

History and Future Directions of the “Sylvia” Think Tank

“Co-creating the World We Wish to Live In”

Joan Anderson, Heather McDonald, Paddy Rodney,
Ranjit Kaur Dhari and Brenda Sawatzky-Girling

Acknowledgements

We acknowledge that the land upon which we conduct our work and live our lives is the traditional territory of the Coast Salish Peoples, specifically the shared ancestral, traditional, unceded and occupied territories of the Sk̓wx̓wú7mesh Úxwumixw (Squamish), Səlílwətał (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam).

We thank Shamshad Khan,¹ Annette Browne,² Sheryl Reimer-Kirkham,³ and Merrilee Hughes⁴ for their thoughtful reading of, and contributions to this paper.

Abstract

The “Sylvia” Think Tank (STT) is comprised of a self-funded, diverse, intergenerational and interdisciplinary group of academics, health care and social service practitioners, and community leaders involved in social justice-related advocacy work. Our first meeting was held at the Sylvia Hotel in Vancouver in 2015, and we have continued to meet there in subsequent years — except during the pandemic, when we met virtually — hence the name, the “Sylvia” Think Tank.⁵ The founders included Joan Anderson, Annette Browne, Heather McDonald, Patricia (Paddy) Rodney, and Sheryl Reimer-Kirkham.⁶ All shared a commitment to promoting equity and social justice in health care and human services. The STT has since expanded to include other academics, clinicians, health care users, community leaders, NGOs and students. Heather McDonald administered the STT from its inception to 2021. In 2022 Ranjit Kaur Dhari⁷ and Brenda Sawatzky-Girling⁸ graciously agreed to share the leadership of the STT, with Brenda Sawatzky-Girling managing the finances.⁹ The document below provides a description and analyses of our activities.

¹ Shamshad Khan is Associate Professor, Department of Communication, University of Texas, San Antonio. He was invited to participate in the STT because of his knowledge and research expertise in public health and skills in communication.

² Annette Browne is Professor & Distinguished University Scholar, UBC School of Nursing.

³ Sheryl Reimer-Kirkham is Dean & Professor of Nursing, Trinity Western University.

⁴ Merrilee Hughes is Research Grants & KT Manager, UBC School of Nursing.

⁵ The Sylvia Hotel gave us permission to incorporate “Sylvia” into our think tank name.

⁶ Joan Anderson is now Professor Emerita, UBC School of Nursing; Heather McDonald is Retired Health Director, Seabird Island Band, B.C.; and Patricia (Paddy) Rodney is Associate Professor Emerita, UBC School of Nursing.

⁷ Ranjit Kaur Dhari is Assistant Professor of Teaching, UBC School of Nursing.

⁸ Brenda Sawatzky-Girling is a Health Care Management and Policy Consultant, Greater Vancouver, B.C.

⁹ Members of the STT contribute funds on an annual basis to pay for the meeting room, and to provide honoraria to invited speakers. Members and guests pay their own way (e.g., meals and accommodation) at meetings.

History

“Sylvia” Think Tank: Mission

Our mission is to mobilize knowledge and evidence to influence health, social and public policy, and to promote praxis-oriented action to reduce disparities in income and health, and to improve the quality of life for British Columbians from diverse backgrounds and across all age groups.

The “Sylvia” Think Tank (STT) grew out of the shared philosophical commitments and academic work of a group of scholars in the former Cultural Studies and Health Research Unit (CSHRU) at the UBC School of Nursing, founded in 1987 by Joan Anderson¹⁰ and M. Judith Lynam.¹¹ In 2004, the CSHRU transitioned to become the (now former) Culture, Gender and Health Research Unit (CGHRU). The UBC School of Nursing has played a leading role in Canada and internationally in education, research, and scholarly contributions related to social justice, hence, the faculty, staff, and students in the CGHRU were engaged in research focusing on topics such as inequities in access to health and health care, social inequities, and “vulnerabilities as structured by various socially constructed classifications such as gender, race, and class, and by certain life transitions (e.g., aging, hospitalization)”.¹² The group was committed to developing theoretical perspectives, and different kinds of knowledge that contribute to socially just actions. Programs of research were designed to include questions that arose in practice settings, and to subsequently engage with nursing and other health care leaders, clinicians, healthcare users, and health and public policymakers, through the processes of knowledge exchange and translation.^{13,14}

¹⁰ Joan Anderson wishes to thank the late Professor Roy Turner (UBC Sociology), and now Associate Professor Emeritus Helen Elfert (UBC School of Nursing), for their mentorship and support in developing a program of research in early career, which was foundational to later work.

¹¹ M. Judith Lynam is now Professor Emerita, UBC School of Nursing, Vancouver, B.C.

¹² Browne, Annette, & Thorne, Sally (Fall/Winter, 2021). “The history of critical scholarship in the School of Nursing,” *TouchPoints*, 16-17. <https://blogs.ubc.ca/touchpoints/the-history-of-critical-scholarship-in-the-school-of-nursing>.

¹³ See, for example, Anderson, J.M, Browne, A.J., Reimer-Kirkham, S., Lynam, M.J., Rodney, P., Varcoe, C., Wong, S., Tan, E., Smye, V., McDonald, H., Baumbusch, J., Khan, K.B., Reimer, J., Peltonen, A., Brar, A. (2010). “Uptake of Critical Knowledge in Nursing Practice: Lessons Learned from a Knowledge Translation Study.” *CJNR*, 42 (3), 106-122.

¹⁴ Anderson, J.M., Rodney, P., Reimer Kirkham, S., Browne, A.J., Khan, K.B., & Lynam, M.J. (2009). “Inequities in health and health care viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead.” *ANS*, 32(4), 282-294.

When Joan Anderson became Professor Emerita, she entered into dialogue with Browne,¹⁵ Reimer-Kirkham, Rodney, and McDonald to find ways to continue the processes of knowledge exchange that would include academics, policy makers from different levels of government, NGOs, clinicians, community leaders, health care users, and students from diverse communities. These early discussions led to the group's first meeting at the Sylvia Hotel in Vancouver in 2015 to explore how this knowledge exchange could be done. It was at this meeting that the "Sylvia" Think Tank (STT) was formed, and in later meetings a core group continued to develop the Mission and directions of the STT.¹⁶

Mission and Conceptual Underpinnings

The ongoing aim of the STT is to create a space to foster dialogue about the structures and processes that have shaped, and continue to shape, human experiences. Our mission is to mobilize critical knowledge¹⁷ and evidence to influence health, social and public policy, and to engage with governments and policy makers for praxis-oriented action. We are committed to the processes and practices of reconciliation, and working towards social justice to improve the health, well-being, and quality of life of Canadians, especially those who are most impacted by poverty, structural and systemic racism, sexism, ageism, classism, and other forms of discrimination.

Challenging these structural and systemic constraints to human agency requires deep, and sometimes difficult and painful conversations, including critical self-reflection, to disrupt our own unquestioned beliefs, assumptions, stereotypical categories, "blind spots," and everyday practices. Such self-examination is grounded in our acknowledgement that we too are implicated in creating unjust structures, as the late Iris Marion Young (2011)¹⁸ claimed. She argued, "structural injustice is produced and reproduced by thousands or millions of persons usually acting within institutional rules and according to practices that most people regard as morally acceptable" (p. 95). "[P]romoting justice in social structures and their consequences" she noted, "implies restructuring institutions and relationships to *prevent* these threats to people's basic well-being" (p. 34).

¹⁵ Browne is one of the founders of the CRiHHI Unit (Critical Research in Health and Healthcare Inequities Unit <https://crihhi.nursing.ubc.ca/>) established in 2010 in the UBC School of Nursing, which builds on the foundation of critical scholarship established in the former CGHRU.

¹⁶ Participants in these meetings included some former graduates from both the PhD program in the UBC School of Nursing, and the Interdisciplinary PhD program at UBC, some of whom had taken up academic positions in other parts of the country; students – both local and from other universities; clinicians from various health care settings; invited guests from other academic disciplines, the provincial government, and NGOs; and community leaders.

¹⁷ "We conceptualize critical knowledge as constructed through methods of critical inquiry, and as fostering an understanding of historical, political, economic, and other social processes that can be drawn on as explanatory resources as we engage with patients in promoting health and ameliorating the suffering of illness. Critical knowledge is both social and reflexive in nature, prompting us to question our assumptions, the status quo, and the taken-for-granted. It is linked to praxis as the dialectical relationship among knowledge, theory, research, and action. Among its outcomes are equity and critical social justice in health and health-care delivery" (Anderson, J.M., Browne, A.J., Reimer Kirkham, S., Lynam, M.J., et al. (2010), p. 110).

¹⁸ Young, I.M. (2011). *Responsibility for Justice*. Oxford, New York: Oxford University Press

We believe that the concept of political literacy, as advanced by Kogila Moodley (2021),¹⁹ gives direction for how we might identify and disrupt unjust systemic institutional practices. Moodley makes a distinction between political education and political literacy. “Political literacy,” she argues:

differs from political education, which is usually considered central to the participation of citizens in government. Instead, the aim is to nurture the ability to read critically and deconstruct issues, events, and debates. It is a way of making sense of how inequality works, to understand institutional racism, comprehend how racial binaries become entrenched as well as to challenge them. Specific counteracting policies flow from such understanding, which is a precondition for successful practice.” (p. 120)

Through our work in the “Sylvia” Think Tank we have been aspiring to achieve both political education and political literacy as a precursor to praxis.

“Sylvia” Think Tank Meetings and Working Groups

Our meetings and working groups on developing policy briefs, manuscripts for publication, as well as the special issue of a journal— in person, prior to the pandemic, and virtually, during the pandemic — have included academics, community leaders, health care users, representatives from governments, clinicians, and students. We have been committed to the inclusion of diverse voices from Indigenous and non-Indigenous communities; we have shared and discussed our draft manuscripts dealing with issues such as poverty; and, we have grappled with theoretical, methodological, and conceptual issues. Further, we have examined actions needed at both local and national levels to bring about structural and systemic change for a more equitable and socially just society. Importantly, we have scrutinized our individual roles, responsibilities, and potentials to affect change in our own personal spheres as well as the institutions in which we work, our neighborhoods and political regions.

These deliberations, from varied and sometimes divergent perspectives, have culminated in engagement with government, two briefs to the Minister of Social Development and Poverty Reduction in British Columbia, as well as a special issue of a scholarly journal.

Political Engagement with Government: To influence public policy, we sought out opportunities for engagement with provincial governments. Some of the people whom we invited to different meetings of the STT were especially astute at guiding us in opening up such a dialogue,²⁰ and in 2018 we responded to the call of the then Minister of Social Development and Poverty Reduction, The Honourable Shane Simpson, for submissions

¹⁹ Moodley, K. (2021). *Race, Culture and Politics in Education: A Global Journey from South Africa*. Columbia University, New York: Teachers College Press.

²⁰ Joan Anderson wishes to thank Vera Radyo, Executive Director, Kenoli Foundation, and former citizen judge and Executive Director of MOSAIC, Greater Vancouver, B.C.; and Linc Kesler, former Director, First Nations House of Learning, UBC, as well as former Senior Advisor to the President on Aboriginal Affairs, UBC; for their guidance over the years in opening up a dialogue with different groups of people. Further, we would all like to thank them, as well as Isobel Mackenzie, Seniors Advocate, B.C. Government, for guiding us in the processes of presenting ideas to policy makers. Their wise counsel enabled us to open up communication with governments.

to the Government of B.C. on reducing poverty in this province. Prior to this submission, Paddy Rodney and Joan Anderson attended one of the public consultations to observe, first-hand, some of the issues of concern expressed by various stakeholders.

Our group then set about crafting a Brief to the Government, “Interrupting the Cycle of Poverty to Improve Health” (2018), which is available on the [Government of B.C. website](#), and also on [cIRcle](#) (the University of British Columbia’s digital repository for research and teaching materials).²¹ This 2018 submission focused on poverty as a major social determinant of health. We took a long-term view of poverty reduction in B.C., and focused on child poverty, as our collective experiences and research findings affirm that addressing poverty in childhood is key to interrupting the cycle of poverty throughout the lifespan, improving health and well-being, and contributing to economic and social inclusion. We made recommendations to contribute to reducing poverty in this province, and along with our submission we inquired if we could have the opportunity to meet with The Honourable Shane Simpson. A meeting was held in 2018 between members of the “Sylvia” Think Tank and the Minister, Deputy Minister, and senior staff to discuss the Brief.

Following that meeting, we continued to keep the channels of communication open with the Deputy Minister, Mr. David Galbraith, who apprised us of the initiatives that were being undertaken to reduce poverty. For example, in 2019, we received an update from him on the government’s plan to address poverty. He acknowledged our contributions and the points raised in our submission, and referred us to the full copy of the government’s strategy, which could be found online on the [Government of B.C. website](#) (Correspondence, October 18, 2019).

To continue the dialogue, on April 6, 2021, we wrote to the Deputy Minister of Social Development and Poverty Reduction to acknowledge the initiatives taken by the government to reduce poverty in this province, and to inquire if our group might contribute to addressing some of the issues that became visible during the COVID-19 pandemic. In response to this letter, a virtual meeting was held with the Deputy Minister and senior staff in 2021. In that meeting, they expressed interest in hearing “voices from the ground,” and an interest in receiving an update to the first brief regarding the difficulties that different groups were facing during the pandemic.

That virtual meeting led to our second Brief, [“Income Inequity and Health: Strategies for Action in Post-Pandemic B.C. Through the Ethical Lens of Critical Social Justice”](#) (March 2022).²² Our second submission focused on the impact of the COVID-19 pandemic on population groups which were disproportionately impacted, and the physical and social suffering of people who continue to live on a low income, especially those who have experienced systemic discrimination. Our aim was to contribute to the Government of B.C.’s long-term plan, as outlined in their *Budget 2022*, to restore ground lost in this pandemic, and to work towards a more prosperous future, inclusive of all British Columbians. We argued that governments should provide not only financial resources,

²¹ We have posted our documents on [UBC cIRcle](#) to provide access to members of the University community, policy makers, and members of the public now, and in the future.

²² Members of the team who developed the two submissions mentioned here contributed diverse areas of expertise. Their names are included in the documents. As mentioned above, both documents are available online.

but also resources that enable people to navigate complex social and health systems. Such policy action necessitates significant time, resources, and clinical expertise in social and health care planning, including the delivery of health and social services by professional groups, policy makers, and governments. We offered a number of recommendations, constructed from our experiences “on the ground,”²³ which we hoped would provide useful strategies for action across the lifespan as the government moved forward in implementing its plan during this pandemic, and thereafter, to decrease income inequity and improve health in the Province of B.C. The recommendations build towards supporting the right of all British Columbians to a dignified life, with all basic necessities of life adequately and equitably available to everyone.²⁴

Subsequent to submitting the Brief to the government, a follow-up meeting was arranged with the Deputy Minister and some members of his staff on June 17, 2022, to review the Brief, and discuss future directions. The June 17 meeting reaffirmed that the STT’s perspectives were aligned with this Ministry, and enabled us to learn about the Ministry’s current and emerging priorities. Following the Deputy Minister’s suggestion that we submit our work to standing Parliamentary Committees, an outcome of our June 17 meeting was our submission to the Finance Committee of B.C. In other words, because we had researched and developed a high quality policy brief, we were able to quickly interact with an existing public consultation process when the opportunity arose. Our ongoing dialogue with senior levels of government demonstrates that political literacy that leads to action can influence policy and foster shared work towards social justice in our communities.

²³ Composite narratives were constructed from different population groups to highlight the issues. Some members of the team were working with groups who were disproportionately impacted by the pandemic, and had first-hand knowledge of the issues.

²⁴ United Nations Committee on Economic, Social and Cultural Rights. Fact Sheet No.16 (Rev.1) [Internet]. 1991 Jul [cited 2022 Mar 21]. Available from: <https://www.ohchr.org/sites/default/files/Documents/Publications/FactSheet16rev.1en.pdf>

Commentary on the Special Issue of *Frontiers in Communication*²⁵

A further initiative of the STT, a Special Issue of the journal *Frontiers in Communication*, edited by Shamshad Khan, Annette Browne, Sheryl Reimer-Kirkham, and Kimberly Kline²⁶ on “*Global Suffering and Uncertainty in the COVID-19 Pandemic: Exposing the Fault Lines through Narrative/Discourse Analysis*,” is also being published.²⁷ As a critical, scholarly, and transdisciplinary platform, this Special Issue of the journal provides a forum for authors to examine how different discourses and narratives of risk, causality, vulnerability, inequities, suffering, as well as social and political responses to the coronavirus and COVID-19, contribute to, reveal or ignore the major fault lines of society. More importantly, the editors of this Special Issue seek to explore what new spaces, opportunities, and discursive practices have emerged in the wake of COVID-19 that could be used to build strategic alliances and partnerships to confront structural inequities, marginality, vulnerability to disease, and to bring about meaningful social change. In addition, individual members of the STT are in the process of writing papers for other periodicals (e.g., public health journals) based on our discussions.

Future Directions²⁸

As the “Sylvia” Think Tank moves into fall 2022, we are focusing on building on the vision and work that the founders launched in 2015 by advancing the aforementioned Mission of the STT.²⁹ Our future directions include continuing to diversify our membership, engaging in regular and productive dialogue so that we are able to identify and respond to advocacy opportunities as they arise, and continuing to learn how to optimize action-oriented policy work. We will engage with experienced leaders in the community and academy, and we will also endeavour to secure funding to further support and catalyze this work.

Diverse Membership

Our core active Think Tank is a small group of academics who, over the years, have invited diverse voices from both the academy and community to participate in ongoing dialogue regarding issues related to the delivery of equitable and socially just health and social services. As with the original intent of the “founders,” our first direction is to find ways to continue the processes of knowledge mobilization and exchange which include academics, policy makers, clinicians, students, health care users, and community members and leaders from diverse communities. We continue to endeavour to grow our

²⁵ Contributed primarily by Shamshad Khan, Annette Browne and Sheryl Reimer-Kirkham.

²⁶ Kimberly Kline is Professor of Communication, University of Texas at San Antonio.

²⁷ The first paper published in the *Frontiers in Communication* series, “*Two public health crises, two narratives: An analysis of how policymakers have managed British Columbia’s Covid-19 pandemic and potential implications for the ongoing overdose crisis*” was written by Andrea Burton, Brenda Sawatzky-Girling (“Sylvia” Think Tank members) and Jordan Westfall (Canadian Association for Safe Supply) (2022, *Frontiers in Communication*, 7, 781564. <https://doi.org/10.3389/fcomm.2022.781564>).

²⁸ Contributed primarily by Ranjit Kaur Dhari and Brenda Sawatzky-Girling.

²⁹ As mentioned on page 2, our mission is to mobilize knowledge and evidence to influence health, social and public policy and praxis-oriented action to reduce disparities in income and health, and to improve the quality of life for British Columbians from diverse backgrounds and across all age groups.

membership to integrate more community voices “on the ground” to learn more from diverse colleagues and communities about “challenges I’m seeing in my community work.” By so doing, we can enhance the research/policy/praxis dialectic. These voices “on the ground” inform research questions, and the processes of knowledge development and evidence, which further influence policy and praxis.

Our second ongoing direction is to include more gender, ethnocultural, academic, intergenerational and interdisciplinary diversity in the composition of our Think Tank group. In pursuit of our mission, our future includes expanding and integrating the perspectives that our new members and future generations bring to the STT. To this end, we will develop a communications plan to help raise the visibility of the STT, and also a strategic engagement strategy to provide opportunities for trainees and emerging scholars to be part of the ongoing activities of the STT.

Dialogue and Meetings

As the COVID-19 pandemic continues, we will continue to connect virtually. It has been our collective experience over time that meetings are a concrete and visible activity that bring our collective together to share ideas. Regular meetings enable us to develop the foundational knowledge based on ongoing dialogue, to sustain the growing embers of our commitment to actualizing social justice goals, and to undertake action-oriented projects. These meetings will therefore be aimed at articulating a research and knowledge exchange agenda informed by our members and “on the ground” groups, and highlighting or flagging important new research that has become available. We will plan for a minimum of one annual “Sylvia” Think Tank meeting each fall, and possibly a second spring meeting if participation warrants more frequent structured engagement. We look forward to the time when hybrid meetings are possible to give at least some of us the opportunity to meet face-to-face at the Sylvia Hotel once again.

In addition to our meetings, we will continue to invite diverse people from the academy, different levels of government, NGOs, and the broader community to participate in working groups focused on particular issues. This participation could entail the production of written documents; communication with governments and policy makers to identify research needs from government that could help to move evidence-informed policy forward and encourage praxis-oriented action; and, plans to follow up and evaluate the impact and the outcomes of our work. These activities are ingredients of the political literacy we are working to promote.

Learning to Optimize Action-Oriented Policy Work

In order for us to support progress toward a more socially just society, we believe that we must continue to mobilize and exchange critical knowledge and evidence. For example, we will draw on research and evidence from different research units across Canada, including the CRiHHI Unit at UBC (Critical Research in Health and Healthcare Inequities), to enable us to produce rigorous and substantive documents. As we have learned from our prior years of work together, our meetings prepare us as a group to be able to identify and quickly mobilize in smaller working groups to respond to opportunities (such as the Ministry of Social Development and Poverty Reduction’s public consultations in 2018, and the provincial budget submission in 2022). Diversifying our membership to be inclusive of

those with experience in research and policy work, those early in career, and “voices on the ground,” will inform the work that we do, and how we do it.

Our intergenerational focus supports our ability to learn from one another. We are committed to providing opportunities for the mentorship of future generations, and we will continue to engage with students (both graduate and undergraduate) in annual meetings, as well as in working groups, to do action-oriented policy work. We aim to continue expanding our knowledge and understanding about co-creating a more socially just society to make a positive difference in people’s lives.

In summary, the members of the “Sylvia” Think Tank remain strongly committed to putting knowledge into action to positively influence health, social and public policy. By so doing, we aim to continue to work towards bringing about social change to improve the quality of life for British Columbians from diverse backgrounds and across all age groups.

Concluding Comments

We, the contributors to this document, are committed to fostering a research/policy/praxis/practice/mentorship dialectic through dialogue that is inclusive of academics, community leaders, clinicians, policy makers, governments, NGOs, health care users, and students. Since the inception of the STT in 2015, each member has spoken from their own positionality and social location. In addition, we have found that coming together around a values commitment to equity and social justice across institutions and organizations creates a space for dialogue and action that transcends our individual differences. This dialogue has not been easy, but we have been learning about our varied points of view, based on our academic studies, individual histories, personal experiences, and life opportunities. We have also been learning to work through our differences, synthesize ideas into a coherent argument, and produce documents aimed at advancing the greater social good that have been acceptable to all members of our working groups. The two Briefs that we have submitted to the Ministry of Social Development and Poverty Reduction in B.C. are evidence of this learning.

Specific outcomes such as poverty reduction; accessible childcare; respect for, and compassionate care of older adults; availability of housing for those living on a low income; equitable access to health and health care; and, other related actions that would move us towards a more socially just world, are attainable, we believe. Significant progress can be made by working collectively with groups with similar goals; communicating effectively and constructively with policy makers, clinicians, and different levels of government; and by holding one another and decision-makers accountable.

Fostering such outcomes is crucial as we confront the deep systemic and structural inequities that the COVID-19 pandemic (announced by the World Health Organization in 2020) has further unmasked. As the socio-economic and geopolitical landscapes continue to shift, the increasing poverty and food insecurity being experienced by those who lived on the margins prior to the pandemic, and were disproportionately impacted by it, will require nimble responses by decision-makers. In addition, the lack of equitable access to health care has reached crisis proportions for people throughout British

Columbia, especially for those who are living in poverty. This inequity is confounded by the stresses that nurses and other health care providers have been experiencing throughout the pandemic, which require more thoughtful attention to workplace policies and practices (Havaei et al., 2021).

We believe that addressing these issues is not only the responsibility of governments, scholars, policy makers and clinicians, but also requires broader grappling with a salient question posed by Achille Mbembe and Deborah Posel (2005): “what are the obligations and responsibilities which a democracy requires of its citizens, as much as of its state?” (p. 284).³⁰ As citizens, we all share the responsibility for working to create a more equitable and socially just world.³¹ We also share the responsibility of co-creating a more compassionate world, by teaching ourselves, our students, our friends and colleagues, and our children, to be politically literate, and to be/grow into empathetic, compassionate and socially responsible citizens, cognizant of systemic and structural constraints to human agency.

This pandemic, a gut-wrenching experience for many, has taught us that, in addition to critical knowledge and praxis-oriented actions, small acts of kindness and civility — for example: moving aside on a sidewalk for someone who appears to be at greater risk for severe outcomes from COVID-19 (rather than moving away from someone who looks different than us); offering to pick up a few groceries for a neighbour; listening patiently to someone in distress; checking in on someone who may be socially isolated; conveying acceptance and a non-judgmental stance toward people who often experience stigma; and all the other small acts that show respect and kindness to one another, are, in the end, what define us as a compassionate and civil society and help us to co-create the world we wish to live in and pass on to generations to come.

³⁰ Mbembe, A. & Posel, D. (2005). Editorial: A Critical Humanism. *Interventions*, 7(3), 283-286.

³¹ See Young, I. M. (2011). *Responsibility for Justice*. Oxford University Press, for an erudite discussion of our responsibility for justice.

References

- Anderson, J.M, Browne, A.J., Reimer-Kirkham, S., Lynam, M.J., Rodney, P., Varcoe, C., Wong, S., Tan, E., Smye, V., McDonald, H., Baumbusch, J., Khan, K.B., Reimer, J., Peltonen, A., Brar, A. (2010). "Uptake of Critical Knowledge in Nursing Practice: Lessons Learned from a Knowledge Translation Study." *CJNR*, 42 (3), 106-122.
- Anderson, J.M., Rodney, P., Reimer Kirkham, S., Browne, A.J., Khan, K.B., & Lynam, M.J. (2009). "Inequities in health and health care viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead." *ANS*, 32(4), 282-294.
- Browne, A., & Thorne, S. (Fall/Winter, 2021). "The history of critical scholarship in the School of Nursing," *TouchPoints*, 16-17. <https://blogs.ubc.ca/touchpoints/the-history-of-critical-scholarship-in-the-school-of-nursing>.
- Havaei, F., Ma, A., Staempfli, S, & MacPhee, M. (2021). Nurses' workplace conditions impacting their mental health during COVID-9: A cross-sectional survey study. *Healthcare*, 2021, 9 (84), 1-14.
- Mbembe, A. & Posel, D. (2005). Editorial: A Critical Humanism. *Interventions*, 7(3), 283-286.
- Moodley, K. (2021). *Race, Culture and Politics in Education: A Global Journey from South Africa*. Columbia University, New York: Teachers College Press.
- United Nations Committee on Economic, Social and Cultural Rights. Fact Sheet No.16 (Rev.1) [Internet]. 1991 Jul [cited 2022 Mar 21]. Available from: <https://www.ohchr.org/sites/default/files/Documents/Publications/FactSheet16rev.1.en.pdf>
- Young, I. M. (2011). *Responsibility for Justice*. New York: Oxford University Press.

"Sylvia" Think Tank Publications

- "Sylvia" Think Tank, Anderson, J. M., Bains, G., Brown, H., Dhari, R., Harrigan, M., Kesler, L., Price, E. R., Radyo, V., Rodney, P., & Sawatzky-Girling, B. (2022). *Income inequity and health: Strategies for action in post-pandemic B.C. through the ethical lens of critical social justice*. <http://hdl.handle.net/2429/81452>
- "Sylvia" Think Tank, Anderson, J. M., McDonald, H., Radyo, V., Reimer-Kirkham, S., Rodney, P., & Sawatzky-Girling, B. (2018). *Interrupting the cycle of poverty to improve health: Submission to the B.C. Minister of Social Development and Poverty Reduction*. <http://hdl.handle.net/2429/81453> AND <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/poverty-reduction-strategy/submissions/sylvia-think-tank.pdf>

Respectfully Submitted by

Joan Anderson, PhD, Professor Emerita, UBC School of Nursing, Faculty of Applied Science, Vancouver Campus

Heather McDonald, PhD, Retired Health Director, Seabird Island Band, B.C.

Patricia (Paddy) Rodney, PhD, Associate Professor Emerita, UBC School of Nursing, Faculty of Applied Science, Vancouver Campus

Ranjit Kaur Dhari, MSN, BN, RN, Assistant Professor of Teaching, UBC School of Nursing, Faculty of Applied Science, Vancouver Campus

Brenda Sawatzky-Girling, PhD, MHA, BAsC (Human Nutrition), Health Care Management & Policy Consultant, Vancouver, B.C.

Date: November 3, 2022