

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

NO. 3
VOL. 41
OCTOBER 2020



HSA MEMBER ARSALAN BUTT WITH WIFE AYESHA BUTT AND DAUGHTERS ELMA AND AIZA ARSALAN

PARENTING IN A PANDEMIC

EXPLORING PARENTING ISSUES IN THE AGE
OF COVID-19

PUBLIC HEALTH CARE JUST WON BIG IN BC.

The Cambie case is closed, at least for now. Let's keep the wins rolling.

COVID-19 has brought many challenges for us as individuals, and for our families and communities. There is no doubt that we are having to rethink how we structure our work lives and personal lives to keep safe.

COVID-19 has also shone a bright light on how important our public health-care system is. And now, more than ever, British Columbians and Canadians support deep investment to ensure our public system is strong, sustainable and resilient.

When people get sick, they get help. No matter what their income, where they live, who they know. This principle of universality is the cornerstone of our public health-care system.

For the last 10 years we've been fighting a legal attack on our public health-care system. A court case has worked its way through B.C. Supreme Court that challenges the core principle of our public system: access to health care is based on need, not ability to pay.

Dr. Brian Day, the CEO of Cambie Surgery Centre (a for-profit, private health-care company), launched this attack in 2009. His legal challenge aimed to break medicare in Canada by striking down provincial health legislation that restricts extra-billing and private insurance for medically necessary services, claiming that these rules violate the Canadian Charter of Rights and Freedoms.

Extra-billing, sometimes called "double-dipping," is when a doctor charges both a patient and the government for a medically necessary procedure.

Right now, the laws state that a doctor must choose to practice either inside or outside the public system, but not in both.

In short, Day's argument is: if you can pay, you should be able to jump the queue. He launched this challenge in an effort to allow private, for-profit medicine to flourish in B.C.

But the evidence has clearly shown that private, for-profit health care drains resources from the public system and leaves us with longer wait times. Creating a two-tier health-care system would mean the wealthy get the care they need fast, and the rest of us have to wait even longer. Let's be honest, this case was about the profits to be made from people in need. It was never about providing better health care to British Columbians.

After 10 years — four of which played out in a B.C. courtroom — B.C. Supreme Court Judge John Steeves brought down his ruling last week. It was an unequivocal win for public health care.

Even though the attack was launched here in B.C., it took aim at the very heart of the *Canada Health Act*. This is a victory for everyone who uses health care in Canada and ensures our health-care system will continue to be based on need, not on ability to pay.

In the ruling, Steeves notes: "Further, the evidence suggests that duplicative private health care would increase demand and costs overall while also reducing capacity in the public health-care system. There is



HSA PRESIDENT VAL AVERY

"This is a victory for everyone who uses health care in Canada and ensures our health-care system will continue to be based on need, not on ability to pay."

a genuine risk that both the sustainability of the universal public system and equitable access to health care would be undermined."

Day is appealing this ruling. That's not surprising, but it is disappointing.

Instead of heeding the ruling of Steeves and using his professional skills to advance our public health-care system, Day is forcing the government and other advocacy groups, like the BC Health Coalition and Canadian Doctors for Medicare, to waste more time and money to protect and defend the public health-care system that British Columbians and Canadians rely on every day.

We don't need more court dates. We need to turn our attention to investing in our public system — to be innovative, creative and committed to the public solutions that will make our public system robust and

INSIDE THIS ISSUE

COVER

Parenting in a pandemic 10

PRESIDENT'S REPORT

Public healthcare just won big 2

NEWS

HSA members-at-large elected 3
 Labour Day Elsie Awards 4
 Pension plan changes 4
 Provincial preparedness plan 5
 New funding for healthcare training 6
 BCFED poll: A fair recovery 6
 A fellowship program for social workers 7

FOOD FOR THOUGHT

Practicing anti-racism as a health professional 8
 Your pensions and benefits questions answered 14
 The effects of unionizing: CMHA BC - Victoria 16
 Walking the path of leadership development 18
 Joblessness or risky work? 20
 VGH JOSH Committee restructuring 22
 Meet Mairie Evans, receptionist 23
 HSA scholarship and bursary award winners 24

resilient. The B.C. government and Health Minister Adrian Dix are already taking on this challenge, and we are seeing progress.

There is no question wait times are still too long for some procedures, and people suffer when they wait for care. But the answer is not private care for those who can afford it. The answer is improving our public health-care system that everyone can access and rely on.

The B.C. Supreme Court ruling was crystal clear. And now we need to get on with making our public health-care system the best it can be.

This piece was originally published by *The Tyee*.

MEMBERS-AT-LARGE ELECTED AT HSA REGIONAL MEETINGS

From Sept. 18 to Oct. 1, HSA members came together online to participate in the union's annual regional meetings. Chapter delegates shared updates on the issues affecting members and discussed union business from the past year. Elections for members-at-large (MAL) positions were held for regions 1, 3, 5, 7, and 9.

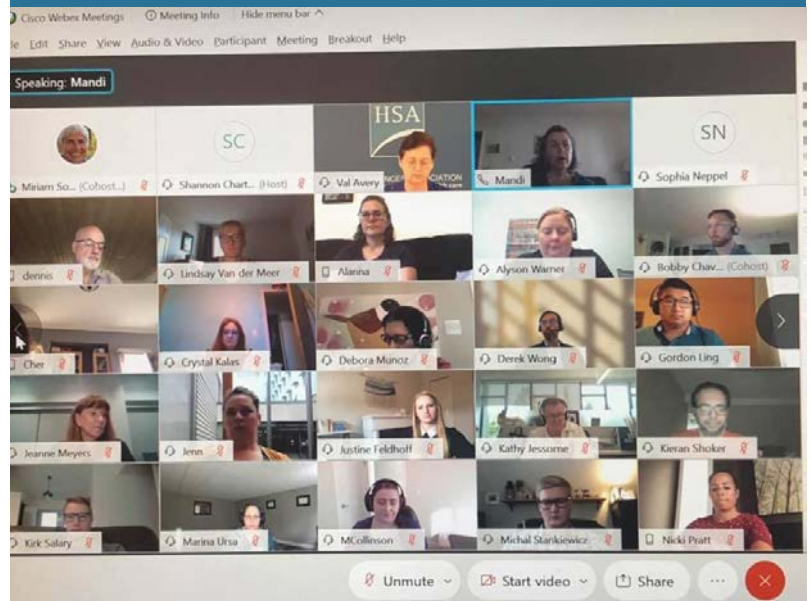
Members-at-large serve a two-year term and represent the region's members on union committees. MALs also participate in solidarity events within the labour movement and play a leadership role in mobilizing HSA members to participate in union activities.

Congratulations to the members elected this year as members-at-large.

REGION 1: Andrew Duarte, Laura Johnson, and Wendy Johnson (alternate)

REGION 3: Jing-Yi Ng, Hanif Mithani, Tonya Harford, Alwyn Chan (alternate), and Alysone Martel (alternate)

REGION 5: Gina Choe, Arsalan



THE REGION 10 VIRTUAL REGIONAL MEETING

Butt, Ramzan Anjum, and Jill Slind (alternate)

REGION 7: Edith MacHattie, Sonia Andhi, Kris Lally, Marg Bed-

dis, Sherry Lewis (alternate), and Penny Regier (alternate)

REGION 9: Gina Sanche, Lorna Henschke, and Louise Vaile (alternate)

METRO VANCOUVER LABOUR DAY ELSIE AWARDS CELEBRATE THE IMPACT OF LABOUR ACTIVISTS

When the COVID-19 pandemic caused the Vancouver and District and the New Westminister and District labour councils to cancel this year’s Labour Day picnics, they were quick to pivot. They held a joint virtual event to carry on the spirit of Labour Day, celebrating the contributions that working people have made to our communities and the broader labour movement.

The event included a call for nominations for the first annual Elsie Awards (as in LC for “labour council”) for the categories of Awesome Union Activist, Outstanding Shop Steward, Dedicated Frontline Worker, and Caring Community Activist. All of the nominees were celebrated at a virtual event that was streamed live on Labour Day.

Congratulations to HSA member Marg Beddis, who was nominated in the Awesome Union Activist category, and HSA member Amrik Cheema, who was nominated in the Dedicated Frontline Worker category.

Beddis works as a dietitian at the Surrey Outpatient Care and Surgery Centre and Cheema is a Nuclear Medicine Technologist at Surrey Memorial Hospital. They were nominated this year for all the work they do for their union, their patients, and their communities!

You can watch a short videos of the awards ceremony on YouTube at bit.ly/ElsieAwards.



ELSIE AWARD NOMINEES AMRIK CHEEMA (TOP) AND MARG BEDDIS (BOTTOM)

PENSION PLAN CHANGES PLANNED TO IMPROVE EQUITY

Following a comprehensive review of the Municipal Pension Plan, the pension plan for most HSA members, the Plan Partners - which includes employee and employer representative who govern the jointly trustee pension plan - have developed a package of proposed changes to update the plan.

In developing the changes, the Plan Partners were guided by four principles:

- improve equity for members,
- align benefits with how the majority of members use them,

- set a strong foundation for the long-term sustainability of the plan, and
- stay within the current cost envelope.

An important feature of the information website launched last month is an online pension calculator that allows you to calculate the pension benefits you will be entitled to on retirement.

For more information on the changes to the Municipal Pension Plan, which are slated to take effect January 1, 2022, visit www.mppredesign.ca



HSA PRIDE

STAFF AT RICHMOND HOSPITAL DON HSA HEADBANDS: (L-R) MEDICAL IMAGING TECHNOLOGISTS JOCELYN MARTIN, NATALIE PANG, KERRIGAN SCHWITAY, ANDREA BUNKOWSKI, ANGELA HA, VANESSA YUEN, AND SONOGRAPHER BRI LEUNG.

PROVINCE TO INVEST \$1.6 BILLION IN COVID-19 PREPAREDNESS PLAN

The BC government announced in September that it will be investing \$1.6 billion dollars in new measures to help protect communities against the spread of COVID-19, strengthen long-term care and public health-

care delivery, and boost the economy.

The plan will increase supports for seniors in long-term care homes and assisted living facilities by recruiting and hiring an estimated 7,000 new health care workers, including health care support workers and health care assistants.

Through the creation of the Health Career Access Program – supported with \$44.1 million in funding – approximately 3,000 applicants could receive specialized paid training to enter a new career as a health care support worker. The program seeks to provide new employment opportunities to workers who may have been laid off in a hard-hit sector during the pandemic.

As part of the provincial pan-

demetic response, \$374 million will be allocated to bolster public health measures. An additional 450,000 influenza vaccine doses will be distributed to enhance the fall flu immunization campaign.

To help reduce COVID transmissions in hospitals, \$42.3 million is allocated to the Hospital at Home program, which will provide patients with in-person and virtual care out of their own home.

The Ministry of Health is working to increase COVID-19 testing and contract tracing capacity across the province, and is expanding critical health services to rural, remote, and Indigenous communities in BC.

PHOTO CREDIT:
FLICKR, PROVINCE OF BRITISH COLUMBIA



PROVINCE INVESTS \$4.4 MILLION IN NEW FUNDING FOR HEALTH CARE PROFESSIONALS TRAINING

The BC government announced this fall that it will be investing an additional \$4.4 million in BC post-secondary institutions to deliver programs in the health field, providing training for respiratory therapists, mental health and community support workers, anesthesia assistants, healthcare assistants, and nurses.

The new funding, which is in addition to the province's \$125 million in annual funding for

health education programs, is part of the government's plan to alleviate critical shortages in BC's health professions.

Funding allocated to the British Columbia Institute of Technology (BCIT) will be used to provide training opportunities for existing health professionals, including one-on-one clinical education for respiratory therapists.

Other institutions that will

receive additional funding for health programs include Camosun College, Coast Mountain College, College of New Caledonia, North Island College, Nicola Valley Institute of Technology, Okanagan College, Vancouver Community College, and Thompson Rivers University.

BRITISH COLUMBIANS WANT A FAIR RECOVERY THAT "AGGRESSIVELY" ADDRESSES CLIMATE CHANGE: BCFED POLL

In a recent online poll conducted by polling firm Stratcom and commissioned by the BC Federation of Labour (BCFED), 72 per cent of respondents said they would prefer to see changes made to make BC a fairer province, while only 18 per cent said they would prefer to see BC return to its pre-pandemic state. The poll was conducted between Aug. 27 and Sept. 2.

The same poll found that 67 per cent of respondents believe that BC needs to rebuild the economy in a way that put

workers and families first, instead of cutting regulations and taxes on business.

According to the poll, 70 per cent of British Columbians are in favour of a recovery approach that aggressively addresses climate change and reduces pollution through big economic changes that include the reduction of carbon emissions, a shift to clean, renewable energy, and investment in transit and energy-efficient technologies.

The poll coincides with the launch of the BCFED's A Future For All campaign, which is calling for a pandemic response that puts working people first and strengthens public services. This means improved protections and benefits for workers, universal health care programs that include public dental care, Pharmacare, and long-term care, and accessible daycare, public transit, and post-secondary education.

TO LEARN MORE AND TO JOIN THE CAMPAIGN, VISIT: WWW.AFUTUREFORALL.CA.





SOCIAL WORK FELLOWS HELLA LEE AND ALANNA MULHOLLAND

HSA-SPONSORED FELLOWSHIP PROGRAM OFFERS UNIQUE OPPORTUNITY FOR SOCIAL WORKERS

HSA is proud to be a financial supporter of an exciting new fellowship program – currently in its third year – for social workers at the BC Centre on Substance Abuse.

The Addiction Social Work Fellowship is a one-of-a-kind learning opportunity that allows social workers to take time out from their career to pursue their interest in evidence-based approaches to substance use and addiction. While taking part in the multidisciplinary program, fellows have the opportunity to conduct research, develop their clinical skills, and participate in series of training rotations.

HSA member Alanna Mulholland

is a part of this year's cohort and feels the program is an amazing opportunity for social workers like her. "The fellowship can be tailored to your interests, and you get to shape your placements and research" she said. Mulholland encourages her fellow social workers to consider the program. "Don't sell yourself short," she said.

Hella Lee, another HSA member in the current cohort, has spent most of her career working in eating disorders, and was interested in the fellowship as a way to enhance her practice. "There are very few opportunities for MSWs [Master of Social Work] to access this degree of train-

ing," Lee said. She described how the fellowship has helped her learn new skills and move out of her "comfortable niche."

Any social worker with an MSW and good standing with the BC College of Social Work is eligible to apply. You can find everything you need at bit.ly/BCCSUFellowship. Applications will be accepted until Dec. 1, 2020.

“There are very few opportunities for MSWs [Master of Social Work] to access this degree of training.”

- ADDICTION SOCIAL WORK FELLOW AND HSA MEMBER HELLA LEE

PRACTICING ANTI-RACISM AS A HEALTH SCIENCE PROFESSIONAL

BY EASTER TOCOL
HSA MEMBER

Hope Teal

Purpose: To inspire and motivate cancer patients, caregivers and their loved ones.

- When
- When
- Time
- Contact: Easter Tocol, Oncology Social Worker 604-412-6117
- Snacks and Refreshments Provided

Upcoming Workshops

July 3-Improving Relationships
August 7-Spirituality
September 4-Dealing with Anxiety and Worries
October 2-Practical and Financial Resources

Topics and dates may change, registration preferred.

Life isn't about waiting for the storm to pass, It's about learning how to DANCE IN THE RAIN.

FRASER HEALTH

FACEING CANCER? WE CAN HELP.

1 888 939-3333 | cancer.ca

Helping patients and loved ones with information and support.

The Society offers a wide range of programs and services designed to make the cancer journey a little bit easier.

Canadian Cancer Society

- Cancer Information Service**
Available to cancer patients or anyone who needs help understanding cancer and finding community services. All free services accessible in multiple languages.
- CancerConnective**
CancerConnective matches patients with a trained volunteer with a similar cancer experience.
- CancerConnective.ca**
CancerConnective.ca is an online community for patients and caregivers to share experiences and support. Available 24 hours a day.
- Accommodation**
We operate affordable lodges across the province, offering 24-hour support for patients from caring volunteers and staff and a host of amenities.
- Transportation Program**
If you have cancer and you don't have transportation, a volunteer driver may be able to pick you up and take you to your appointment. Available in some locations.
- Camp Goodtimes**
Camp Goodtimes provides a unique summer recreation experience for children and teens with cancer and their families.
- Financial Support Program**
Limited, short-term assistance towards cancer-related transportation and accommodation expenses. Based on eligibility criteria.
- Wig Lending Program & Breast Prostheses**
Our wig and breast prosthesis banks provide a wide range of hairpieces, prostheses, products and clothing to cancer patients at no cost.



“Where are you from? No, where are you really from?”

“I’m not a racist, I have so many friends of colour.”

“Well, shouldn’t all lives matter?”

These are just some of the racist microaggressions that I hear every day in the workplace.

It is usually not meant to hurt, and is done with little awareness. Over time, these comments can have a negative impact on

people’s mental and physical health creating a toxic work environment.

I’ve been working in the social services field for over 20 years. I’ve met and cared for people in all walks of life. Like myself, we all have a story or set of experiences that have shaped our lives. Without these, we would not be who we are and be able to do the

wonderful work we do.

However, working with vulnerable populations in traumatic crisis situations on a daily basis, you come face to face with how racism is so predominant in our lives and within our systems. The stress and pressures in the environments that we work in bring out so many feelings and emotions in people, taking a toll on all of us.

I’m not perfect, but strive to be a



A SCREEN SHOT FROM THE AUG. 11 ONLINE REPORT LAUNCH OF “CONFRONTING RACISM WITH SOLIDARITY: AN ANALYSIS OF THE 2020 HSA WORKPLACE RACISM SURVEY.” TO DOWNLOAD THE REPORT, VISIT: [HSABC.ORG/RACISMATWORK](https://hsabc.org/racismatwork).

better social work practitioner. In HSA, I believe we all share this motivation. We want to make our patients, their family members, and our colleagues feel safe. This involves learning and seeking to understand how racism affects people.

If we want to treat patients better, then we must understand their background, belief systems, values, generational history, and life experiences, including past interactions with the healthcare system. This is essential in assessing and intervening in our clients’ lives more effectively.

“We want to make our patients, their family members, and our colleagues feel safe. This involves learning and seeking to understand how racism affects people.”

In BC, I am grateful to have the opportunity to work in diverse communities. We are immersed with so many wonderful cultures and different perspectives on what life and living means. These communities need us to practice anti-racism more than ever. When they need our services, they need us to understand, listen, and be open to how their life journeys and past experiences play a direct role in their health status.

As we unpack racism and our own privileges, we can better understand ourselves and how we identify with others. This is

how we will learn and grow.

We as health science professionals are often taking the lead in being advocates for our clients. We, as a collective can also take the lead in making systemic changes through the labour movement in addressing social justice and equality issues for workers.

I would like to commend HSA for launching the recent report, “Confronting racism with solidarity: An analysis of the 2020 HSA Workplace Racism Survey.” Over 200 HSA members identifying as Black, Indigenous, and People of Colour completed a survey on workplace racism this past winter, and the report, released in August, explores the survey results.

Some of the key findings of the report included how racist remarks and behaviours at work are so prevalent and so real for many of our colleagues. Racism impacts the emotional and psychological wellbeing of workers, making it an occupational health and safety hazard. It saddened me to see that formal reporting was low due to fear of reprisal. Union members rarely seek assistance from representatives for issues of workplace racism.

I was given the opportunity to review this report and I encourage you all to have a read. It can be found on the HSA website at hsabc.org/RacismAtWork. This report is a reminder that we need to practice awareness. I don’t seek to call out anyone,

but I do want to call you all in. Let’s be mindful of our bias and understand how it affects our behaviour.

The results of the survey have made it clear: We have a lot of work to do. Not only is it an individual action, but a collective one. To be better at anything involves learning and practice. Change is always inevitable in our lives. As health care professionals, let’s take the lead to make anti-racism practice a priority for us and our patients.

Work is underway right now within our union to address racial injustices in our workplaces.

MEMBERS HAVE INITIATED A BLACK, INDIGENOUS, PERSON OF COLOUR (BIPOC) CAUCUS TO ENGAGE HSA MEMBERS ON ANTI-RACISM INITIATIVES IN OUR UNION AND IN THE WORKPLACE. IF YOU ARE INTERESTED IN BEING PART OF SOME OF OUR INITIATIVES, YOU CAN CONTACT ME AT: ETOCOL@STEWARD.HSABC.ORG.

TIPS FOR DEALING WITH RACISM:

1. Go Slow. Listen more than you talk.
2. Ask questions with respect by checking in with people.
3. Own Your Privilege.
4. Seek personal help. Debrief your feelings with others and educate yourself.
5. Be kind. Kindness creates space for others to share.

PARENTING DURING A PANDEMIC

THE COVID-19 PANDEMIC HAS POSED SOME MAJOR CHALLENGES FOR CAREGIVERS AND PARENTS.

BY SAMANTHA PONTING
HSA COMMUNICATIONS

Parents who have lost income since the pandemic hit are facing new struggles to cover household expenses and stay afloat. And when schools shut down in the spring, parents needed to be resourceful and adapt quickly, making childcare arrangements and helping kids with online school.

While many daycare centres remained open across BC when schools were shutting down – due in part to government incentives for the sector – many parents have been struggling to juggle work and caregiving responsibilities. When schools reopened in September, parents again had to adjust quickly to new schedules and safety protocols and procedures for the family.

They quickly had to decide if they were going to be sending their kids back to school, or making arrangements for home school, distance learning, or a transition program.

We spoke to HSA members and parents Fahrin Schmidt, a child behaviour worker and Assistant Chief Steward at Foundry North Shore in North Vancouver, and Arsalan Butt, a steward and health information management administrator at Children and Women’s Hospital in Vancouver, to learn more about parenting in the age of COVID-19.

FAHRIN SCHMIDT HAS SEEN SOME OF HER CO-WORKERS STRUGGLE WITH THEIR PARENTING RESPONSIBILITIES SINCE COVID-19 HIT.

She is aware of at least one member – a single parent – who was unable to find childcare when schools closed, but was required to be at the office. She said that for parents who wanted to work but couldn’t find childcare, it was a very stressful time.

“A lot of the parents were asking, ‘Where do I go?’ and ‘How do I ensure the bills get paid?’”

The BC government quickly repurposed schools to provide childcare for children of essential workers aged five to 12, with new safety protocols in place. The province also provided temporary emergency funding to help childcare centres remain open in the face

of reduced enrollment.

In her conversations with management, Schmidt encouraged the employer to adopt a flexible approach to scheduling and virtual work.

While Schmidt has been working from home full-time due to a medical accommodation, the majority of her colleagues were required to be in the office throughout the summer two days a week, and otherwise work remotely.

As a child behaviour worker, she understands the value of the supports that Foundry North Shore provides the community. She said that the majority of staff have been able to maintain client hours.

By delivering services virtually, “people’s caseloads have remained quite active,” she said.

Their clients, who are aged 24 and under, have responded

FAHRIN SCHMIDT, CHILD BEHAVIOUR WORKER





HEALTH INFORMATION MANAGEMENT ADMINISTRATOR ARSALAN BUTT WITH WIFE AYESHA BUTT AND CHILDREN NOYA, ELMA, AND AIZA ARSALAN.

positively to the delivery of virtual supports.

“Whether it be by phone, video, or sometimes by text, they’ve felt really safe and content with the way things have been,” she said.

As the mother of a nine-year-old boy who just entered Grade four, Schmidt understands first-hand the difficulties facing parents during the public health crisis.

“Trying to keep him active and busy while being at home has been a challenge,” she said.

Schmidt’s son is a very active child who played many different sports before the pandemic started.

“We are just juggling, trying to figure out ways to give him a little bit of structure so that we can get work done,” she explained.

For her husband, who works from home part-time, this has meant occasionally going into

the office on weekends to get work done. He helps with child-care during the week.

HSA member Arsalan Butt, a father of three daughters in Grades one, four, and nine, started working remotely early on in the pandemic.

“As soon as I finished my work, I would kick into helping the kids with their homework. It was slightly overwhelming at first but then we got into the routine of doing that every day and on weekends,” he said.

Butt said that at first, the fear of contracting COVID-19 kept his family from leaving the confines of their home and backyard. “The fear of the pandemic – the fear of getting infected – was and still is very high. We literally didn’t go outside. I became the dedicated grocery shopper.”

Now, Butt tries to take his children outside whenever it is safe. He and his wife Ayesha have been focused on teaching their children new safety protocols.

“They need to get used to this new normal of wearing masks, putting on gloves now and then, and being able to maintain a safe social distance while around other people,” said

Butt. “The middle one, when I took her to buy candy for a trip, was literally scared of walking by other people in the aisle.”

For both Schmidt and Butt, seeing their kids return to school this fall, and fearing that the virus could be brought home, has carried added stress.

Butt, who lives in a multigenerational household, has been advocating within his children’s schools and in the province more broadly for a pandemic response that considers the diverse cultural needs of communities.

“It’s not a one-size-fits-all problem, the pandemic,” he said. “In the Lower Mainland we can have just two parents and children living at home, or we can have up to 10 family members in a single household. That is where my advocacy is based.”

“I have two senior parents at home, one of them being extremely vulnerable.”

He suspects that there are many South Asian families in his children’s school district – the Surrey School District – who also live in multigenerational households and are concerned about how to keep the whole family safe as schools reopen.

“The same concerns apply to teachers, school staff, and their families,” he said.

Butt reached out to his children’s teachers throughout the pandemic. “I’m making sure they are ok, and letting them know that we are here and thinking of them and their families as well,” he said.

While Butt has had some concerns as schools reopen, he believes that Provincial Medical Officer Dr. Bonnie Henry has been a strong leader. “I have relatives throughout the world, and I have seen how messed up some of the policies have been around the world when it comes to dealing with the pandemic,” he said.

“I have been singing praises about how Dr. Bonnie Henry has led from the front, and dealt with this pandemic from day one.”

“We are just juggling, trying to figure out ways to give him a little bit of structure so that we can get work done.”

CHILDCARE: NO LONGER INVISIBLE

BY SAMANTHA PONTING
HSA COMMUNICATIONS

The pandemic has shone a light on existing inequities in Canada, when it became very clear that some groups – such as precarious and racialized workers, women, seniors, and migrants – would be hit hardest by the health crisis and the hurting economy. Gaps in our social services and social safety net, easy to gloss over in the past, are now starkly undeniable.

When schools were closed, a new awareness emerged about the important role childcare plays in keeping our economy running – something parents knew all along.

According to Sharon Gregson, provincial spokesperson for the Coalition of Childcare Advocates of BC, “While childcare in the past was considered to be invisible, or babysitting, or a service for poor children, there’s now a Canada-wide recognition from the prime minister, premiers, and medical health officers that childcare is an essential service for our economy.”

“And as we like to say, everybody depends on somebody who depends on childcare,” she said.

Childcare advocates have brought attention to the ways in which access to quality and affordable childcare connects to economic justice for women. It’s largely women who work in Canada’s care economy.

Meaningful public investments in the childcare sector that deliver improved wages and

educational supports for early childhood educators (ECEs) is an important step in improving economic opportunities for women.

The Coalition of Childcare Advocates of BC (CCABC) has included these demands in their community-formulated \$10/day plan. The BC government’s Early Care and Learning Recruitment and Retention Strategy, which delivers wage lifts for ECEs and expands educational and professional development opportunities for ECEs, is delivering on these goals.

“Women have been harder hit by this pandemic because they are more often in the caring professions, tourism, and retail,” Gregson explained. “And we know that these are also professions that employ a large number of racialized women, particularly in the caring professions of long-term care and childcare.”

“It’s even more important that there be investments in those sectors to get women back to work and reverse some of the impacts on racialized communities,” she said.

Low income and immigrant women have been particularly affected by changes in the labour market. According to a July 2020 report produced by the Canadian Women’s Foundation, the biggest job losses from the pandemic were suffered by women earning \$14 per hour or less and by recent immigrant women, with

“EVERYBODY
DEPENDS ON
SOMEBODY WHO
DEPENDS ON
CHILDCARE.”

58 per cent and 43 per cent respectively facing layoffs or losing most of their work hours between February and April.

Women who are being pushed out of the labour market are often taking up care responsibilities at home. According to the study, women spend 1.6 times more time on unpaid work per day than men. Access to childcare can help facilitate women’s access to the labour market and their economic wellbeing.

“There’s no recovery without a ‘shecovery’ and there’s no ‘shecovery’ without childcare,” said Gregson.

Over the course of the pandemic, provinces and territories have been managing childcare issues differently. Gregson said that BC didn’t have the same level of childcare mass closures as other provinces. Special funding from the province ensured that some centres stayed open, and Chief Medical Officer Dr. Bonnie Henry didn’t order their closure when elementary schools were closed, said Gregson.

TO LEARN MORE ABOUT THE
CALL FOR FEDERAL ACTION ON
CHILDCARE, AND TO SUPPORT THE
CHILD CARE NOW CAMPAIGN, VISIT:
TIMEFORCHILDCARE.CA

TO SUPPORT THE \$10/DAY PLAN IN
BC, VISIT: **10ADAY.CA/TAKE_ACTION.**



"It has served parents well who wanted to continue to attend," she said.

With childcare becoming increasingly recognized by the public as a valuable service, childcare advocates across the country have come together through the Child Care Now campaign. The campaign calls on the federal government to prioritize childcare and deliver substantial funding for early learning and child care – an additional one billion dollars per year over ten years.

"When we talk about rebuilding childcare, it not going to help in the long run if we rebuild the childcare system to still have too few spaces and unaffordable fees and wages below a living wage," she said. "We need childcare to be built back in a way that doesn't depend on market forces but is actually a public investment building a public system."

"We're asking them to prioritize childcare in the way the public wants them to, and the way they have promised to. And that means investment upfront, not in 10 or 15 years," said Gregson.

She said the federal government should ensure that provinces use federal funds to lower parent fees, raise staff wages, and create more publicly-managed spaces.

"We're waiting to see if their actions keep up with their words. Talk is cheap, right?"

The Child Care Now campaign is working closely with the \$10/day campaign here in BC.

"The BC \$10/day plan is a perfect example of how federal investment in childcare can be managed successfully at the provincial level," she said.

Two and a half years ago, the province launched Childcare BC. The plan, which includes historic investments in childcare, outlines a strategy for the creation of a universal, accessible, and quality childcare program within ten years.

To date, 10,000 new licensed childcare spaces have been built or are in the process of being built. Many families now pay \$10/day or less for childcare. And ECEs have received wage increases.

The government is expected to implement an ECE wage grid that would have educators starting at \$26/hour, up from the \$20/hour average that they are at now. "And the government is creating not just more spaces, but more affordable spaces," said Gregson.

While the provincial government to date has created new licensed and publicly-operated spaces, it is still providing capital grants to for-profit

providers, using public funds to support the growth of privately-owned assets. The Coalition of Childcare Advocates of BC is calling on the government to end publicly funded capital grants for privately owned, for-profit childcare and create a publicly managed childcare system with investments in public infrastructure and support for public partners.

Their plan also proposes the elimination of administratively costly means-tested parent subsidies, and instead fully implement a universal, \$10/day model.

Gregson said it is important to design a system that meets the needs of all types of families, is culturally competent, and culturally welcoming. The CCABC's \$10/day plan affirms the importance of respecting principles of Indigenous self-determination, and Indigenous authority over child and family care.

The BC government supports the Indigenous Early Learning and Childcare Framework, developed by the Government of Canada in partnership with Indigenous representatives, and has provided Indigenous Early Childhood Development Funding for culturally appropriate Indigenous early childhood development services.

SHARON GREGSON





PHOTOS PROVIDED BY THE BC PENSION CORPORATION

PROPOSED CHANGES TO THE MUNICIPAL PENSION PLAN FOR 2022

BY DENNIS BLATCHFORD

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

I have just heard that changes are coming to the MPP within the next 18 months. What are the reasons for the change?

The September announcement by the Municipal Pension Plan (MPP) plan partners outlines a once in a generation reset of the MPP that addresses unfinished business from the negotiation process that delivered a new governance structure for the plan in 2001.

That negotiation, which began in the late 1990s, ushered in a new governance model that saw the plan partners – plan member and plan employer organizations – create a new partnership. This ended government's exclusive role in managing the MPP, as had been the case for 60 years.

Now, nearly 20 years later, parts of the original agreement between the plan partners for reforming the MPP are being put into place. These proposals also address issues that have arisen in the MPP in the intervening 20 years of joint governance.

What took so long to implement the reforms?

In a word: money. The rosy surplus projections – a reasonable assumption following the huge technology driven run-up of markets during the 1990s – never materialized. Instead, markets turned south, and the technology boom came to an end with many casualties the result. Soon, other high-profile failures emerged as accounting and rating agency scandals brought down blue chip stocks like General Electric and energy

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

giant Enron.

As bad as these developments were, they were just a prelude to the biggest economic meltdown since the Great Depression, when it was revealed that the mortgage market in the US was massively overleveraged. So, the 2000s were, in many ways, a write-off from an investment standpoint, and held back any opportunity to implement the reforms the MPP plan partners had envisioned at the beginning of the decade.

What kind of changes were the plan partners seeking?

The plan member partners sought an improved accrual rate (higher pensions) and improved inflation protection in retirement through guaranteeing at least a portion of the annual inflation adjustment.

The plan employer partners wanted a shared costing model between employers and employees (50/50), and a flat contribution rate across the plan. Until recently, contribution rates were set annually based on workplace age and gender demographics, resulting in significant variances between employers.

But the only way to fund improvements was through surplus, and it wasn't until the markets recovered in 2012 that the plan could again start to generate surpluses. This brings us to where we are today – on the cusp of finally realizing improvements to the plan envisioned 20 years ago by plan partners.

So do these changes achieve those priorities?

Yes. Effective January 2022, an improved accrual rate will be implemented, creating better pensions for the majority of plan members overall. In addition, there will be improved protections against rising contribution rates for active members, and important enhancements to inflation protections and health and welfare benefits. In combination, these improvements

will increase the plan's value as plan members move to retirement.

Under these proposals, employers will continue to pay more than plan members – but reforms will help meet plan sustainability objectives for employers.

In part, benefit improvements will be funded through eliminating early retirement subsidies for unreduced pensions and ending the temporary bridge benefits on service earned after Jan. 1, 2020. Only one third of plan members can afford to access these early retirement incentives. However,

all members fund them.

Overall, these changes will result in a more sustainable, sound, and equitable pension plan. As these changes impact plan members differently, members are encouraged to find out more by visiting the plan partners' website at www.mppredesign.ca, or contacting the plan partners' call center: 1-877-251-0997.

Lastly, these changes are proposed, not finalized, and plan partners are interested in your feedback during this consultation period. Final decisions will not be made until early 2021, which will then be forwarded to the MPP Board of Trustees for implementation in 2022.





STAFF FROM THE VICTORIA BRANCH OF THE CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION.

HOW UNIONIZING TRANSFORMED OUR WORKPLACE

BY ZAYN WIWCHAR
HSA MEMBER

In February and July of 2020, the Victoria branch staff of the Canadian Mental Health Association (CMHA) joined HSA and entered the Health Science Professionals Bargaining Association (HSPBA) and the Community Bargaining Association (CBA) — a decision that has given me the opportunity to be a part of incredible changes in our office over the past year.

As we know, the world has entered a period of uncertainty, and my coworkers and I appreciate the security and collective strength that comes with joining a union. Along with the empowerment and security, we are grateful for the opportunity to continue growing in our careers and to better serve our clients, achieving this by becoming more connected to a broad network of support

systems within the union.

Our office expanded in Victoria in the spring of last year after the major pieces of a key program had been developed (the Confident Parents: Thriving Kids - Anxiety Program). This expansion brought roughly 20 new staff members to the branch and it wasn't very long before we became a very close team.

Our new program had similar components to the Confident Parents Thriving Kids: Behaviour Program in Vancouver, so it wasn't very long until we had heard of their efforts in organizing. Reaching out and connecting with staff in Vancouver was integral to seeing what was possible for our office as well, and during this period we were inspired to begin organizing ourselves.

Following the Vancouver office drive from the sidelines, so to

speak, and witnessing them unionize successfully brought us a huge amount of joy and excitement for what they had done together. Their organizing process laid down a lot of the groundwork for us and their success made us feel more connected to the entire BC division of CMHA.

Organizing for us in Victoria started up in the summer of 2019 with a small group of us who worked together under the guidance and support of HSA staff person Nadia Santoro — our union organizer. The process was a practice in collective effort and an example of our new team coming together for a common goal and purpose. Fortunately for us, it was smooth and we secured a vote and a decisive victory to join the union!

We have noticed tangible changes at the Victoria branch

since unionizing. This includes improved monetary provisions and job security for staff. While working in the often-undervalued field of mental health in the midst of a pandemic, wage, job, and retirement security are becoming higher and higher priorities for workers.

We have gained a noticeable sense of security through wage increases and enrollment in the extended health and benefits package and Municipal Pension Plan. Our office consists of a wide array of workers, some whom have just begun their careers, and others who bring years of work experience into the field. Regardless of where we are in our careers, these changes ensure that we as workers are set up for future security.

Along with these changes, there have been positive shifts regarding our connection to resources and support networks, which will have long-lasting

“Our office consists of a wide array of workers, some whom have just begun their careers, and others who bring years of work experience into the field. Regardless of where we are in our careers, these changes ensure that we as workers are set up for future security.”

effects on our organization, our clients, and the broader community. Learning more about these member supports has been a priority for our newly-formed steward team – myself (chief steward), alongside Angela Miranda (assistant chief steward) and Elise Cassidy (OH&S steward).

We are embracing our new roles and discovering some of the many ways that we can support our fellow co-workers. I’m particularly excited to learn more about the professional development opportunities and scholarships and bursaries available to help continue our educational journeys.

I think that these resources will serve the interests of my coworkers while creating a stronger program with highly-skilled workers that will ultimately better support our clients and serve our communities. Along with this, we are excited to continue building upon our foundation of respectful policies. We aim to use the resources available to us to better educate ourselves about our own rights and responsibilities, and integrate campaigns to further socially progressive goals.

Ultimately, I am very happy that we were able to come together early on as a group. This process has shown me what is achievable and how coming together in a union can drastically influence positive change within an organization. I am excited to see where this decision takes us and how we can continue to work together.

CHIEF STEWARD AND HSA MEMBER ZAYN WIWCHAR IS A CONFIDENT PARENTS ANXIETY PROGRAM COACH WITH THE VICTORIA BRANCH OF THE CANADIAN MENTAL HEALTH ASSOCIATION - BC DIVISION.



WALKING THE PATH OF LEADERSHIP DEVELOPMENT

IN THE FACE OF ORGANIZATIONAL CHANGE AND COVID-19, VALUES-BASED LEADERSHIP EMPOWERED ME TO SUPPORT STAFF.

BY LAURIE OVERTON
HSA MEMBER



My personal development is an ongoing commitment I have made to myself. And with personal development, I'd like to believe that a person can continue on this path as long as they are willing and able. I feel like a traveler on a journey.

In 2017, I was working in the role of resource enhancement counsellor at Campbell River Family Services Society (CRFSS), when I decided to apply for a team leader position. I was successful and found myself excited and nervous about my new role.

As team leader, I would be planning, organizing and overseeing the provision of services for certain programs and projects. I would be recruiting and supervising program staff, and liaising with community services providers to coordinate the delivery of programs. This would include representing the organization at community and external events.

I was eager to learn and wanted to do my best. I had been with CRFSS for 20 years at this point and I felt I was ready and well equipped with enthusiasm, dedication, and drive to do a good job. What could go wrong?

Truthfully, lots of things didn't go well, and my enthusiasm turned to confusion and anxiety when I started to accept that I was stumbling. I realized that staff were struggling with changes that we were implementing within our organization and I didn't have the right tools to support them.

This was a difficult thing to come to terms with, and while I wasn't sure what the next steps were, I knew I had to do something to support my colleagues. This is where my new learning journey started.

I began searching for ways to improve my

LAURIE OVERTON, TEAM LEADER, CAMPBELL RIVER FAMILY SERVICES SOCIETY

leadership skills and found a program at Royal Roads University called Values-Based Leadership. I was drawn to this program because of the emphasis on leadership through a values lens. When leaders and organizations make decisions based on core values, research has proven that the organization thrives and employee engagement increases due to deeper connection and trust. This in turn improves employee well-being.

The program was six months in length and focused on three vital aspects for my learning needs: personal leadership development, collaboration, and creating and sustaining organizational change.

I applied and was accepted to the program. The next challenge was seeking some financial support to help pay for it. I applied to HSA's Professional Development Fund and was so pleased to be given support, as it made the program possible.

Suddenly the logistics of work, school, and home life became a reality, and I worried about whether I could manage all these things. I expressed these worries to a wise colleague who said, "The six months is going to pass anyway. Do you want something in your back pocket at the end of the six months or not?"

Yes, I wanted some skills in my back pocket, and I really wanted to do a better job of supporting my colleagues.

In September of 2019, I started my program and soon found myself in a cohort of wonderful people from all walks of life. The first month was challenging as I adjusted to schoolwork, learned how to manage my time, and met the needs of work and home life.

By October, life had settled into a rhythm and the busyness of my new schedule felt workable. There were some periods when I had challenging assignments due every week, but I was able

to get through them. My home wasn't always tidy and some nights the meals were basic, but I made it through with support from family and friends.

When I reflect on my experience, I feel pride for completing the program, and I am so grateful to have had the opportunity to learn and grow. The values-based leadership knowledge and skills I gained transformed my approach to the way I work. I was able to support my colleagues through what turned out to be a very difficult time with the COVID-19 pandemic.

Since completing the program, I have researched other learning opportunities and hope to continue my education by doing a Masters in Leadership. While I have grown, I know that I am not done yet. There is a lot more to learn and do in my leadership journey.

“I applied to HSA's Professional Development Fund and was so pleased to be given support, as it made the program possible.”

CAMPBELL RIVER FAMILY SERVICES SOCIETY



THE CHOICE BETWEEN JOBLESSNESS AND RISKY WORK

BY JILL SLIND

YOUNG WORKERS'
ADVISORY CO-CHAIR

As a full-time permanent employee with a few years of seniority under my belt in my unionized position in HSA, I knew when going into BC's Phase One in March that my job in the healthcare sector wasn't likely on the line.

I knew that if I felt ill, I could take paid sick leave and not risk losing my income, and still put food on the table. But when we entered Phase One and decisions were made as to which jobs were considered essential, every person in BC understood that there are many people upon whose labour our society truly depends.

Our economy and society as we know it depends on the underpaid, non-unionized labour of young people and people of colour: people who enter the workforce in a tight job market – making minimum wage or just above – and work in grocery stores, meat-packing plants, warehouses, and manufacturing. Some of these people have dived in headfirst into the gig economy and deliver packages or food all over the city, hoping that their vehicles can handle the strain of the hundreds of kilometers put on them month after month.

When society shut down and healthcare workers were struggling to get PPE in order to be around patients safely, thousands of workers were exposing themselves to the public with whatever protections their employers provided, and, failing that, what they could get themselves.

Because many of us work in the public healthcare sector, we had the organizational and public support necessary to effect change to get ourselves protected while at work. But

employees in meat processing plants, long-term care homes, and the agricultural sector all suffered massive outbreaks, in part, because their employers failed to provide enough necessary protections to their workers.

And while CERB provided relief to those who were laid off or had their hours cut, it did not offer employment insurance to those who determined it was unsafe for them to continue in their positions and walked out.

If you are an avid reader of this publication, you are likely aware of the right to refuse unsafe work. At-risk workers, especially migrant workers and young people, may not be as aware of this right, or are unable to risk the possibility of retaliation or going without pay if they refuse and report unsafe work – which can occur despite being prohibited actions under the *Workers' Compensation Act*.

According to WorkBC, 47 per cent of all cashiers are younger than 25. In May, CNN reported that health and safety experts consider the cash register to be the most dangerous place to work in a store, where there is increased risk of exposure to COVID-19.

Their places of work were some of the busiest at the beginning of the pandemic.

Should we clap hands every day at 7:00 pm in thanks for their service as essential workers? Should they simply be grateful that they even have a job at all, amidst the layoffs that they are disproportionately affected by? Workers between the age of 15 and 24 are facing a nearly 29 per cent unemployment rate, according to a recent labour force survey by Statistics Canada.

According to the Canadian Centre for Policy Alternatives, racialized workers make

up 21 per cent of Canada's workforce, but are disproportionately represented in supply chain occupations and sales and service occupations at the frontlines of COVID-19, such as security guards (31 per cent), light-duty cleaners (29 per cent), and sales representatives in wholesale and retail trade (22 per cent).

Should they too be grateful for the opportunity to remain at work amidst the economic crisis of COVID-19, despite what their employers provide or fail to provide for their own protection?

As we adjust to the "new normal" after the most acute phase of this pandemic, and as we deal with our second wave, we need to keep the pressure on our politicians and policy makers to uphold and instate pro-labour policies, such as the \$15 minimum wage, expanded access to childcare, and investments in public infrastructure. One easy way to keep up this pressure is to send a letter as part of the Canadian Labour Congress' Forward Together campaign:

www.CanadianPlan.ca/better-jobs/send-a-letter/

We also need to vote for individuals who will enact or uphold these policies and promises. We need to talk to nonvoters or people who are voting for the first time, and let them know that their voice is important in shaping the future of our province and our country, and the labour movement.

BC and Canada will recover from the COVID-19 crisis. We have the opportunity to shape this recovery in a way that helps the people that need it the most, and ensure that the people in our most essential professions are safe to continue to work without fear of exposure.



A CASHIER AT WALMART. PHOTO CREDIT: WALMART, FLICKR



JILL SLIND, CO-CHAIR OF THE YOUNG WORKERS' ADVISORY COMMITTEE

According to WorkBC, 47 per cent of all cashiers are younger than 25. In May, CNN reported that health and safety experts consider the cash register to be the most dangerous place to work in a store, where there is increased risk of exposure to COVID-19."

LAYING THE FOUNDATIONS FOR A SAFE AND HEALTHY WORKPLACE

HERE'S HOW STEWARDS AND MANAGEMENT AT VANCOUVER GENERAL HOSPITAL ARE RESTRUCTURING OUR JOINT OCCUPATIONAL SAFETY AND HEALTH COMMITTEE TO INCREASE ITS ACCOUNTABILITY AND EFFECTIVENESS.

BY KELVIN TSANG
HSA MEMBER

Earlier this year, WorkSafe BC requested that we reviewed the structure of the Joint Occupational Safety and Health (JOSH) committee at Vancouver General Hospital. This was an enormous task that required a collaborative effort between the employer and union partners (the BCNU, HEU, and HSA). I think that the lessons we have learned at VGH as we restructured our JOSH committee might be useful to JOSH committees at other sites.

WorkSafeBC requested the restructuring because of concerns raised by the unions that the old JOSH structure at VGH was inefficient and not working as well as it should. Some of the major concerns included the number of committees, lack of education for the commit-

tee members, and accountability for the committees. In many instances, examples were brought to the employer and Worksafe officers where the safety inspections were done improperly and the resolution was ineffective. There were no safeguards put in place, so no one reviewed investigations and provided feedback.

The restructuring took several months right in the middle of a global pandemic. It was a lot of work, but making sure our members have a safe working environment was absolutely worth it. Our goal was to come up with a structure that will investigate safety issues in a fair and timely manner, and we are close to achieving it. As we went through the process, we focused on three main components that we believe will lead to a successful new structure. They are:

Structure

The old structure at VGH had thirteen committees, all operating separately. This obviously created many disconnects in the system. Our goal in the restructuring was to minimize the number of committees and instead have one “super” committee that oversees approximately nine subcommittees. With a “super” JOSH committee, we hope to create better communication and accountability for the subcommittees.

Education

Education is an important part of creating a successful and well-functioning JOSH committee, since committee members cannot conduct safety investigations without the proper education and tools. Many

members – both worker and employer representatives – on the old JOSH committee had minimal OH&S training. Moving forward, we are trying to make sure that all members of the committee attend the necessary training, leading to a committee where every member has the necessary skills.

Administrative Safeguards

As part of the restructure, we modified our committee's terms of reference to help ensure that our new structure will run as intended. While it might not sound terribly exciting, the terms of reference are an important document as they set out ground rules that the committee must follow. We incorporated more details regarding structure, education, and time off work to deal with OH&S issues.

The restructuring of the JOSH structure at VGH was far too complex to be taken on by one individual. For this reason, we worked hard to include all our OH&S stewards. Over the summer, I volunteered to reach out to my fellow OH&S stewards to solicit their ideas and input. Reaching out to every member of the team was worthwhile, as their knowledge and experience in various positions and locations all around the site was incredibly useful as we began this project.

Through this process, I have learned how important it is for both sides to come to the table with an open mind, professionalism, and ability to compromise. Teamwork is vital for a project where the goal is to create a safe working environment for everyone.

KELVIN TSANG, ASSISTANT CHIEF STEWARD AND RADIOLOGICAL TECHNOLOGIST AT VANCOUVER GENERAL HOSPITAL





STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Mairie Evans

Job title and department: Receptionist, Administrative Services

What you actually do, in your own words: I do a whole bunch of things, really. Mostly, I greet people and triage calls. I let members know that they've called the right place to get the information they need.

Why this matters: Members need to hear a welcoming voice and to feel a sense of being at home in their union.

The job you had before this one: I've been in this job for 31 years. Before, I worked at the Vancouver Neurological Centre (now BC Centre for Ability) as a secretary, and I also worked in hospitals.

Your loved ones describes you as: Friendly, outgoing, and easygoing. I can be funny, too.

Favourite pastime: I play guitar, sing, and I like to paint. My husband always had his easel up in the living room, and he asked me once, "Why don't you sit down and do something." I had a postcard of a bird. I drew it with a pencil and then I coloured it in. It was so captivating. I didn't realize how many feathers birds have. We still have it framed.

Best place you've ever visited and why: Amsterdam. I just loved the vibe of the Dutch people. And I loved the food.

Literary, TV or movie character most inspiring to you: Francis McDormand as Marge Gunderson from the original Fargo movie. I don't remember seeing a movie with a woman who is a police chief, eight months pregnant, chasing down the bad guys. She is wise and empathetic, and able to hold her own.

What solidarity means to you: I think of Lech Wałęsa, the co-founder of the Solidarity trade union movement in Poland, and the first democratically elected President after the Cold War. He had courage organizing workers' strikes when they were illegal. When I think of solidarity I think of freedom for workers.

CONGRATULATIONS TO THE 2020 HSA SCHOLARSHIP AND AWARD WINNERS!

\$1,500 SCHOLARSHIP WINNERS

Theresa Kauffman – HSA Member, Child/Youth Counsellor, Queen Alexandra Centre for Children’s Health
Gordon Tse – HSA Member, Pharmacist, Queen’s Park Centre
Cade Desjarlais - Child of Nicole Desjarlais, Speech/Language Pathologist, Kelowna General Hospital
Breyanna Hiebert – HSA Member, Social Worker, Nanaimo Regional General Hospital
Sarah Irons – HSA Member, Health Information Management Administrator, BC Cancer - Victoria
Wan-Yun (Polinna) Tsai – HSA Member, Pharmacist, Langley Memorial Hospital
Ishman Rajput – Child of Parminder Singh Rajput, Radiological Technologist, West Coast Medical Imaging (Lower Mainland)
Anqi Xu – Child of Gunter Xu, Radiological Technologist, Campbell River Hospital
Katie Korstrom – Child of Julie Korstrom, Medical Laboratory Technologist, Royal Columbian Hospital
Amneet Deol – Child of Kanwal Deol, Medical Laboratory Technologist, Vancouver General Hospital

\$1,500 FULL-TIME BURSARY WINNERS

Kara Balbar – HSA Member, Community Health Worker, Vancouver Island Mental Health Society
Rachel Chui (Wong) – HSA Member, Social Worker, Royal Columbian Hospital
Shalini Gambhir – HSA Member, Radiation Therapist, BC Cancer – Prince George
Maria Theresa Geraldez – HSA Member, Ambulatory Clinic Clerk, Central Community Health Centre
Tamyra Grant – Child of Stacey Grant, Medical Laboratory Technologist, Kelowna General Hospital
Ayden Harrison – Child of Jeffrey Harrison, Medical Laboratory Technologist, Lillooet District Hospital
Evan Kumar – Child of Alice Kumar, Radiological Technologist, Surrey Memorial Hospital
Shannon Munro – HSA Member, Radiological Technologist, Campbell River Hospital
Laura Nelson – HSA Member, Dietitian, Shuswap Health Services
Sodaba Orya – Child of Najiba Orya, Health Information Management Administrator, Royal Columbian Hospital
Shehare Perera – HSA Member, Support Early Childhood Educator, The Centre for Child Development
Aaron Richter – Child of Ardith Richter, Occupational Therapist, East Kootenay Regional Hospital
Emalie Schueler – Child of Michelle Schueler, Radiological Technologist, Kelowna General Hospital
Jillian Smith – HSA Member, Registered Psychiatric Nurse, Vernon Jubilee Hospital
Hannah Tighe – HSA Member, Respiratory Therapist, St. Paul’s Hospital
Justin Vasquez – Child of Teri Boucher, Physiotherapist, Kelowna General Hospital
Katy Vinson – HSA Member, Clinician, SACY Leadership and Resiliency Program, Vancouver Island Mental Health Service
Brynn Waisman – Child of Christy Waisman, Clinical Counsellor, Cameray Counselling Centre (Burnaby)
Hematullah Orya – child of Najiba Orya, Health Information Management Administrator, Royal Columbia Hospital

\$750 PART-TIME BURSARY WINNERS

Krista Agpes – HSA Member, Radiological Technologist, Children’s & Women’s Hospital
Vanessa Butler – HSA Member, Social Worker, Glengarry Hospital
Imraan Gazdar – HSA Member, Social Worker, Chilliwack General Hospital
Lindsay Wetterstrand – HSA Member, Respiratory Therapist, Royal Inland Hospital

\$1,500 INDIGENOUS STUDENT BURSARY WINNERS

Hannah Dalton – will be completing her Master’s Degree in Social Work
Hannah Chorney – continuing her Human Services Program to become a social worker

2021 HSA bursary and scholarship applications will be available in November 2020. Visit hsabc.org for more information.