the ferries that cross the Irish Sea between Scotland and Northern Ireland.
- Paul later returned to Bradford Metropolitan Borough Council where he was the Senior EHO leading the pollution team focused on air quality.
- Paul married his wife, Helen in 1989 and in late 1992/early 1993 they decided to leave their jobs and travel the world for 12 months. Their travels took them to India, Sikkim, Nepal, and North America including the Northwest Territories, the Yukon and British Columbia. They were living in a pickup camper van in Golden Ears Provincial Park with the intention of flying to New Zealand to look for work. Unfortunately for them (but fortunately for us) they ran out of money and decided to look for work in British Columbia.
- In 1994 Paul was offered a job with the Central Fraser Health Unit (actually begged for it) and worked as a student EHO, where he completed a 12 month EHO student practicum. (Although Paul was certified to work as an EHO in the UK, he had to requalify by taking the Canadian CIPHI exams).
- Paul started working for Vancouver Coastal Health in 1995 as an EHO in the North Shore office, before being promoted to the Chief EHO.
- Paul and Helen's two children, Sarah and Ethan were born in Canada and have Canadian accents.
- In 2005, Paul and his family moved back to the UK for just over 12 months to look after family matters. During this time, he worked as an EHO for Craven District Council in North Yorkshire, and it was while working here that he first met and worked with John Pickles, who now works in our North Shore office.
- On returning to Vancouver, Paul worked in the North Shore office, becoming the manager when the Health Protection program was regionalised.
- In 2013, during restructuring of the Health Protection program, he moved to the Vancouver office to become the manager of Environmental Health.
- He held this position until 2014 when he became the Regional Manager of Community Care Facilities Licensing on Greg Ritchey's retirement.
- Paul is also a volunteer member of the North Shore Rescue team and quite often does a day at work after being out all night rescuing lost hikers on the North Shore mountains (and has become somewhat of a television star).

Thank you Paul for your many contributions to Health Protection over your 25 year span here at VCH (I'm thinking there might have been more if we could have understood you). You showed us how a level head and the desire to do good for people could move mountains in the field of Community Care Facilities Licensing. You have established a great team and virtually a new program in Licensing and I only wish that you could stay around to see the fruits of your labour.

Richard Taki, Executive Director, Health Protection
Vancouver Coastal Health

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