

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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CLOCKWISE FROM LEFT: EILEEN CAROLAN, ADA CHOW AND HER CHILDREN, BIANCHA WARAICH, AND KAREN SANDHU

## AMAZING MEMBERS

LIFELONG LEARNERS, LIVING KIDNEY DONORS, ACTIVISTS, AND OLYMPIANS: WE SHINE A SPOTLIGHT ON A FEW OF THE MANY OUTSTANDING HSA MEMBERS

PLUS: SPIRITUAL HEALTH PROFESSIONALS

# REFLECTING ON OUR HISTORY AND PLANNING OUR FUTURE



HSA PRESIDENT VAL AVERY

This past year has been remarkably challenging.

HSA members have been front and centre as we manage through a pandemic that has affected every aspect of our personal and work lives. While most British Columbians followed orders to go home and stay home, that wasn't an option for most of our members. You were called upon to show up – under new scheduling, grappling with new technologies, and facing increased risk.

More than a year later, with hope finally on the horizon, you continue to be unwavering in your dedication. And now, more than ever, people are developing a deeper awareness and understanding of the critical work of health science professionals in health care and community social services.

It is within this landscape that our union is marking our 50th anniversary!

We have a lot to celebrate. 50 years of growth, advocacy, recognition, and victories. 50 years of challenges, fights and obstacles. 50 years of friendships, solidarity, and movement building.

As I reflect on the past 50 years, I feel a deep gratitude for the work our members – past and present – do, every day. Your dedication to your patients and clients, your respect for your colleagues, and your commitment to public service is inspiring.

It has been a great honour and privilege to serve as president of HSA for the last seven and a half years.

After much consideration, I have decided not to seek another term as president. While part of me wishes I could do this forever, I know how important it is to create space for the next generation of leaders as we continue our work.

I have been an HSA member for 37 years. After growing up in Port Alberni, where the union values were strong in my family and community, I did my training as a physiotherapist at UBC, and landed a job in Victoria where I signed my union card and signed up to be a steward.

Not a minute has gone by that I did not count myself lucky to be in this union. There have been challenges, tough calls, picket lines, and hard negotiations – but there has always been the core belief in the work we do and important role we play in our communities.

Our 50th annual convention coming up in June will be my last convention in this role – but certainly not my last as a committed member of the labour movement.

This is a great moment to reflect on our history and re-commit to our shared future. We have come a long way, but there is much more we must accomplish.

*“As I reflect on the past 50 years, I feel a deep gratitude for the work our members – past and present – do, every day. Your dedication to your patients and clients, your respect for your colleagues, and your commitment to public service is inspiring.”*

The work of our members is constantly changing with new investments and technology; recruitment and retention in our members' specialized professions must be a priority; new sectors are expanding and need representation; and the larger labour movement still faces challenges to workers rights and protections.

And beyond our own union, as a society we have to find ways to ensure everyone has a voice, rights, and opportunities on a healthy planet.

As we look to the next 50 years, I am confident that HSA will set the path for new victories that will lift up our members and workers across the province. It is an exciting, important and inspiring mission.

# WE'RE 50!

This year marks a big anniversary: 2021 is the fiftieth anniversary of the Health Sciences Association. Over the past five decades we have grown from nine disciplines at two hospitals to more than 20,000 health care and social service professionals all across B.C.

We've got plans to celebrate our golden anniversary in a COVID-safe way -- and you're encouraged to keep an eye on our website (hsabc.org) and Facebook page (@HSABC) over the next several months as there are anniversary presents to win!



**HEALTH SCIENCES ASSOCIATION**  
**The union delivering modern health care**

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# HSA CONVENTION 2021 DATE SET

The date has been set! HSA will hold its 50th anniversary annual convention June 2 to 4, 2021 on a virtual platform. This will mark the union's second online convention, and our second in as many years due to the COVID-19 pandemic.

At each annual convention, delegates representing HSA members from chapters throughout BC will set goals, debate policies, and recommend actions for the union and its members to carry out for the year. If you're curious about exactly what will be discussed, the resolutions booklet will be posted on the HSA website in early May, along with HSA's 2020 annual report..

The 2021 convention will also feature an election for the union's president, who is elected for a two-year term by delegates to convention in odd-numbered years. President Val Avery has announced she is not running for re-election (see facing page).



BEHIND THE SCENES SHOTS FROM HSA'S 2020 CONVENTION, OUR FIRST ONLINE CONVENTION.

## NURSES: APPLY NOW FOR PARTIAL FEE REIMBURSEMENT

As part of the new Nurses Bargaining Association 2019-2022 collective agreement, HSA's Registered Psychiatric Nurses and Registered Nurses are eligible for partial reimbursement of fees paid to the BC College of Nurses and Midwives. The rate of reimbursement has been set at \$215 per member.

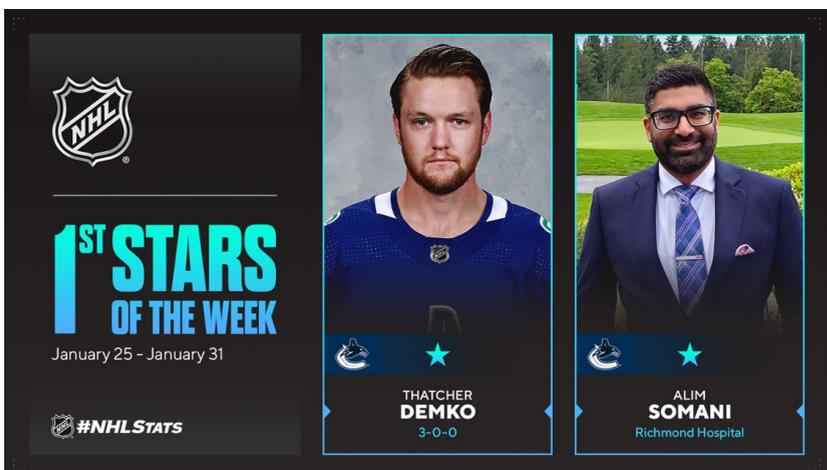
To claim for partial reimbursement of your fees, pay your college fees to the BCCNM and scan and send your receipt to [collegefeel@hsabc.org](mailto:collegefeel@hsabc.org). Please include your name, worksite, mailing address, and current personal email address. For more information, visit <http://bit.ly/HSACollegeFees>. The deadline for submission is June 30, 2021.

## HSA MEMBER DECLARED NHL STAR OF THE WEEK

Richmond Hospital respiratory therapist Alim Somani, along with Canucks goaltender Thatcher Demko, were named the NHL's "First Stars" for the week of January 31, 2021. Somani was declared a Star as part of an NHL program designed to "celebrat[e] the remarkable efforts of the off-ice stars who make it possible for us to play our games amid a pandemic by honoring frontline healthcare heroes".

The NHL statement about the award explains that "day and night, Somani - who has an autoimmune disease - strives to provide the best care for all of his patients while risking his own health. When asked about the potentially life-threatening risks he faces, Somani says, "As long as I know that my friends, family and the people

I care about are safe and healthy, I'll keep fighting this as long as I can." Somani cares deeply about everyone around him and continues to put the community first. Whether it's working on the front lines, moving into a hotel alone to keep his family safe at home, or volunteering to help those who are older and immunocompromised with essential services in his community, Somani stops at nothing to help those who need it most."



GRAPHIC FROM NHL.COM

# We can't afford to wait. It's time for paid sick leave for every worker in Canada.

*Joint Statement by Canada's Provincial and Territorial Federations of Labour:*

In advance of the federal, provincial and territorial labour ministers' meeting, provincial and territorial federations of labour are united in demanding that provincial and territorial governments guarantee seamless access to universal, permanent and adequate employer-provided sick days for all workers.

More than half of all Canadian workers have no access to paid sick leave. When they're sick, they face an impossible choice between making ends meet and staying home to protect public health and get better. It's a decision nobody should have to make.

Workplace outbreaks and transmissions during the COVID-19 pandemic have made it clear that paid sick leave is critical to protecting public health. Yet the gaps in coverage are huge, especially among low-wage workers. There's an urgent need for immediate government action — especially with new, highly-contagious variants now spreading through our population.

It's a public health imperative that sick workers stay home from work, and not just during the pandemic. Illnesses like influenza cause thousands of hospitalizations and deaths in Canada every year. By curbing the spread of infectious diseases, employer-provided sick days would protect public health while increasing workplace productivity, offering more stable income for workers and reducing health costs for governments.

The Canada Recovery Sickness Benefit is a small step forward, but it falls far short of what is needed. It's temporary by design and restricted to COVID-related illness. It interrupts workers' income, making them apply and then wait for the benefit to arrive. And the benefit itself only replaces a fraction of lost pay for many workers. While this new benefit helps, it isn't universal and permanent paid sick leave.

Initially, some level of government support may be needed to offset costs for small and medium-sized businesses that have been severely affected by the pandemic. But the ultimate goal, in every province and territory, must be to ensure that every worker knows that when they are sick, they will not pay a financial penalty for doing the right thing and staying home to protect public health.

Public support for employer-provided sick days is strong throughout Canada. The need has never been more apparent or more urgent. We call on Canada's labour ministers to prioritize the implementation of universal, permanent and adequate employer-provided paid sick leave for all workers now.

*This joint statement is being distributed on behalf the Alberta Federation of Labour, British Columbia Federation of Labour, Manitoba Federation of Labour, New Brunswick Federation of Labour, Newfoundland and Labrador Federation of Labour, Nova Scotia Federation of Labour, Ontario Federation of Labour, Prince Edward Island Federation of Labour, Saskatchewan Federation of Labour and Yukon Federation of Labour.*

# Spiritual Health Professionals Organize!

BY MARYSIA RIVERIN and SAMANTHA PONTING

In November 2020, the spiritual health professionals in Island Health voted one hundred per cent to join HSA and entered the Health Science Professionals Bargaining Association (HSPBA). Joining the HSPBA are seven spiritual health professionals, including leaders and coordinators.

Spiritual health professionals (SHPs) at Island Health are clinically trained in psycho-spiritual care competencies. According to a Ministry of Health mandated framework, minimum qualifications for SHPs include a master's degree plus advanced clinical psycho-spiritual education (CPE) through the Canadian Association for Spiritual Care (CASC).

As advanced-practice clinicians, they have 1200 to 1600 hours of post-graduate clinical supervision and education to ensure a patient's safe and effective use of self – in other words, a heightened self and interpersonal awareness – which informs their participation in the therapeutic relationship. SHPs support the emotional and spiritual needs of patients, families, and staff based on each person's beliefs, cultural background, values and practices.

The SHPs at Island Health have been advocating for wage parity, assistance with workload issues, and recognition as advanced practice allied health clinicians and leaders. When COVID protocols required non-contract staff to

work offsite in March 2020, SHPs in Island Health had to advocate strongly for recognition as essential direct care clinicians in order to continue to offer in-person existential and psycho-spiritual support to patients and staff.

The spiritual health practitioners were only off site for ten days, but the moral distress amongst the spiritual health team was significant. Being non-unionized employees – classified as “non-contract” – created the misunderstanding that SHPs were not clinicians, so time and time again, SHPs needed to re-explain their role as frontline health care professionals.

SHPs expect that being represented by HSA in the HSPBA contract will formally align the Spiritual Health Program with other allied health programs, and anticipate negotiating increased service levels to alleviate SHP workload issues.

Currently, Island Health holds spiritual health positions at six different sites with only one SHP per site (either full-time or part-time). In addition to direct patient care, their roles and responsibilities include:

- providing consultation to site leadership on spiritual health;
- advocating for whole-person wellness, cultural safety, and anti-racism;

- grief and loss, emotional, spiritual, and existential support;

- facilitating memorial services;

- contributing to ethics initiatives;

- supporting medical assistance in dying (MAID) discussions; and

- providing staff, students and the community with education.

SHPs also provide support to staff and teams, such as debriefing and emotional support. They liaise with and support community cultural and religious groups to ensure that patients receive the spiritual and cultural support requested.

Despite their advanced training and unique skillset, low staffing levels in Island Health greatly limit the programs and services that SHPs are able to offer. As there is only one person per site, the SHP acts as the site administrative coordinator and site lead for spiritual health, in addition to being the sole site practitioner. SHPs attend to the various demands – triaging needs and offering support – as workload allows. Many spiritual health needs and referrals cannot be attended to.

According to the Ministry of Health's Framework for British Columbia's Spiritual Health Professionals, the scope for

provision of spiritual health includes emotional, cognitive, relational, psychological, and situational conditions. When stress from physical illness, trauma, loss, or situational hardship has lessened the individual's ability to cope emotionally at the existential or spiritual level, SHPs assist the individual to access internal resources such as, hope, acceptance and trust.

The framework also outlines that SHPs help individuals make meaning of their experience or illness within their religious or philosophical framework. This includes facilitating dialogue surrounding death and dying, and assisting with ruptures in communication related to existential spiritual issues, grief, loss or other crises.

A collective voice that advocates to eliminate gaps in service when a site practitioner is on vacation, offering a training session, or unexpectedly sick will help the health authority deliver person-centered care. After-hours professional on-call spiritual health services are also needed.

In addition to improving workload issues, having a union can help protect the Spiritual Health Program for the future. Pay equity, adequate staffing, negotiated essential service levels, and job security may help with job desirability and employee retention.

The BC Ministry of Health recognizes spiritual health as an integral part of person-centered care that encompasses

all dimensions of a person: the spiritual, the physical, the mental, the social, and the emotional. Caring for the whole person is necessary throughout the continuum of care. SHPs help patients and families find meaning, ways to express themselves, and ways to connect to their spirituality, faith or beliefs. Attending to spiritual health is vital to one's overall well-being and should be considered in each person's health care plan.

SHPs, working in partnership with family, friends, the community and the interdisciplinary team, can offer the comfort needed to help individuals respond to challenging situations in life's journey.

SPiritual Health Practitioners at Island Health at a recent virtual meeting. TOP ROW (L-R): ESHU MARTIN, DARREN COLYN, MARYSIA RIVERIN, MIDDLE ROW (L-R): MARNIE ROPER, OCEANNA HALL, MICHAEL POLITANO-BOWLES, BOTTOM ROW: PETER SHURVIN



# Eileen Carolan, Dietitian and Living Kidney Donor

## What made you decide to donate a kidney?

I have worked with people treated with hemodialysis for seventeen years. I have witnessed the struggle they have with relentless health issues, poor quality of life and the

anguish of waiting for a kidney transplant. I realized that I could make a difference. I was lucky to be in good health, which made living donation an option for me. Because I work with many people who need dialysis, I couldn't pick one, so I decid-

ed to become a non-directed donor. This means that I don't know who my kidney went to. I started a chain of donations known as kidney paired donation. This allows transplants to move ahead when recipients and their donors don't match each other.

## What was the process like for you?

Once I had decided I wanted to be a donor, there were several hurdles to jump through. I contacted the transplant clinic at St Paul's Hospital and they arranged for many tests and psychological evaluations to make sure that donating a kidney was safe for me. Most of the testing was done near home, but since transplants are done in Vancouver, I had to make a couple trips there too. The whole process took about six months.

## What was the recovery process?

Kidney donation is major surgery, and my family and friends were worried about my decision. Recovery was not as easy as I thought it would be. I had never had major surgery before so I didn't really understand what it would be like. I stayed in hospital for five days after the operation and was surprised how exhausting it was to walk around the nursing station. I was one of the 25 per cent of donors who have back spasms after surgery and while I don't wish that on



EILEEN CAROLAN, DIETITIAN  
NANAIMO REGIONAL GENERAL HOSPITAL

# Organ Donation in BC

Data from Transplant BC  
as of December 1, 2020

	NUMBER OF PEOPLE ON WAITLIST	NUMBER OF TRANSPLANTS
KIDNEY + PANCREAS-KIDNEY	606	174 + 75 LIVING DONOR TRANSPLANTS
PANCREAS + PANCREAS ISLET	53	5
LIVER + LIVER-KIDNEY	40	71
HEART	12	32
LUNG	25	51

THE URGENT NEED FOR KIDNEY DONATIONS IN BC, EXPLAINED.

anyone, I did recover and was back to most of my normal activities after six weeks, and back to work eight weeks after surgery. It was not the “vacation” I had hoped it would be!

**Did your employer provide paid leave while you were off work?**

Yes. I work for Vancouver Island Health Authority and they covered my wages without me using sick leave for the surgery or recovery time.

**How has your health been since?**

To be honest I do worry a little about only having one kid-

ney. While it is clear that you can live a long and healthy life with only one, I don't take my health for granted. I make sure I take precautions like eating lots of fruits and vegetables, drinking enough water and exercising to keep it healthy.

“

Organ donation is a gift not only to recipients, but to all of us -- every person who receives a transplant is given the opportunity to contribute to society and reduce the load on the health care system.”

- EILEEN CAROLAN, DIETITIAN AND LIVING KIDNEY DONOR  
NANAIMO REGIONAL GENERAL HOSPITAL

# Live Life. Pass It On. Register to be an organ donor and become somebody's hero!

BY EILEEN CAROLAN,

As of December 1, 2020, there were 736 people in British Columbia waiting for organ transplants. Over 80 per cent of these are waiting for a kidney transplant. Transplant surgeries are limited by the number of donor organs available. Organ donation is a gift not only to recipients, but to all of us -- every person who receives a transplant is given the opportunity to contribute to society and reduce the load on the health care system.

The average wait time for a kidney transplant is three to five years, but an individual's actual wait can be much longer. While waiting for a kidney, people are treated with dialysis, which while life-saving, often has debilitating side effects. Hemodialysis is done three or more times a week and depending on the distance travelled to and from the clinic can take five to eight hours, or longer, each time. Undergoing dialysis is physically and emotionally exhausting, reducing quality of life and making it challenging to maintain steady work.

Kidney transplantation is the preferred treatment option for most people with end-stage kidney disease. A successful kidney transplant usually provides a better quality of life because it means greater freedom, more energy and a more liberal diet.

People who are medically eligible are waitlisted for a deceased donor transplant based on their dialysis start date. Once approved for a transplant, the waiting game for a match begins. There is no way to know when a match will be made, as donor kidneys are matched to recipients, based on blood and tissue typing. Living donation is the best option for a person who needs a kidney transplant, as they function longer than deceased donor kidneys.

HSA members are involved before, during and after organ transplantation in our province. Medical Laboratory Technologists, Medical Radiation Technologists, Diagnostic Medical Sonographers, Social Workers, Dietitians, Physiotherapists, Psychologists, Pharmacists, and Anesthesia Assistants are just a few of the disciplines that are essential to the care of people who are eligible for a transplant.

## BECOME SOMEBODY'S HERO

Take these three simple steps and save a life!

### 1 REGISTER TO BE AN ORGAN DONOR

In 1997, BC Transplant's Organ Donation Registry replaced all previous ways of indicating your decision about organ donation. BC does not have presumed consent legislation, so you must register to make your wishes known. The process is quick, simple, and online at [transplant.bc.ca](http://transplant.bc.ca)

### 2 TELL YOUR FAMILY

At the time of your death, if a decision is recorded, BC Transplant will let your family know that you are a registered organ donor, and they will be asked to allow your organs to be donated. Please, have a conversation with them now to ensure that your wishes will be honoured.

### 3 ASK YOUR EMPLOYER TO JOIN THE "LIVING DONOR CIRCLE OF EXCELLENCE" PROGRAM

This program promotes wage replacement for employees who become living donors, and it covers some, but not all, HSA members. You can learn more about the program at [www.cst-transplant.ca/circle-of-excellence.html](http://www.cst-transplant.ca/circle-of-excellence.html)



# Professional Development Funds Offer Career Opportunities

HSA member Biancha Waraich, a registered psychiatric nurse at Richmond Hospital, is working full time while completing her Master of Public Health degree at the University of Liverpool online. Biancha says that her studies have already improved her practice, and will give her op-

tions as she progresses in her career.

However, tuition is expensive, which is why Biancha was happy that a colleague told her about HSA's Professional Development Fund for registered psychiatric nurses. The \$115,000 Professional

Development Fund is available to all registered psychiatric nurses who are members of HSA. Funding can be used for professional development courses and events, which can include tuition, registration fees, related travel expenses, books and materials, to a maximum of \$1000 per application.

Applications are being accepted on a rolling basis until the fund is depleted; the application form is available on the HSA website at <http://bit.ly/RPNTraining>

HSA members working in positions that are part of the Community Health and Support Bargaining Association (CBA) also have access to training funds through the Community Health Retraining Fund (CHRF). The CHRF was initially negotiated to support workers in the community health sector who have been laid-off, bumped, demoted or had their hours of work reduced, but it now also supports skills upgrading, training and professional development for workers to enhance their ability to stay in the community health care sector.

Workers who are covered by the CBA can apply for up to \$10,000 toward education and retraining courses and programs. For more information and application forms, visit <https://chrf-bcgeu.nationbuilder.com/>



BIANCHA WARAICH, RPN  
RICHMOND CHAPTER

# Journeying From Social Worker to Patient

BY ADA CHOW, SOCIAL WORKER, RICHMOND CHAPTER

On January 17, 2020, I received the call from my family doctor. I was diagnosed with breast cancer, specifically invasive ductal carcinoma. This date marked the beginning of a tumultuous year as I quickly went from social worker to patient – a position I was not acquainted with. I worked hard to navigate a healthcare system that, despite my professional knowledge, was still one of the most intimidating things I have experienced. I was a surgical patient (twice), a patient of the community care clinic, a patient of my local cancer care clinic, and finally a patient at the BC Cancer Agency.

I had assumed that my treatment would be a relatively easy ride because I knew the health care system. What I didn't expect was the effect that every conversation and appointment would have on me. I found myself in a position that I had never been in before – the questions I was asking were going to directly impact my own health. I was now the one who had to live with the answers and accept the outcomes.

I tried to be an active participant in my own care, but even that required me to step out of my comfort zone. As a social worker, I try to advocate for my clients but here I felt daunted by the system that I knew. Perhaps I had internalized a narrative about what it means to be the

patient, or perhaps I was scared and had allowed that fear to diminish my voice.

Healthcare workers are in positions of power in worker-client/patient relationships. It's easy to lose sight of this, but as a patient the power imbalance was discernable. I believe it's important to mitigate this power imbalance.

This can be done through actions, for example, by trying to understand the reasoning behind a client's decision. A simple action, like asking a client if they have any questions at the end of a conversation, can be helpful. For me, having my health care team use these strategies made an incredibly challenging situation more manageable.



ADA CHOW AND HER CHILDREN

able.

At the community care clinic, I was treated with kindness at every appointment (and trust me when I say I had a lot of appointments). When the staff would ask me how I was doing, I felt like they really cared. The clinic nurses didn't just complete their tasks; they provided me with a place where conversations felt genuine and easy. Even though they were performing standardized tasks like changing my PICC (peripherally inserted central catheter) line dressing or assessing my surgical sites, the care that I experienced was personalized and I felt uniquely visible.

On my first day of chemotherapy, I remember leaving the clinic thinking "That's it? This wasn't so bad". A few short hours later I experienced one of the worst evenings of my life as my body wasn't responding to my anti-nausea medication. It took just one phone call to the cancer care team, and the very next day my sister was dropping off new medication. My nausea went away after that and it rarely returned.

Throughout my four months of chemotherapy, I never felt alone. I knew that my needs would be heard by my cancer care team. I never felt like a burden. When my stress and anxiety became problematic,

my social worker was there to talk with me. Any time I had a question about my treatment plan or medication side effects, my oncologist was available. The cancer care team's ability to hear my concerns made my experience with chemotherapy much more positive than it otherwise could have been, and I believe that this care improved my long-term recovery and overall wellness.

All through my treatment, what affected me the most was feeling that my needs were prioritized. One of the first conversations I had was with my cancer care social worker, talking about my values and about how I wanted to tackle this problem of having cancer. Saying aloud all the things that mattered to me (transparency in my healthcare team, treatment options, and knowledge about what is to come) gave me clarity. As a 33-year-old woman with two toddlers, I was willing to accept months of physical hardship for the slightest increase in the chance that I could live longer. A woman in a similar situation might articulate that what matters most to her is having the energy to play with her children and to tuck them into bed every night, even if it meant less aggressive treatment. Both are respectable and honourable choices.

By sharing my needs in an honest and meaningful way, I was able to support the healthcare team so that they could approach my treatment plan from an angle that was most appropriate for me. This restored some autonomy for me in a situation that was otherwise out of my control and certainly not my choice.

As a social worker in a health care setting, I ask my clients what matters to them so that I can tailor my practice to their needs. As part of the health care team, every patient, client, resident, and family member will be affected by our words and our actions. When we ask our client "what matters to you?" we need to reflect on how their response will impact our work with them. How will their response influence the way we practice with them specifically? What are we going to do differently and deliberately to support their needs?

My experiences over the last year have confirmed to me that it's important to be purposeful in our interactions with clients because they are the ones who carry the greatest burden. Our practices and our demeanors reach beyond the confines of the healthcare facility. We are more impactful than we may realize.

“

I found myself in a position that I had never been in before – the questions I was asking were going to directly impact my own health. I was now the one who had to live with the answers and accept the outcomes.”

- AA CHOW, SOCIAL WORKER AND BREAST CANCER PATIENT

# Member Profile: Rita Ngo, Radiological Technologist and Potential Olympian

Rita Ngo is both a radiological technologist at Vancouver General Hospital and an international-level karate athlete – at the time of publication, we were eagerly waiting to find out if she will qualify for the 2021 Summer Olympics in Tokyo, where her sport will make its Olympic debut. Olympic karate will feature two events: *kumite* (fight) and *kata* (form); competition is tight as only 80 athletes from across the world will qualify. We're incredibly proud that Rita could very well be one of them!

Rita came to karate in her teens, after she followed her cousins into classes. While her cousins' interest only lasted for a short while, Rita stayed. She says that she "just liked learning karate", which may be an understatement.

It is clear that Rita is a fierce competitor. She's a five-time Canadian women's kata champion and has already represented Canada internationally several times, including at the 2019 Pan American Games in Lima, Peru; the 2018 Karate 1 Premier League Rotterdam Open; and the 23rd World Senior Karate Championships in Linz, Austria.

The level of training required to qualify for the Olympics isn't compatible with full-time

work, so Rita took a leave from work in early 2020 that was intended to last until after the 2020 Olympics. However, the COVID-19 pandemic meant that Rita needed to alter her plans, as in late March 2020 the Olympics were postponed to 2021. For athletes like Rita, this meant major changes to their training schedules, as well as uncertainty about how athletes would qualify for 2021.

The impact of the postponement meant that Rita made the decision to return to full-time work at Vancouver General Hospital in the fall of 2020, transitioning from full-time athlete to full-time radiological technologist and part-time athlete.

When asked about returning to her health care career in the midst of the pandemic, Rita said that "just because we work in a hospital, it doesn't mean we're not scared", but that she really enjoys her chosen career. She explains how she was drawn to BCIT's Medical Radiography program after studying at UBC, when she realized that she valued a career where she could be active and work with patients.

Rita is once again on leave from her health care role as she focusses on qualifying for



this summer's Olympics. The way that Rita has balanced her health care and athletic careers is impressive, and we know her fellow HSA members will be cheering her on as she continues in both of her chosen careers.

Curious about the athletes who will make up the Canadian Team at the Tokyo Olympics? There is a qualification tracker available online at <https://olympic.ca/tokyo-2020-team-canada-qualification-tracker/>

RITO NGO IN ACTION (PHOTO PROVIDED BY RITA)



# Supporting the Farmers' Protest

BY KAREN SANDHU, YOUNG WORKERS ADVISORY GROUP

Farmers in India have been peacefully protesting since September 2020 against three laws passed by the Indian government. These laws were rushed through in the middle of a pandemic by a verbal vote and without consultation with the workers they impact – farmers and agricultural workers. India's farmers' union says the bills will drive down wages, allow for price gouging, threaten food security, and leave farmers vulnerable to exploitation by corporations.

In November, 250 million farmers and supporters took their peaceful protest to Delhi, the capital of India, in what has been recognized as the largest protest in history. They were met with tear gas, water cannons, barricades, and police brutality. Farmers have since set up camps in Delhi, and plan to stay until the government repeals all three laws. Despite the violence they have faced, the farmers in these camps have been doing *seva* (selfless service) which includes providing *langar* (free meals) to locals - including the army and police - setting up hospitals, teaching local children, and creating a grassroots newspaper.

Meanwhile, the Indian government has attempted to change the narrative of the protest by claiming the protesters are anti-nationalists and terrorists, and questioning their knowledge, expertise and intentions. Many international influencers, such as the



ARVINDER SINGH, JASHANDEEP SINGH BRAR, AVTAR SINGH BADESHA, BC FEDERATION OF LABOUR TREASURER SUSSANNE SKIDMORE, AND MANVEER SINGH SIHOTA AT A SOLIDARITY PROTEST IN SURREY, BC (PHOTO: REAH ARORA)

American musician Rihanna, Swedish climate change activist Greta Thunberg, and women's rights leader Meena Harris have expressed their support for the farmers, and the Indian government has responded with condemnation and, in some instances, legal action. The Indian government has even gone as far as reaching out to social media platforms like Twitter to censor protest-related hashtags and accounts. At protest sites, the government has ordered internet blackouts, removed access to fresh water, electricity and bathroom facilities, blocked access to protest sites, diverted trains filled with protestors, hired agents to create riots, and assaulted or arrested protestors and journalists bringing awareness to the protests.

India's farmers need our support more than ever. Protesters have been camped out in Delhi for almost three months and the government has yet to address their demands. This is not only a protest for farmers' livelihoods, it is a

fight to protect basic human rights. The Indian government needs to know that the world is watching.

How can you help? HSA has created a campaign which contains a pre-written letter that is sent to your local MP and Canadian Prime Minister Justin Trudeau showing your support for the farmers. It takes 30 seconds to input your information and help make a difference: <https://hsabc.org/SupportFarmers>

## HSA'S SOLIDARITY LETTER IS SIMPLE TO SEND:

As Canadians, we know that farmers are an essential part of our society. Simply put: no farmers, no food.

In September 2020 the government of India, under the leadership of Prime Minister Narendra Modi, passed agricultural reforms that threaten the dignity and livelihood of India's farmers and agricultural workers. The result has been the largest protest ever seen, with over 250 million people on the streets, standing up for their rights against the Indian government's water cannons and tear gas.

Send a letter today and to tell your MP, Prime Minister Justin Trudeau, Minister of Foreign Affairs MarcGarneau, and India's Consul General in Vancouver know that you want our federal government to continue to stand in solidarity with Indian farmers fighting for their livelihoods

First Name \*

Last Name \*

Email Address

Postal Code \*

# Report from the Finance Committee

**BY BECKY PACKER,  
HSA SECRETARY TREASURER**

At the 2020 convention, delegates directed the union to create budgets for chapters to spend on meetings and member engagement. The Finance Committee in collaboration with the communications and member engagement department devised the following formula of buckets based on number of members in the chapter, and allocated each bucket a budget that can be spent on food or gift cards for members who attend chapter meetings.

- 750 + members: \$7,500
- 250 to 749 members: \$2,500
- 100 to 249 members: \$1,000
- 50 to 99 members: \$500
- Less than 50 members: \$100

Attendance records along with the chapter expense form must be submitted for reimbursement. Chapter stewards are responsible for ensuring that food and gift cards are purchased from vendors who are allied with labour and climate justice values as much as possible.

If your chapter is planning a special event and you want to access extra funds, you'll need to submit your proposal to the union for consideration.

Lastly, in the spirit of continuous improvement, we will be monitoring this budget area and making adjustments as the fiscal year proceeds. Please, as you use your funds, consider providing us feedback positive and otherwise, and any suggestions for improvement. Our goal was to spread resources broadly to as many members as we could, whilst providing for rich chapter meeting experiences.



# PENSIONS AND BENEFITS

## Q&A: SHOULD I STAY OR SHOULD I GO?

**BY DENNIS BLATCHFORD**

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

**Q. I plan to retire in February 2022. I will be 57 years old and will have nearly 35 years of service in the health system. I know the Municipal Pension Plan rules are changing, and I'm wondering if there is anything I should know that might give me a reason to change my plans?**

A. First off, congratulations on your pending retirement. You have put in considerable service to the citizens of the province, and will retire with a very strong pension that will exceed the HSA average. In your situation, with only a tiny fraction of your service falling under the new rules (beginning in 2022), the net impact on bridge or early retirement incentives is negligible. In fact, your timing is impeccable as you will receive maximum benefit under the current early retirement rules, and almost immediately embark on a long retirement under the strengthened retiree benefits for Plan members.

**Q. What do you mean by that?**

A. What I mean is you are in the ideal position of car-

rying a lot of pensionable service into retirement at a relatively young age, just as the reforms kick in to improve pension security. So, you get the best of both worlds – having accrued lengthy service under current rules, allowing you to retire early, and then being in a position to maximize the long term benefits of improved inflation protection, and an improved health and welfare plan. All this for your anticipated 3.5 decades in retirement.

**Q. Would there be any advantage in staying a little longer?**

A. Of course, but only if you continue to enjoy your work. By staying you can maximize your pensionable service, and delaying retirement will mean you will commence retirement at a higher age, increasing your basic pension. Also, should you see wage increases during the next few years, that too increases the value of your pension. As well, it is worth keeping in mind the improved accrual rate commencing in 2022. The improved accrual means a stronger basic (guaranteed) pension going forward.

**Q. My last question...are you positive these changes to the MPP will go ahead as planned?**

A. While the responsibility for implementing the new Plan rules fall to the MPP Board of Trustees, expect that the proposed reforms developed by the Plan Partners will go forward largely – if not exactly – as advertised. While the Plan Partners are a separate body, they have not operated in isolation of the Municipal Pension Plan. It was, after all, the MPP Trustees who asked the Plan Partners to examine the overall issue of Plan re-design. To do that, the Plan Partners required the resources of the MPP's subject matter experts, in order to comprehensively develop the set of reforms announced last September. That expertise included actuarial, legal, regulatory, and policy advice. It's an enormous task to reform a very large pension plan with so many moving parts, and so many different constituencies and sectors. Broad consensus by the Plan Partners could not have been achieved without a lot of goodwill and determination to complete the task the MPP Trustees requested. I believe it was a job well done and I'm confident the benefits will flow for many decades.

If you have a question or concern about pensions, contact [dblatchford@hsabc.org](mailto:dblatchford@hsabc.org).





# HEALTH SCIENCES ASSOCIATION

## The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between annual conventions. Members should feel free to contact them with any concerns.

**President** [[webpres@hsabc.org](mailto:webpres@hsabc.org)]  
Val Avery, Physiotherapist  
Royal Jubilee Hospital

**Region 1** [[REGION01@hsabc.org](mailto:REGION01@hsabc.org)]  
Becky Packer, Physiotherapist  
Cumberland Health Centre

**Region 2** [[REGION02@hsabc.org](mailto:REGION02@hsabc.org)]  
Derrick Hoyt, Pathologist Assistant  
Royal Jubilee Hospital

**Region 3** [[REGION03@hsabc.org](mailto:REGION03@hsabc.org)]  
Cheryl Greenhalgh (Secretary-Treasurer),  
Medical Radiation Technologist  
Royal Columbian Hospital

**Region 4** [[REGION04@hsabc.org](mailto:REGION04@hsabc.org)]  
Joseph Sebastian, Medical Radiation Technologist  
Vancouver General Hospital

**Region 5** [[REGION05@hsabc.org](mailto:REGION05@hsabc.org)]  
Carla Gibbons, Cytotechnologist  
BC Cancer Agency

**Region 6** [[REGION06@hsabc.org](mailto:REGION06@hsabc.org)]  
Tara Chen, Speech Language Pathologist  
St. Paul's Hospital  
(effective April 3, 2020)

**Region 7** [[REGION07@hsabc.org](mailto:REGION07@hsabc.org)]  
Jas Giddha, Medical Radiation Technologist  
Surrey Memorial Hospital

**Region 8** [[REGION08@hsabc.org](mailto:REGION08@hsabc.org)]  
Cherylee Hylands, Cardiology Technologist  
Penticton Regional Hospital

**Region 9** [[REGION09@hsabc.org](mailto:REGION09@hsabc.org)]  
Brittany Sanders, Medical Laboratory Technologist  
Kootenay Boundary Regional Hospital

**Region 10** [[REGION10@hsabc.org](mailto:REGION10@hsabc.org)]  
Mandi Ayers (Vice-President),  
Medical Laboratory Technologist  
Bulkley Valley District Hospital

### EXECUTIVE DIRECTORS

Jeanne Meyers, Labour Relations and Legal Services

Josef Rieder, Human Resources

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### EDITOR

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*HSA recognizes the intersections between public health care and social services and Indigenous rights, noting that structural violence against Indigenous peoples in Canada, including historic and ongoing colonialism, impacts Indigenous peoples' equal right to the enjoyment of the highest attainable standard of physical and mental health, the right to access, without discrimination, all social and health services, and the right to their traditional medicines and to maintain their health practices (as outlined in Article 24, United Nations Declaration of the Rights of Indigenous Peoples).*



@hsabc

hsabc.org

info@hsabc.org

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