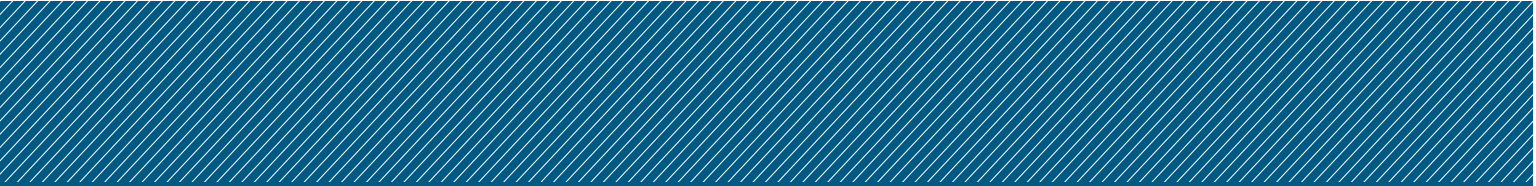


2018 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



ON THE COVER

Devyani Bhuyan Tiku
Mental Health Worker, Kettle Friendship Society

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DRAFT AGENDA - CONVENTION 2018

**NOTE: Delegates please refer to the agenda
in your delegate kit for final agenda details**

THURSDAY, April 26 PRE-CONVENTION PLENARY AND MEETINGS

9:00 am	Registration
12:00 noon	New Delegates Luncheon
1:00 – 4:00 pm	Plenary Session
4:00 – 5:00 pm	Regional Meetings
5:00 – 7:00 pm	Young Workers Caucus

FRIDAY, April 27 CONVENTION SESSIONS

8:00 am	Registration
8:30 am	Call to Order
	Credentials Report
	Diversity Awareness and Anti-Harassment Statement
	Adoption of Rules of Order
	Adoption of Agenda
	Territorial Acknowledgement
	Adoption of Minutes of 2017 Convention
	Review of Business Arising 2017
9:00 am	President's Report
9:30 am	Resolutions Committee
	Finance Committee Report
	Resolutions Committee
12:00 noon	Lunch
1:30 pm	Guest Speaker
2:00 pm	Women' Committee Report
	Resolutions Committee
3:00 pm	Guest Speaker

3:30 pm Education Report
Resolutions Committee
5:00 pm Adjournment
6:00 pm Reception
7:00 pm Convention Banquet & Entertainment

SATURDAY, April 28 CONVENTION SESSIONS

8:30 am Call to Order
Credentials Report
Committee on Equality & Social Action
Resolutions Committee
Political Action Report
Resolutions Committee
10:45 am Elections (Trials Committee)
11:30 - 1:30 pm Lunch - Day of Mourning - Jack Poole Plaza
1:30 pm Guest Speaker
Election Results
OH&S Report
Presentation of David Bland Award
Resolutions Committee
Good and Welfare
4:00 pm Convention Adjournment





Carol Bilson
Volunteer Program Coordinator, Victoria Women's Transition House Society

Teresa Forbes
Victim Services Worker, Island Women Against Violence

EXECUTIVE REPORTS

REPORT OF THE PRESIDENT

What a difference a year makes.

After 16 years in power, the BC Liberal government fell, and a new era of cooperation and collaboration was born in BC.

In the election campaign, affordability issues were front and centre for voters – and the government earned a mandate to tackle a range of issues – including affordable childcare, an improved minimum wage, fair labour legislation, and improved access to health care and other public services. Under the new government we've been witness to and participated in a flurry of processes to engage with communities, public interest groups, and other stakeholders, including unions, to discuss how the government can meet British Columbians' needs.

HSA had a role to play in bringing change to BC. Following last year's convention, HSA entered election mode. Our Political Action Fund supported member participation on candidate campaigns across the province. Resources were allocated to support candidates whose priorities aligned with those of the

broader labour movement, as outlined in the Political Action Committee's fund criteria. I want to thank every HSA member who got involved in the election – whether it was knocking on doors, putting up a sign, making a donation, or – the most important part – exercising your right to vote.

After the May 9 election resulted in a minority government, with the BC Green Party's three MLAs holding the balance of power, the BC NDP and BC Greens reached a "confidence and supply" agreement under which an NDP minority government was formed. On July 18, Premier John Horgan was sworn in as the province's 36th premier, and the new government got to work.

HEALTH CARE

Improvements to BC's health care system have been a priority for Premier John Horgan and his government. Starting with the September 11 budget update, the government announced MSP premiums would be cut by 50 per cent effective January 1, 2018. The February budget subsequently saw a commitment

HSA will be working with government and health authorities to ensure they recognize the need to have the right people in place to deliver the right care at the right time.

to eliminate MSP premiums completely by January 2020.

In the early months of 2018, the Minister of Health, Hon. Adrian Dix, began to unveil a number of commitments and strategies to address gaps in services that have continued to grow for the past decade and a half – starting with announcements about planning for a new hospital in Surrey and Terrace, and much-needed improvements to the Cariboo Memorial Hospital in Williams Lake.

And in March, the Premier and Minister of Health unveiled a surgical strategy to greatly improve access to surgeries – increasing the number of surgeries by almost 10,000 over last year, with 4,000 additional hip and knee, 900 dental, and 4,500 other surgeries. Hand in hand with that strategy was an announcement to improve the number of diagnostic MRIs in the province.

The government's plan to increase public surgical capacity is welcome news. Cutting wait times for surgery is an important step in strengthening the



Val Avery

public health care system we all rely on. HSA will be working with government and health authorities to ensure they recognize the need to have the right people in place to deliver the right care at the right time – including pharmacists, social workers, dietitians, anesthesia assistants, physical and occupational therapists, speech and language pathologists, medical imaging and lab technologists, health records administrators, and the list continues.

I welcome the new government's commitment to public health care solutions to the challenges in our system, and look forward to working collaboratively

with government on these improvements to our health care system.

MENTAL HEALTH AND SUBSTANCE USE – MAKING A CASE FOR COORDINATED CARE

Another important change that came with the new government was the appointment of Hon. Judy Darcy, Minister of Mental Health and Addictions – the first ministry of its kind in Canada. Her role is to address the very real and growing challenge of mental health and addictions. We have met with the ministry to offer support and input into developing approaches to addressing the issues.

Last fall, HSA aired television and on-line advertising that focused on the role that health science professionals – in acute care facilities as well as the community – play in supporting people who are struggling with their mental health.

It was part of the work we have been doing to raise awareness about the value of and necessity for the integration of health and social services care to support people suffering from poor mental health and substance use.

On April 13th, HSA brought together health science professionals, government and health authority decision-makers, academic researchers, professional associations and patient and community organizations in a solutions-focused conference on the critical role of health science professions in BC's publicly funded primary and community care system. The conference's focus was on how health science professions can help BC provide better care for high-needs populations, including frail seniors and individuals with mental health and addictions challenges, who are most likely to end up in hospital because their needs are not met in the community.

HSA has a strong steward network and steward teams at worksites throughout the province who support members – defending their collective agreement rights, supporting them in disputes with employers, and ensuring their interests are represented on joint occupational health and safety committees.

DEFENDING OUR MEMBERS' INTERESTS

For the past several years, we have been building our capacity in organizing and member engagement. Initially, HSA's focus was on defending against a concerted and continuing attempt by the BC Nurses to raid HSA members.

In defending against the hostile attempt to get HSA members to switch unions, we increased our focus on engaging with members and finding ways for them to be able to connect with their union. We have grown our organizing department, and are in the second year of a member engagement program that supports members to increase their participation in their union. HSA has a strong steward network and steward teams at worksites throughout the province who sup-

port members – defending their collective agreement rights, supporting them in disputes with employers, and ensuring their interests are represented on joint occupational health and safety committees.

The efforts of our organizers and member engagers are resulting in increased participation in the union. Members are participating in great numbers in our growing education programming, which ranges from steward training to develop the tools to represent members on labour relations issues, to social justice and International Women's Day workshops that offer members opportunities to explore a wide range of issues, and develop skills to increase their participation in their union and communities.

This year, we offered a Men as Allies workshop that provided men with tools for exploring male power and privilege. Many participants developed a deepened understanding of how to better support women in their struggles for more equitable workplaces, organizations, and communities.

We introduced our first ever Young Workers' Forum (YWF) in November, which brought together HSA members under age 35 for a three-day conference. For some participants, the forum was their first major introduction to HSA's work. It provided meaningful opportunities for networking and created space to explore ideas important to young workers.

The Workload Initiative continues to be the largest labour relations campaign our union has undertaken. We've filed more than 300 policy grievances across health authorities. Many workload grievances have now been referred to arbitration, and I want to extend a special thanks to all members who provided the union with detailed accounts of how workload has impacted workplace conditions and the delivery of patient care.

HSA held regional meetings throughout the fall whereby we travelled the province to listen to the

The Workload Initiative continues to be the largest labour relations campaign our union has undertaken. We've filed more than 300 policy grievances across health authorities.

workplace concerns of members. These meetings facilitated important conversations in the lead-up to HSA's sectoral bargaining proposal conferences, which took place in December for HSPBA members, and in March for members represented by the CSS, NBA, and CBA bargaining associations.

GROWING OUR UNION

We've had four major certifications since last year's convention. In July 2017, health science professionals at the Nanaimo Child Development Centre (CDC) voted by a strong majority to join HSA. HSA's 34 new members from the Nanaimo CDC work in physiotherapy, occupational therapy, speech language pathology, infant development, family development, preschool, supported child development and the

Vancouver Island Children's Assessment Network.

In September, 94 per cent of health and social service workers at Foundry North Shore voted to join HSA. Foundry provides young people aged 12-24 access to mental health care, substance use services, peer support, and primary care, delivering team-based care through an integrated services model.

We also welcomed members working at corrections centres across the province who previously worked for Chiron, and were brought into the Provincial Health Services Authority in the fall.

In January of this year, workers at the BC Cancer Agency's PET Cyclotron Radiochemistry Facility voted to join HSA. These 13 new members work as cyclotron operators, lab safety coordinators, radiopharmacy chemistry technicians, quality assurance specialists and validation specialists.

I extend a very warm welcome to all of HSA's new members. We will continue to focus on opportunities for new members to join HSA, so that more workers can benefit from improved workplace protections delivered through collective bargaining and collaborative action.

MAKING GAINS NATIONALLY

Last May, representatives from HSA's Board of Directors attended the Canadian Labour Congress' (CLC) 28th Constitutional Convention. At the convention, delegates from unions across the country elected the CLC's governing officers for a three-year term and developed a three-year action plan for the Congress.

May's convention saw the re-election of CLC President Hassan Yussuff to a second three-year term. Also elected to the CLC's executive were Marie Clarke Walker, secretary-treasurer, and Donald Lafleur and Larry Rousseau, executive vice presidents.

In the past year, the CLC has driven a national campaign for the creation of universal Pharmacare. Canada remains the only developed nation with a public healthcare system that does not include prescription drug coverage. The CLC estimates that such a program would cost the federal government \$4 billion in new funding and would save Canadians an estimated \$7.3 billion per year.

The CLC has organized town halls across the country and launched a petition that has collected more than 30,000 signatures in support of Pharmacare. In February this year, 324 representatives of labour and community organizations from across Canada participated in a one-day lobbying effort calling on the federal government to create a universal Pharmacare program. HSA supports the CLC's initiative for a universal Pharmacare program, recognizing prescription drug access as a fundamental element to preventative health care, and an important component to building a stronger, more efficient public health system.

The CLC has been a long-standing advocate for federal pay equity legislation. Thanks to the efforts of the CLC and its allies across the country, the federal government announced in its 2018 budget that it would be delivering proactive pay equity legislation – replacing Canada's complaints-based system – in the *Budget Implementation Act*. The CLC is calling for the establishment of a Pay Equity Commission and a Hearings Tribunal as part of the process for achieving pay equity across Canada.

In collaboration with women's organizations, unions have long played a significant role in fighting for pay equity. We celebrate this year's important pay equity victory.

HSA is a component of the National Union of Public and General Employees (NUPGE). Our national union is composed of 11 components and three affiliate unions, and unites 390,000 union members across the country.

I extend a very warm welcome to all of HSA's new members. We will continue to focus on opportunities for new members to join HSA, so that more workers can benefit from improved workplace protections delivered through collective bargaining and collaborative action.

This year, NUPGE launched a television and social media ad campaign on the importance of unions, which was aired throughout the 2018 Winter Olympics on CBC. The commercial highlights the important role unions have played throughout history in achieving gains for all workers – from maternity leave to the minimum wage.

It describes how today, unions are fighting for equal opportunities for everyone, regardless of race, class, sexual orientation, ability, or gender. If you have yet to watch the video, it can be viewed and shared through HSA's Facebook page. HSA partnered with another NUPGE component, the BC Government and Service Employees' Union (BCGEU), to extend the commercial's airtime in British Columbia through the spring.

An important target of that advertising campaign is

the fast-growing sector of the Canadian workforce: young workers. In 2017, NUPGE commissioned a series of research studies focused on engaging and communicating with union members aged 18-35. Through surveys and one-on-one interviews, nearly 100 millennials from across the country, union and non-union, informed the research. With an increasing portion of HSA's membership being under age 35, this research is particularly relevant to our union.

WORKING TOGETHER ACROSS THE PROVINCE

We know that when we work together, we're stronger. The BC Federation of Labour unites unions across the province under one banner. It coordinates solidarity actions and organizes province-wide advocacy initiatives.

In the lead-up to International Women's Day, a 30-person union delegation met in Victoria on March 5, 2018 to lobby Members of the Legislative Assembly on women's issues. I was joined by HSA board member Anne Davis in this delegation, where we called for action to improve women's safety, and to increase protections against intimate partner violence, sexual violence, and harassment.

We called for improved sexual assault services for women and legislative reforms that grant job security and paid leave to workers facing violence. We asked the government to end exemptions to the minimum wage, which allows employers to pay restaurant workers and farm workers less. We spoke out against harassment and violence in the workplace and called for better protections.

Over the past year, the BC Fed has engaged in important advocacy work surrounding the *Employment Standards Act*. The BC Fed's Fight for \$15 campaign united unionized and non-unionized workers across the province in a call to increase the minimum wage to \$15 per hour for all workers by January 2019. The campaign saw some success in February when,

following public consultations, the government announced it would be increasing the minimum wage to \$15.20 by June 2021. It is thanks to the determination of labour and community advocates across the province that low-wage workers will be better equipped to climb out of poverty. While the three-year timeline has these workers waiting too long for improvements, the increases are a welcome announcement.

Beginning in 2001, workers suffered repeated assaults on workplace standards and collective bargaining rights from the governing BC Liberals. Reforms to the *Labour Relations Code* removed measures protecting workers from employer coercion and intimidation, and created barriers to joining unions. The aim was to sabotage workers' ability to bargain collectively, increasing potential for exploitation and precarity in the workplace. The *Employment Standards Act* (ESA) was amended to allow employers, in certain cases, to negotiate standards lower than minimum ESA requirements. Workers in BC no longer had the same rights as fellow workers in other provinces.

In February 2018, the BC government struck a review panel for the *Labour Relations Code*, which outlines regulations for the province's unionized workplaces. Between March 21 and April 16, the BC government held nine public regional consultations across BC. BC Federation of Labour President Irene Lanzinger met with the review panel in Victoria and presented 12 recommendations on behalf of BC's labour movement.

HSA has an important role to play in shaping public policy. As part of this work, we made a submission to the Labour Relations Code Review Panel in March, entitled "Bringing Back Balance to Labour Relations in British Columbia." Our submission outlined 14 recommendations pertaining to the acquisition of bargaining rights, unfair labour practices, successorship, certifications, and the act's general provisions.

PREPARING FOR BARGAINING

HSA chapters elected health science professional delegates to attend HSA's bargaining conference in December. Chapters also submitted bargaining proposals, which were debated by delegates at the conference. Workload and wages were the two major themes that emerged from the bargaining proposal conference for HSPBA members. The conference, which took place over three days at the Hyatt Regency in Vancouver, saw the election of the HSPBA bargaining team. The committee has been expanded significantly from previous years, with broader representation from members across the province.

Members elected to represent HSA on the Health Science Professionals Bargaining Association bargaining committee are:

- Janice Morrison, Board of Directors, Co-Chair
- Mandi Ayers, Board of Directors, Co-Chair
- Candis Johnson, Affiliate (Child Development Centre of Prince George)
- Jing-Yi Ng, Fraser Health Authority (Burnaby Hospital)
- Kim Pflieger, Interior Health Authority (Penticton Regional Hospital)
- Brent Erskine, Northern Health Authority (Brunswick Building)
- Kathleen Lee, Providence Health Care (St. Paul's Hospital)
- Kieran Shoker, Provincial Health Services Authority (BC Cancer Agency Centre for the North)
- Manj Bath, Vancouver Coastal Health Authority (Foundry – North Shore)
- Chad Lazaruk, Vancouver Island Health Authority (Victoria General Hospital)

Members in nursing, community social services, and community health services and support met on

March 22 to establish bargaining priorities and elect bargaining committee representatives and bargaining support committee members.

The following members were elected to serve on their respective bargaining committees:

- Katherine Oliver, CBA, Thompson Nicola Family Resource Society
- Michelle Fox (alternate), CBA, Thompson Nicola Family Resource Society
- Carol Bilson, CSS, Victoria Women's Transition House Society
- Kerry Hammell (alternate), CSS, John Howard Society
- Nicole McIntosh, NBA, St. Paul's Hospital
- Larry Bryan (alternate), NBA, Haro Park Centre

LOOKING AHEAD

The coming year promises to be an important one for HSA members.

The new government is committed to hearing from British Columbians on setting new directions and priorities, and in the few short months since the change in government HSA has contributed to the dialogue and consultation at a high level. After almost two decades of being left out of the conversation, British Columbians are being asked to participate in setting priorities and to add their voices to government decision-making.

HSA made submissions to the government's consultations on the budget, the Fair Wages Commission, MSP Task Force, Electoral Reform, and the BC Labour Relations Code Review. We have made presentations to several different ministers and ministry staff on primary care reform, the role of health science and community social services professionals in mental health and substance use care, and the value of child development centres. We continue to work on preventing violence in the

workplace, and addressing serious gaps in health care human resource planning.

Internally, we must ensure our members' collective agreement rights are respected and upheld, and we will continue to provide education and support to stewards and other activists who are taking the lead in their workplaces and communities to advocate for members. In 2018, the work on the union's steward portal – an internet-based system that will allow stewards to better track and support their work as members' advocates – will move into the testing phase, with the goal of full implementation for all stewards in 2019.

2018 will also be an important year in the cycle of collective bargaining, as all the contracts governing HSA members working in the public sector are set to expire in March 2019. After almost two decades of a hostile bargaining climate – dating back to the 2001 tearing up of collective agreements, wage rollbacks and one-sided government-imposed agreements – we are in waters that have been uncharted for almost a generation. We are also heading into bargaining with a government that is committed to balancing fiscal demands while at the same time working towards restoring the public services that have eroded over 16 years.

Your Board of Directors, union staff, and local steward teams are all committed to making positive change in your worksites and communities, and I look forward to working with them – and you – on improving your communities, your workplaces, and the services you provide day in and day out to British Columbians.

Respectfully submitted,

Val Avery,
President

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

Just as in previous years, 2017-2018 has been marked by intense activity on behalf of members. Our departments have continued to work with our stewards to administer the collective agreements in a manner that is efficient and satisfying for members. We've seen some important victories across cases, with favourable outcomes in the vast majority of our files. The majority of our collective agreements will expire in 2019, and HSA is working collaboratively across the province to identify member priorities and prepare for bargaining. With the election of a new government in May 2017, we are giving careful consideration to how the political landscape will impact bargaining.

LABOUR RELATIONS SERVICING

The Labour Relations Servicing department managed just under 1500 files during 2017, resolving 615 of them within the year. Of the 615 files resolved during 2017, over 90 per cent resulted in a win for our members. The total monetary value recovered was \$328,144.24.

Servicing continues to increase the number of grievances resolved at stage three, including negotiating settlements that support the members in achieving

reasoned outcomes as well as strengthening and defending the collective agreement language. The servicing Labour Relations Officers (LROs) have also been working with the health authorities to expedite settlements through case management meetings.

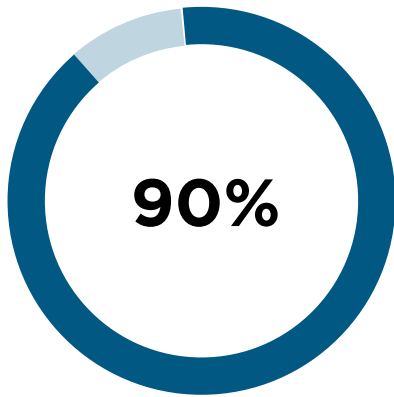
Although grievances during 2017 included a full range of collective agreement issues, we found many involved workload, special leave, education leave, and scheduling issues.

THE WORKLOAD PROJECT

Workload and unpaid overtime has proven to be a chronic problem for HSA members. In order to continue to provide the level of service they pride themselves on, our members work long hours as unpaid overtime, skip breaks, and give up valuable and much needed vacation time.

For example, a membership survey found that 90.67% of surveyed members work through their breaks, 79.35% of surveyed membered work beyond their scheduled hours in a day, and 71% of those are NOT being paid overtime.

Further, almost 70% of surveyed members say there



Of the 615 files resolved during 2017, more than 90 per cent resulted in success for our members.



Jeanne Meyers

is not backfill for vacation and other leaves, and 81% tell us that their departments are understaffed and that there are not sufficient part-time and casual staff to ensure coverage.

The union's response has been to file a series of policy grievances which have now been advanced to arbitration.

VANCOUVER COASTAL HEALTH AUTHORITY'S ATTENDANCE WELLNESS PROGRAM SUSPENDED

The Attendance Wellness Program (AWP) initiated by Vancouver Coastal Health Authority (VCHA) and mimicked by other health authorities has been the

source of many legal challenges since its inception. The union has long felt that the misnamed Attendance Wellness Program has had an adverse impact on our members' capacity to maintain health and wellness in the workplace. In the face of these many concerns, VCHA finally suspended the AWP, effective Jan. 1, 2018.

HSA was invited to participate in stakeholder meetings, and the membership service coordinators of HSA's legal, servicing and disability management departments have met with VCHA to outline our ongoing concerns about a program that does not support our members and provides no wellness benefits to them. We continue to advance grievances

to arbitration to obtain remedies for our members who have been adversely affected by this flawed policy.

LEGAL

The legal department is currently managing 277 case files. In 2017, 198 new arbitration or member advocacy files and nine Labour Relations Board files were assigned to the legal department, surpassing our numbers from 2016. Of those, 74 were related to the leave provisions of the collective agreement. Approximately 60 special leave grievances were filed with Providence Health Care alone. Frequent denial of education leave continued to give rise to grievances.

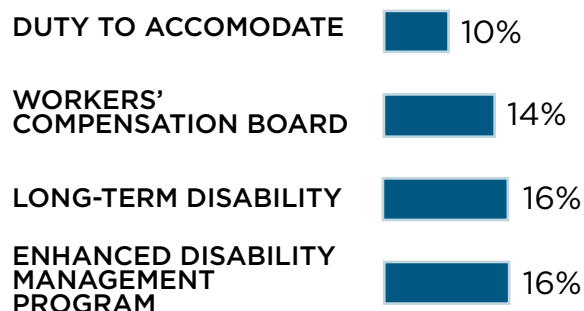
The legal department dealt with 14 discipline-related files and nine professional college complaints. Our legal staff also work closely with the classifications LROs and have assisted on several classification arbitration files, in an effort to resolve the backlog of individual classification disputes. We continue to see grievances filed with respect to the allocation of additional shifts and overtime.

In 2017, 166 files were concluded. The majority of these were resolved through settlement or mediation prior to arbitration. The successfully resolved files have resulted in over \$270,000 in wages, damages, reimbursements to leave banks, or education monies being recovered for our members. Five grievances were withdrawn at the request of the members. We continue to have excellent success in resolving education and special leave grievances prior to arbitration. However, two special leave grievances were successfully argued by HSA legal counsel before arbitrators, resulting in two very favourable decisions pertaining to this important provision of the Health Science Professionals Bargaining Association (HSPBA) collective agreement.

166 legal files were concluded in 2017. The majority of the files were resolved through settlement or mediation prior to arbitration. The successfully resolved files have resulted in over \$270,000 in wages, damages, reimbursements to leave banks, or education monies being recovered for our members.

SPECIAL LEAVE VICTORIES

In a case before Arbitrator Corinn Bell, the issue concerned whether the grievor was entitled to five hours of special leave when she attended a lawyer's office to discuss the imminent relocation of her uncle from an acute care hospital to an extended residential care facility. Generally speaking, an uncle or aunt would not likely be considered "immediate family" within the context of the HSPBA collective agreement. However, in these specific circumstances, the arbitrator held that the relationship was more akin to father and daughter. Arbitrator Bell also found in favour of the grievor on the issue of whether she was providing care to her uncle when she met with



In 2017, Disability Management files increased between 10-16 per cent.

lawyers to discuss his relocation to a long-term care facility. She concluded that the grievor was providing necessary holistic medical care to her uncle, such that she was providing care to him within the meaning of article 20.02(c).

In another grievance heard by Arbitrator John Hall, the issue was whether the grievor was entitled to 3.5 hours of special leave to attend an appointment for a diagnostic procedure with her husband, and then a further 7.5 hours when her husband underwent surgery a few months later. The employer argued that no specific care was being provided by the grievor on each occasion and, when he was in the care of the hospital and surgical staff, no actual care was pro-

vided by the grievor.

Arbitrator Hall found without hesitation that the grievor provided care to her husband within any reasonable interpretation of the word on both occasions. Furthermore, he agreed with the union that it would be “nonsensical” to “parse out” the minutes in the operating room on both occasions. The union argued that the words “to provide care” are not qualified by terms such as “physical,” “medical,” or “therapeutic,” and is more general in nature. The arbitrator also agreed that travel time spent by the grievor taking her husband to and from the hospital falls within the provision of care such that it is considered special leave.

DISABILITY MANAGEMENT

Disability Management is experiencing constant upward pressure as our members struggle with short-staffed and underfunded workplaces.

Duty to accommodate (DTA) files are up by 10 per cent. Workers Compensation Board (WCB) files are up by approximately 14 per cent. Long-term disability (LTD) files are up by approximately 16 per cent. Enhanced Disability Management Program (EDMP) files are up by approximately 16 per cent.

In both the LTD and WCB areas, a successful appeal may mean both retroactive compensation and entitlement to ongoing benefits. In the long-term disability (LTD) area, we successfully sustained claims with a value of \$1.3 million for our members. In the Workers' Compensation Board (WCB) area, we recovered values of approximately \$2.7 million for HSA members.

We are still establishing an evaluation system for the Enhanced Disability Management Program (EDMP) and duty to accommodate (DTA) areas. In EDMP, our representatives handled close to 1000 files in 2017, with increases entirely consistent with the

general upward trend in the disability management area. Our DTA officers not only helped secure accommodations and assisted in complex return-to-work files, but in some cases secured monetary adjustments restoring members to fullpay.

CLASSIFICATIONS

In 2017 the classifications department received and reviewed 384 job descriptions, marking a 32 per cent increase from 2016.

There were 145 classification grievance files opened and 176 files resolved. Many of these cases involve multiple grievors and/or incumbents. The grievances frequently concern appropriate pay for working without general supervision, providing student supervision, and performing additional procedures. Cases also frequently involved entitlement to qualification differential.

Classifications files resolved in 2017 saw HSA members receiving lump sum and/or retroactive salary adjustment payments totaling over \$171,500. The pay rate increases achieved result in an ongoing value of more than \$128,000 per year.

HSA representatives sit on the provincial classifications working committees for both the health community subsector and the community social services sector. These joint union-employer committees have allocated the negotiated comparability wage funding and updated several benchmark classifications of the respective collective agreements.

In the spring of 2017 HSA gave notice to HEABC calling for the convening of the HEABC/HSPBA Classification Redesign Committee. In accordance with appendix 21 and 22 of the collective agreement, the mandate of the joint committee is to develop a new profile-based classification system that will provide equitable and objective job classification criteria and operating instructions for all jobs within the

scope of the HSPBA bargaining unit. The work of the committee is ongoing at this time.

BARGAINING

After 16 years of wage suppression by the BC Liberal government, we are preparing to bargain new agreements in all our health subsectors and in social services. Although the collective agreements are not expiring until March 2019, we have held bargaining proposal conferences for all our members, and elected our bargaining representatives in all sectors. We will be holding meetings and liaising with the other constituent unions during 2018 as we prepare.

We all recognize the need to improve wages to restore a more competitive position vis-a-vis other provinces. Yet we should be under no illusion that the new BC NDP government will be able to



Campbell Government Violated Charter Rights: Supreme Court

Tearing up health union contracts ruled unconstitutional.

In a case with big implications for B.C.'s health care system and collective bargaining across the nation, the Supreme Court of Canada has ruled unconstitutional key parts of Bill 29, a law passed by the BC Liberals in 2002.



HEU rally against Bill 29, May, 2004.

correct deficiencies resulting from 16 years of wage suppression without taking a measured approach to improvements.

A LONG HISTORY OF ATTACKS

In 2001 and 2002, HSA members were hit twice by the BC Liberal government, and they were hard hits. In 2001, the BC Liberals imposed a contract on health science professionals that introduced two-tiered wage increases, creating inequities in the wage schedule. There was nothing voluntary about its creation, and HSA members went on an illegal strike over it.

That was what we called the CRAPP contract, imposed on us by a hostile government, which was both retaliative and divisive.


It was not only health science professionals who were under attack during the early years of the BC Liberal government. The legislation that imposed the contract in 2001 was followed in January 2002 by Bill 29, which gutted the health care and community social service contracts.

Bill 29 nullified certain letters of agreement meant to bring community workers' wages into parity with their health science professional counterparts. This movement towards wage parity came to a grinding halt.

The severance protections for all sectors provided by the Employment Security Labour Agreement and the Health Labour Adjustment Agency (HLAA) were ripped out of our contracts. The attack on the health and social service sector was followed by devastating cuts to teachers' contracts that same year. In 2004 the government used legislation to roll back the wages of Hospital Employees' Union (HEU) workers by 15 per cent.

The unions fought back and won some significant victories, particularly in June 2007 when the Supreme Court of Canada found key provisions of Bill 29 to offend the Charter and ordered remedies, which we negotiated.

Since 2001, the HSPBA bargaining teams have sought recovery. But for all these years, we were negotiating with a government with an anti-worker agenda and a cavalier approach to patient safety and



workload. It was a government that underfunded health, education, and social services, while doling out favours to supporters to advance its agenda. It failed to engage in meaningful collective bargaining, choosing instead to rely slavishly on a rigid anti-worker agenda.

We are optimistic that we have an opportunity in the coming year to return to a bargaining climate based on a level playing field with a government committed to delivery of the best public health care and community social services possible. We are hopeful we will be across the table from negotiators who recognize that working people are the back bone of the successful delivery of public services.

Respectfully submitted,

Jeanne Meyers,
Labour Relations and Legal Services



Erin Postlethwaite
Nuclear Medicine Technologist, Vancouver Cancer Centre

FINANCIAL REPORTS

REPORT OF THE FINANCE COMMITTEE



(L-R) John Christopherson (Region 5 Director), Mandi Ayers (Region 10 Director), Cheryl Greenhalgh (Chair, Secretary-Treasurer, Region 3 Director), and Cathy Davidson (staff).

The Finance Committee is tasked with providing oversight and governance of the union's finances. We work hard to ensure that policies and procedures are developed and followed to keep us responsible and prudent in utilizing our resources. But equally importantly, we must make sure that our tasks keep us moving toward the organization's goals as outlined in the 2015-2020 Strategic Plan. 2017 may not be referred to in future years for its historic bargaining or policy changes, but it should stand out as a year of tremendous member engagement. The year-end statements demonstrate that financial resources were focused on servicing members' needs – mobilizing members in their worksites and providing educational opportunities, while still maintaining a healthy balance sheet. Receipts were significantly above projected values,

owing to both an unanticipated growth in dues and the receipt of \$825,000 that was outstanding from the Nurses Bargaining Association. Key member servicing and education lines were permitted to go over budget, with an eye on increased dues revenue. Expenses will appear significantly above projections largely due to the costing of accrued liability resulting upon the conclusion of bargaining with HSA's staff union.

GENERAL FUND

The General Fund is used to pay for the day-to-day operations of HSA. This fund is allocated 95 per cent of dues and is maintained with a combination of investments and a cash safeguard to cover approximately three months of regular and ongoing

costs and expenditures. The General Fund recorded a surplus of \$466,261, and the fund balance at the end of the year was just over \$4 million.

BARGAINING FUND

The Bargaining Fund is used for negotiating collective agreements, organizing new members, retaining existing members, and other bargaining-related activities. This fund is allocated 2.5 per cent of dues and it additionally received \$45,732 of investment income. Excess of receipts over expenses in this fund were \$86,786 and an additional \$250,000 was transferred from the General Fund to the Bargaining Fund. At the end of 2017, the fund had a balance of just under \$1.75 million. We are well on track toward achieving our goal of having more than \$2 million in this fund by the expiry date of the public sector collective agreements.

DEFENSE FUND

The defense fund provides resources to be used in the event of job action and holds title to the union's land and building. This fund is also allocated 2.5 per cent of dues and received \$21,237 investment income, plus a transfer from the General Fund of \$85,000. It is this asset that we use for collateral in the event we have to draw on our line of credit, currently unused. Any expenses related to the union property and building are expensed from this fund. In 2017, the net book value (not to be confused with retail value) of the land and building are \$18,517,981 and the mortgage owing is just under \$9 million.

INVESTMENT PORTFOLIO AND CASH POSITION

On the heels of a strong 2016, the markets did manage some modest gains in 2017. Our investment portfolio finished 2017 with a fair market value of just over \$2.3 million. Our annual portfolio gain was 6.5 per cent, which surpasses the industry benchmark of 5.7 per cent. In 2017, our investments

earned \$81,057.

Our overall cash position at the end of 2017 was just over \$1.3 million with \$350,550 held in term deposits.

BUDGET 2018

A budget is a snapshot of the financial position and direction of an organization at a given time. The 2018 budget is bold and reflects our members' desire for increased services and heightened engagement.

This budget projects a negligible surplus on an \$18.9 million budget. This is a departure from traditional HSA budgets that plan for a higher surplus. The committee takes confidence from our healthy financial position and believes that the gains being realized in building a more engaged membership are worth the financial investment. The surplus realized in the 2017 budget year will allow for contingencies in 2018.

I would like to acknowledge and thank Finance Committee members John Christopherson and Mandi Ayers for their commitment to HSA and for their hard work this past year. You each bring much value to this committee. I would also like to thank Cathy Davidson and the accounting department staff for their continued dedication and support to the Finance Committee, and to the members of this union.

Respectfully submitted,

Cheryl Greenhalgh,
Secretary-Treasurer

Health Sciences Association of British Columbia
Summarized Financial Statements
For the year ended December 31, 2017

Health Sciences Association of British Columbia
Contents

For the year ended December 31, 2017

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Report of the Independent Auditor on the Summarized Financial Statements

To the Members of Health Sciences Association of British Columbia:

The accompanying summarized financial statements, which comprise the summarized statement of financial position as at December 31, 2017 and the summarized statements of operations, changes in fund balances and cash flows for the year then ended, and the related notes, are derived from the audited financial statements of Health Sciences Association of British Columbia for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated March 2, 2018.

The summarized financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of Health Sciences Association of British Columbia. Reading the summarized financial statements, therefore, is not a substitute for reading the audited financial statements of the Health Sciences Association of British Columbia.

Management's Responsibility for the Summarized Financial Statements

Management is responsible for the fair summarization of the complete audited financial statements of the Health Sciences Association of British Columbia.

Auditors' Responsibility

Our responsibility is to express an opinion on the summarized financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810. "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summarized financial statements derived from the audited financial statements of the Health Sciences Association of British Columbia for the year ended December 31, 2017 are a fair summary of those financial statements.

Port Moody, British Columbia

March 2, 2018

The logo for MNP LLP, featuring the letters 'MNP' in a large, bold, sans-serif font, with 'LLP' in a smaller, similar font to the right.

Chartered Professional Accountants

Health Sciences Association of British Columbia

Summarized Statement of Financial Position

As at December 31, 2017

	#	General Fund	Bargaining Fund	Defense Fund	2017 Total	2016 Total
Assets						
Current						
Cash and term deposits	1	\$ 1,291,686	\$ 9,825	\$ 2,450	\$ 1,303,961	\$ 1,313,528
Marketable securities (Note 3)	2	405,268	1,432,171	521,726	2,359,165	2,183,526
Dues receivable	3	1,602,767	42,178	42,178	1,687,124	1,686,497
Accounts receivable (Note 4)	4	927,362	-	1,942	929,304	633,822
Prepaid expenses and deposits	5	206,079	-	153,974	360,053	390,097
	6	4,433,161	1,484,174	722,271	6,639,606	6,207,470
Investment - Working Enterprises Ltd. (Note 5)	7	1	-	-	1	1
Capital assets (Note 6)	8	679,443	-	18,517,891	19,197,334	19,718,239
Total assets	9	\$ 5,112,605	\$ 1,484,174	\$ 19,240,161	\$ 25,836,941	\$ 25,925,710
Liabilities and fund balances						
Current						
Bank indebtedness (Note 7)	10	\$ -	\$ -	\$ -	\$ -	\$ 521,487
Accounts payable and accruals (Note 8)	11	1,142,380	-	3,680	1,146,060	1,155,783
Salaries payable (Note 9)	12	1,082,512	-	-	1,082,512	852,603
Current portion of long-term debt (Note 11)	13	-	-	353,629	353,629	287,000
	14	2,224,892	-	357,309	2,582,201	2,816,873
Interfund balances	15	(2,947,196)	(258,073)	3,205,269	-	-
Employee future benefits (Note 10)	16	1,777,223	-	-	1,777,223	1,367,919
Deferred contributions	17	1,495	-	-	1,495	4,447
Long-term debt (Note 11)	18	-	-	8,631,976	8,631,976	9,035,649
	19	(1,168,478)	(258,073)	11,837,245	10,410,694	10,408,015
Fund balances (Note 12)						
Invested in capital assets	20	679,443	-	6,327,016	7,006,459	7,553,585
Internally restricted	21	50,000	1,742,247	718,591	2,510,838	2,252,696
Unrestricted	22	3,326,748	-	-	3,326,748	2,894,541
	23	4,056,191	1,742,247	7,045,607	12,844,045	12,700,822
Total liabilities and fund balances	24	\$ 5,112,605	\$ 1,484,174	\$ 19,240,161	\$ 25,836,941	\$ 25,925,710

See Accompanying Report of the Independent Auditor on the Summarized Financial Statements

Approved on behalf of the Board:

Val Avery

Val Avery, President

Cheryl Greenhalgh

Cheryl Greenhalgh, Secretary Treasurer

Health Sciences Association of British Columbia

Summarized Statement of Operations and Changes in Fund Balances

For the Year Ended December 31, 2017

	#	General Fund	Bargaining Fund	Defense Fund	2017 Actual	2017 Budget	2018 Budget	2016 Actual
Receipts								
Dues	1	\$ 17,174,423	\$ 451,956	\$ 451,956	\$ 18,078,336	\$ 17,639,000	\$ 18,850,595	\$ 16,336,740
Initiation fees	2	27,505	-	-	27,505	20,000	22,000	26,652
Investments	3	14,088	45,732	21,237	81,057	104,160	62,100	315,531
Recognition of deferred contributions	4	2,952	-	-	2,952	-	-	39,351
Other Income (Note 4)	5	602,475	-	-	602,475	-	-	142,133
	6	17,821,443	497,689	473,193	18,792,325	17,763,160	18,934,695	16,860,407
Expenditures								
General Fund								
Executive	7	1,251,221	-	-	1,251,221	1,240,768	1,320,196	1,228,280
Union governance	8	1,160,981	-	-	1,160,981	1,196,503	1,126,408	1,018,968
Affiliations	9	771,543	-	-	771,543	776,408	865,600	860,901
Legal services and labour relations	10	7,044,748	-	-	7,044,748	6,516,207	6,900,252	6,308,145
Strategic communications and member development	11	3,648,029	-	-	3,648,029	3,201,889	4,008,053	2,385,968
Operations	13	2,538,642	-	-	2,538,642	2,518,949	2,802,054	2,113,532
Human resources	14	154,329	-	-	154,329	167,247	68,250	145,965
Finance	15	422,226	-	-	422,226	419,383	476,823	371,385
Bargaining	16	-	440,492	-	440,492	440,975	471,265	1,411,564
Defense	17	-	-	568,934	568,934	540,975	528,815	598,940
	18	16,991,717	440,492	568,934	18,001,143	17,019,304	18,567,715	16,443,648
Excess (deficiency) of receipts over expenditures before other items	19	829,726	57,197	(95,741)	791,182	743,856	366,980	416,759
Other items								
Amortization	20	(371,838)	-	(324,862)	(696,700)	(343,613)	(366,373)	(670,882)
Unrealized gain on marketable securities	21	8,373	29,589	10,779	48,741	-	-	40,303
Excess (deficiency) of receipts over expenditures for the period	22	466,261	86,786	(409,824)	143,223	400,243	607	(213,821)
Fund balances, beginning of year	23	3,924,931	1,405,461	7,370,431	12,700,822	-	-	12,914,643
Interfund transfers (Note 12)	24	(335,000)	250,000	85,000	-	-	-	-
Fund balances, end of year (Note 12)	25	\$ 4,056,191	\$ 1,742,247	\$ 7,045,607	\$ 12,844,045	\$ -	\$ -	\$ 12,700,822

See Accompanying Report of the Independent Auditor on the Summarized Financial Statements

Health Sciences Association of British Columbia Statement of Cash Flows

For the Year Ended December 31, 2017

	2017	2016
Operating activities		
Excess (deficiency) of receipts over expenditures for the year	\$ 143,223	\$ (213,821)
Items not involving cash:		
Gain on sale of capital assets	(1,768)	(400)
Gain on sale of marketable securities	(35,305)	(238,728)
Building amortization	324,862	324,785
Computer amortization	196,751	183,811
Furniture and equipment amortization	175,087	162,286
Unrealized gain (loss) on marketable securities	(48,741)	(40,303)
Operating cash flow	754,109	177,631
Changes in non-cash working capital		
Dues receivable	(627)	(265,786)
Accounts receivable	(295,482)	(286,786)
Prepaid expenses and deposits	30,045	(84,846)
Accounts payable and accrued liabilities	11,661	121,237
Salaries and severance payable	229,909	240,244
Cash provided by (used in) operating activities	729,614	(98,305)
Investing activities		
Net sales (purchases) of marketable securities	(91,592)	965,203
Purchase of capital assets, net of proceeds on disposal	(174,027)	(97,019)
Cash provided by (used in) investing activities	(265,619)	868,183
Financing activities		
Increase (decrease) in bank indebtedness	(521,487)	291,847
Increase in severance payable	409,305	35,200
Decrease in long-term debt	(357,611)	(278,298)
Decrease in deferred contributions	(3,769)	(40,168)
Cash provided by (used in) financing activities	(473,562)	8,581
Inflow (outflow) of cash for the year	(9,567)	778,459
Cash and term deposits, beginning of year	1,313,528	535,069
Cash and term deposits, end of year	\$ 1,303,961	\$ 1,313,528
Represented by		
Cash	953,411	962,980
Term deposits	350,550	350,548
	\$ 1,303,961	\$ 1,313,528

See Accompanying Report of the Independent Auditor on the Summarized Financial Statements

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2017

1. Organization

Health Sciences Association of British Columbia (the "Association") is a trade union providing services on behalf of members in the health care profession and other related occupations in British Columbia. As a trade union, the Association is exempt from income taxes under Section 149 (1)(k) of the Income Tax Act.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations set out in Part III of the CPA Canada Handbook - Accounting, as issued by the Accounting Standards Board in Canada, which are part of Canadian generally accepted accounting principles, and include the following significant policies:

Fund accounting

The Association follows the restricted fund method of accounting for contributions, and maintains three funds: the General, Bargaining and Defense Funds.

The General Fund reports the Association's unrestricted resources to be used for on-going operations and reports amounts invested in operating capital assets.

The Bargaining Fund reports internally restricted resources to be used for organizing new members and negotiation of collective agreements.

The Defense Fund reports internally restricted resources to be used in the event of job action and amounts invested in real estate assets.

Cash and term deposits

Cash and term deposits include cash held at financial institutions and a term deposit of \$350,550 (2016 - \$350,548) bearing interest at 1.4% (2016 - 1.3%) maturing November 20, 2018.

Capital assets

Capital assets are recorded at cost. Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives.

	Rate
Building	50 years
Computer equipment	4 years
Furniture and equipment	5 years
Telephony equipment	5 years

Revenue recognition

The Association's major source of revenue is member dues. These dues are recognized on a monthly basis when earned by the Association, in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Association uses the restricted fund method of accounting for revenue. Restricted contributions for the purpose of organizing new members and negotiation of collective agreements are recognized as revenue of the Bargaining Fund. Restricted contributions for the purpose of use in the event of job action and investment in real estate assets are recognized as revenue of the Defense Fund. Unrestricted contributions recognized as revenue of the General Fund.

Investment income includes dividend and interest income and realized gains and losses on marketable securities. Restricted investment income earned on the Defense Fund and Bargaining Fund resources is recognized as revenue in the related fund. Unrestricted investment income is recognized as revenue in the General Fund when earned.

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2017

2. Significant accounting policies (Continued from previous page)

Financial instruments

The Association recognizes its financial instruments when the Association becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management. Financial assets and liabilities originated and issued in all other related party transactions are initially measured at their carrying or exchange amount in accordance with Section 3840 Related Party Transactions.

At initial recognition, the Association may irrevocably elect to subsequently measure any financial instrument at its fair value. The Association has not made such an election during the year.

The Association subsequently measures investments in equity instruments quoted in an active market at fair value. Fair value is determined by quoted market prices. Investments in equity instruments not quoted in an active market are subsequently measured at cost less impairment. All other financial assets and liabilities are subsequently measured at amortized cost or cost.

Transaction costs and financing fees directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in the excess (deficiency) of receipts over expenditures for the current period. Conversely, transaction costs and financing fees are added to the carrying amount for those financial instruments subsequently measured at amortized cost or cost.

Financial asset impairment:

The Association assesses impairment of all of its financial assets measured at cost or amortized cost. The Association groups assets for impairment testing when available information is not sufficient to permit identification of each individually impaired financial asset in the group; there are numerous assets affected by the same factors; no asset is individually significant, etc. Management considers whether the issuer is having significant financial difficulty; whether there has been a breach in contract, such as a default or delinquency in interest or principal payments; etc. in determining whether objective evidence of impairment exists. When there is an indication of impairment, the Association determines whether it has resulted in a significant adverse change in the expected timing or amount of future cash flows during the year. If so, the Association reduces the carrying amount of any impaired financial assets to the highest of: the present value of cash flows expected to be generated by holding the assets; the amount that could be realized by selling the assets; and the amount expected to be realized by exercising any rights to collateral held against those assets. Any impairment, which is not considered temporary, is included in current year excess of receipts over disbursements.

The Association reverses impairment losses on financial assets when there is a decrease in impairment and the decrease can be objectively related to an event occurring after the impairment loss was recognized. The amount of the reversal is recognized in the excess (deficiency) of receipts over expenditures in the year the reversal occurs.

Severance benefits

Severance benefits that do not accumulate or vest are accrued and expensed when the decision is made to terminate the employee. Severance benefits that do accumulate or vest are accrued and expensed when the benefit is probable and the amount can be reasonably estimated.

The Association recognizes a liability and expense for contractual severance and termination benefits based on fair value when the benefit is probable and the amount can be reasonably estimated. This occurs when management approves and commits the Association to the obligation; management's plan specifically identifies all significant actions to be taken; actions required to fulfill management's plan are expected to begin as soon as possible; and significant changes to the plan are not likely.

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2017

2. Significant accounting policies *(Continued from previous page)*

Measurement uncertainty

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Dues receivable and accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets. Employee future benefits are based on estimated payments owing to employees upon retirement or termination.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess (deficiency) of receipts over expenditures in the periods in which they become known.

Foreign currency translation

Transaction amounts denominated in foreign currencies are translated into their Canadian dollar equivalents at exchange rates prevailing at the transaction dates. Carrying values of monetary assets and monetary liabilities reflect the exchange rates at the statement of financial position date. Gains and losses on translation or settlement are included in the determination of excess of revenues over expenses for the current period.

3. Marketable securities

The classification of marketable securities is as follows at December 31:

	2017		2016	
	<i>Fair</i>		<i>Fair</i>	
	<i>Value</i>	<i>Cost</i>	<i>Value</i>	<i>Cost</i>
Canadian equities	885,769	558,808	887,216	611,404
Government and corporate bonds	1,182,725	1,186,939	1,072,663	1,073,022
US equities, stated in Canadian funds	179,912	151,459	195,175	168,169
Other investments including mutual funds and T bills	110,759	110,759	28,472	28,472
	2,359,165	2,007,965	2,183,526	1,881,067

As at December 31, 2017, the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$35,305 (2016 - \$203,620).

4. Accounts receivable

Included in accounts receivable as at December 31, 2017 is \$825,000 of monies payable to the Association relating to the NBA/RPN monies payable, of which \$600,708 has been recorded in other income on the statement of operations, \$222,250 will be applied to the balance in accounts receivable for the RPN college fee reimbursements and \$2,042 will be applied to the balance in accounts receivable for the premium maintenance fund.

5. Investment - Working Enterprises Ltd.

The Association is one of seven organizations holding an equity share of Working Enterprises Ltd. The Association's total share of Working Enterprises Ltd. is 14.3% (2016 - 14.3%). The investment does not have a quoted market price in an active market and is recorded at original cost of \$1 (2016 - \$1).

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2017

6. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2017 Net Book Value</i>	<i>2016 Net Book Value</i>
General fund				
Computer equipment	916,791	624,224	292,567	369,008
Furniture and equipment	893,668	506,792	386,876	511,382
Telephony equipment	168,023	168,023	-	-
	1,978,482	1,299,039	679,443	880,390
Defense fund				
Office Premise - 180 East Columbia Street				
Land	2,300,000	-	2,300,000	2,300,000
Building	17,191,984	974,093	16,217,891	16,537,849
	19,491,984	974,093	18,517,891	18,837,849
	21,470,466	2,273,132	19,197,334	19,718,239

7. Bank indebtedness

At December 31, 2017, the Association has a Vancouver City Savings Credit Union operating line of credit available to a maximum of \$2,500,000 (2016 - \$2,500,000) bearing interest at the financial institution's prime lending rate plus 0.25%. As at December 31, 2017, the facility was not drawn upon (2016 - balance of \$521,487). The line of credit is secured by the Association's land and building with a net book value of \$18,517,891 and subject to the same financial reporting covenants as described in Note 9.

8. Accounts payable and accruals

Accounts payable and accruals include \$72,017 (2016 - \$65,481) of remittances payable to various government agencies.

9. Salaries payable

	<i>2017</i>	<i>2016</i>
Vacation	456,575	409,303
Accrued wages	274,549	140,565
Overtime and lieu time	351,388	302,735
	1,082,512	852,603

10. Employee Future Benefits

Severance	1,352,806	965,834
Sick pay payable upon severance of employment	424,417	402,085
	1,777,223	1,367,919

Health Sciences Association of British Columbia
Notes to the Summarized Financial Statements
For the year ended December 31, 2017

11. Long-term debt

	2017	2016
Vancouver City Savings Credit Union Mortgage payable:		
Blended weekly payments of \$11,874 including principal and interest at 2.99% per annum (2016 - 3.25%) with a loan maturity date of June 6, 2020	8,631,976	9,035,649
Less: Current portion	353,629	287,000
	8,985,605	9,322,649

The Association's long-term debt is secured by a general security agreement providing a first charge over all assets of the Association and 100 East Columbia Street Properties Ltd. and an unlimited guarantee and postponement of claim by 100 East Columbia Street Properties Ltd. with respect to the debts and liabilities of the Association. The Association is also required to maintain certain financial reporting ratios including a minimum debt service coverage ratio and a minimum working capital ratio. As at December 31, 2017, the Association is in compliance with the required financial reporting covenants. It is management's opinion that the Association is likely to be in compliance with all such covenants throughout the next 12 months subsequent to December 31, 2017.

Estimated principal repayments required on the long-term debt in each of the next five years, assuming long-term debt subject to refinancing is renewed at similar rates and terms are estimated as follows:

<i>Years</i>	<i>Principal</i>
2018	353,629
2019	371,800
2020	375,900
2021	387,300
2022	399,100
	1,887,729

12. Fund balances

	Invested in capital assets	Unrestricted fund balance	Internally restricted fund balance	Total
Balance, January 1, 2016	7,989,219	2,186,642	2,738,782	12,914,643
Excess (deficiency) of receipts over expenditures	-	943,442	(1,157,263)	(213,821)
Net additions of capital assets	76,328	(97,419)	21,091	-
Internally restricted general funds	158,920	(484,221)	325,301	-
Capital asset amortization	(670,882)	346,097	324,785	-
Balance, December 31, 2016	7,553,585	2,894,541	2,252,696	12,700,822
Excess (deficiency) of receipts over expenditures	-	466,260	(323,037)	143,223
Net additions of capital assets	89,139	(170,891)	81,752	-
Internally restricted general funds	60,435	(235,000)	174,565	-
Capital asset amortization	(696,700)	371,838	324,862	-
Balance, December 31, 2017	7,006,459	3,326,748	2,510,838	12,844,045

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2017

13. Related party transactions

The Association is the settlor to three Health Science Association Trust Funds ("The Trusts") and also has the ability to appoint and remove the Trustees of the Trusts. The Health Sciences Association of British Columbia Trust Fund (Trust Fund #1) was established on April 1, 1989 to provide long-term disability benefits, life insurance, and accidental death and dismemberment insurance to the Association's members. The HSA Ltd. Trust No. 2 (Trust Fund #2) was established on March 1, 1999 to provide long-term disability benefits to the Association's members. The HSA Ltd. Trust No. 3 (Trust Fund #3) was established on April 6, 2006 to provide financial security for Trust Fund #1 and Trust Fund #2. All the trusts file trust income tax returns with the Canada Revenue Agency. The trusts have September 30 year-ends.

Financial Position	Trust Fund #1	Trust Fund #2	Trust Fund #3
Assets			
Cash and investments	3,148,207	7,110	8,939,849
Accounts receivable	4,053	-	10,729
Due from related parties	-	-	18,778
Income taxes receivable	-	-	9,557
	<u>3,152,260</u>	<u>7,110</u>	<u>8,978,913</u>
Liabilities and Fund balance			
Benefits and accounts payable	95,821	-	246,519
Due to related parties	20,763	-	5,467
Income taxes payable	29,039	-	-
Deferred income taxes	-	-	-
Reserve for future benefits	1,129,000	-	9,095,000
Fund balance (unfunded liability)	1,877,637	-	(368,073)
	<u>3,152,260</u>	<u>-</u>	<u>8,978,913</u>
Operations			
Revenue			
Investment gain (loss)	(70,006)	49	(218,725)
Expenses			
Benefits	329,506	-	1,356,649
Income taxes (recovery)	(101,193)	-	(56,903)
Operations	90,008	-	186,873
Change in actuarial liability for plan benefits	(531,000)	-	(1,721,000)
	<u>(212,679)</u>	<u>-</u>	<u>(234,381)</u>
Changes in Fund Balance for Year	142,673	49	15,656
Fund Balance (unfunded liability), beginning of year	1,734,964	7,061	(383,729)
Fund Balance (unfunded liability), end of year (September 30, 2017)	<u>1,877,637</u>	<u>7,110</u>	<u>(368,073)</u>

The Association is related to 100 East Columbia Street Properties Ltd., a company incorporated in British Columbia. The Association is related to the company by virtue of its ability to appoint the corporate directors. The company has no assets, liabilities or operations and exists solely as a bare trustee for the Association's real estate holdings.

14. Financial instruments

The Association, as part of its operations, carries a number of financial instruments. It is management's opinion that the Association is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Association is exposed to interest rate risk primarily through its long term debt and its investments in interest-bearing term deposits and marketable securities.

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2017

14. Financial instruments (Continued from previous page)

Foreign currency risk

Foreign currency risk is the risk that the value of investments denominated in currencies, other than the functional currency of the Association, will fluctuate due to changes in foreign exchange rates. As at December 31, 2017, the Association held \$179,912 (2016 - \$195,175) equity instruments denominated in U.S. dollars.

Liquidity risk

Liquidity risk is the risk that the Association will encounter difficulty in meeting obligations associated with financial liabilities. The Association enters into transactions to borrow funds from financial institutions or other creditors for which repayment is required at various dates.

Credit Risk

The Association manages its credit risk by performing regular investigation into overdue accounts and provides allowances for potentially uncollectible accounts receivable. The Association has not made any provision for doubtful accounts at year-end after reviewing each outstanding account and determining collectability based on its knowledge of the participating employers' situation.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or foreign currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association is subject to price risk through its marketable securities as these investments are subject to price changes in an open market due to a variety of reasons including changes in market rates of interest, general economic indicators and restrictions on credit markets.

15. Budget information

During the year, the Board approved its operating budget based on planned expenses relating to the current year receipts and other current year sources of revenue. The budget balances have been attached for information purposes only and are unaudited.

16. Comparative figures

Certain comparative figures have been reclassified to conform with current year presentation.





Neelam Gill
Registered Psychiatric Nurse, Surrey Memorial Hospital

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



(L-R) Alwyn Chan (Region 3), Sheila Anderson (Region 10), Rosemary DeYagher (staff), Christine Ambrose (Region 2), Ron Regier (Region 7), Carla Gibbons (Region 5), Mohammed Kazemian (Region 4), Brianna Hawkins (Region 9), Tara Chen (Region 6), Cherylee Hale (Region 8), Nancy Hay (Region 6 Director), Becky Packer (Region 1), Janice Morrison (Chair, Vice-President, Region 9), Miriam Sobrino (staff)

The HSA constitution states in article 7, section 4(a) that “members of the union may bring matters before a Convention for consideration by means of resolutions submitted to, and approved by, their Chapter. These resolutions may include proposed Constitutional changes or policy matters.” The Board of Directors may also put resolutions forward. It is the role of the Resolutions Committee to make recommendations on all resolutions.

The Resolutions Committee is chaired by the vice-president, and is comprised of one member-at-large from each region who is elected at their regional meeting to serve on this committee, and one additional member of the Board of Directors. The additional director has voice but no vote on the committee’s final decision to recommend

concurrence or non-concurrence with each resolution to be considered at convention.

This year the committee represented a wide variety of our professions. We had a cross-trained laboratory and x-ray technologist from a small northern site, a supported child development consultant from the Island, and a cytotechnologist from the BC Cancer Agency. Joining them were two cardiovascular technologists, a physiotherapist, a speech language pathologist, a dietitian, a respiratory therapist, and a medical laboratory technologist.

The committee ranged in age from 28 to 57 years old with an average age of 47. Five members were experienced committee members, and five were new to the process. Together these members brought

a cumulative 87 years of HSA activism to the discussions.

This year the deadline for resolutions to be received by HSA was Feb. 9, 2018. The committee met on February 15 and 16 to review all of the submissions. Of the 85 resolutions submitted by the deadline, 73 were accepted. Two were withdrawn and 10 were deemed to be in the purview of bargaining. Seven resolutions were received after the deadline. As per policy, letters of notification were sent to the chapters whose resolutions were not accepted.

When resolutions are received they are reviewed for:

- Structure. The “whereas” statement must be a statement of fact
- The “therefore be it resolved” must be a statement that stands alone and provides direction to the union as to what is to be achieved
- The resolution must be no more than 150 words (constitutional resolutions are not limited in length)

After initial review, the resolutions are categorized according to their subject matter. Examples of categories include communications, health human resources, and finance. When considering similar resolutions, the committee may choose to amalgamate resolutions, create a substitute resolution or amend a resolution, being mindful in all cases to not change the intent of the original resolution.

For each resolution the committee must give consideration to the following criteria:

- Is the intent of the resolution clear?
- Is the request something HSA can reasonably accomplish?
- What are the overall implications of the resolution?
- What are the financial implications of the resolution?
- Does the resolution support current policy and strategic direction?

The Resolutions Committee takes its work on behalf of the membership very seriously. There is considerable debate on each resolution. Where needed, further research is done and in some cases the submitting chapter is contacted for clarification.

Once all factors have been considered and all committee members have had the opportunity to speak, the question is called. Committee members then vote to recommend “concurrence” or “non-concurrence” on the given resolution. A straight majority vote establishes the recommendation that will go forward to the convention delegates. The last step is to write a rationale that supports the recommendation of the committee. This rationale is read to the delegates at convention.

The Resolutions Committee also has the responsibility of determining the order of presentation of the resolutions on the convention floor. A delegate at convention is entitled to cast one vote on each resolution. A straight majority vote of the delegates is required to pass any resolution to convention, with the exception of those that amend the constitution, which require a two-thirds majority. All resolutions that are adopted will take effect upon adjournment of the convention unless otherwise specified.

I would like to thank the committee members for their thoughtful deliberations on the resolutions in advance of the convention and for the time they give during the course of the convention to ensure the work of the union is carried out efficiently. On behalf of the committee, I would also like to acknowledge and thank Miriam Sobrino for her contributions assisting the discussions of the committee, and to thank Rosemary DeYagher for her expert organizational skills.

Respectfully submitted,

Janice Morrison,
Chair

Resolutions

1. COMMUNICATIONS

WHEREAS: Speech Language Pathology (“SLP”) provides much needed services in speech, language, swallowing, voice, fluency, and cognitive linguistic domains; and

WHEREAS: Understanding of the profession and the patients’ impairments appears limited because of the lack of visibility of the impairment and the small number of SLPs providing service in acute care settings; and

WHEREAS: The workload for SLPs continues to increase with the aging and complex population

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will pursue avenues to increase the profile and numbers of Speech Language Pathologists working in acute care.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

2. COMMUNICATIONS

WHEREAS: Members are eager to have easy access to HSA information and members work many different schedules and may not be able to attend a chapter or other meetings; and

WHEREAS: An app is a modern way of communication and is popular with members, especially younger members.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) develop an App for the members and consider the following features: searchable collective agreement, education such as webinars, steward contact information, HSA office contact and minutes of local meetings.

SUBMITTED BY: Children’s and Women’s Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

3. COMMUNICATIONS

WHEREAS: Health Sciences Association (“HSA”) has launched media campaigns to raise awareness of our professions and it is important for the public and the government to know what HSA members do.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to highlight the work of HSA professions by developing media campaigns.

SUBMITTED BY: Children’s and Women’s Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

4. CONSTITUTION

WHEREAS: Article 7, Section 6 of the HSA Constitution currently states “Members of the Board of Directors and Members-at-Large are automatic delegates. Directors-elect and members of committees reporting to Convention are entitled to attend and participate in the Convention, however they are not able to vote unless they are otherwise attending as Delegates.”; and

WHEREAS: There is no specific provision for Directors-elect, or for Members of Committees reporting to Convention, to participate with voice but no vote if they are not otherwise a delegate;

THEREFORE BE IT RESOLVED: That Article 7, Section 6 of the Health Sciences Association (“HSA”) Constitution be amended to state “Members of the Board of Directors and Members-at-Large are automatic delegates. Directors-elect and members of committees reporting to Convention are entitled to attend and participate with voice but no vote in the

Convention, unless they are otherwise attending as duly eligible and elected Delegates.”

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

5. CONSTITUTION

WHEREAS: Article 9, Section 2, of the Health Sciences Association (“HSA”) Constitution currently states “(a) To be eligible, nominees must have been a member of the union for at least one year immediately prior to election.”; and

WHEREAS: There is no requirement for candidates for President to have been actively involved in the union, or to have a connection to members in the workplace;

THEREFORE BE IT RESOLVED: That Article 9, Section 2 of the Health Sciences Association (“HSA”) Constitution be amended by substituting the current “(a) To be eligible, nominees must have been a member of the union for at least one year immediately prior to election.” with

“(a) To be eligible for election, a member must be in continuous good standing for twelve (12) months prior to nomination. Continuous good standing means no interruptions in active membership in the Union because of suspension, expulsion, withdrawals, failure to pay fines or assessments to the Union.

Furthermore, in order to be eligible for election, the nominee must have attended a minimum of 50 per

RESOLUTIONS - CONSTITUTION

cent of the chapter meetings held in their chapter in the twelve (12) months prior to nomination. Any member may be exempted from the attendance requirement of this Article if they were unable to attend fifty per cent (50%) of said meetings because of illness, regular employment, or any other good cause.

In the case of an incumbent candidate, the requirement to attend a minimum of 50 per cent (50%) of their home chapter meetings is waived.”

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

6. CONSTITUTION

WHEREAS: Article 10, Section 3 of the Health Sciences Association (“HSA”) Constitution currently states “(a) Regional Directors must have been a member of the union for at least one year immediately prior to election”; and

WHEREAS: There is no requirement for candidates for Regional Director to have been actively involved in the union, or to have a connection to members in the workplace;

THEREFORE BE IT RESOLVED: That Article 10, Section 3 of the Health Sciences Association (“HSA”) Constitution be amended by substituting the current “(a) Regional Directors must have been a member of the union for at least one year immediately prior to election” with

“(a) To be eligible for election, a member must be

in continuous good standing for twelve (12) months prior to nomination. Continuous good standing means no interruptions in active membership in the Union because of suspension, expulsion, withdrawals, failure to pay fines or assessments to the Union. Furthermore, in order to be eligible for election, the nominee must have attended a minimum of 50 per cent of the chapter meetings held in their chapter in the twelve (12) months prior to nomination. Any member may be exempted from the attendance requirement of this Article if they were unable to attend fifty per cent (50%) of said meetings because of illness, regular employment, or any other good cause.

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

7. CONSTITUTION

WHEREAS: Article 10, Section 3 of the Health Sciences Association (“HSA”) Constitution currently requires a black and white photograph be submitted as part of the nomination package; and

WHEREAS: Colour photographs may also be accepted.

THEREFORE BE IT RESOLVED: That Article 10, Section 3(c) of the Health Sciences Association (“HSA”) Constitution be amended by substituting the language:

“This nomination shall be in writing, signed by both nominators. The nomination must be accompanied by a written consent signed by the nominee, together with a suitable black and white photograph and a

CONSTITUTION

statement of not more than 300 words.”
with:

(c) This nomination shall be in writing, signed by both nominators. The nomination must be accompanied by a written consent signed by the nominee, together with a suitable photograph and a statement of not more than 300 words.

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

8. CONSTITUTION

WHEREAS: Article 10, Section 4 of the Health Sciences Association (“HSA”) Constitution prescribes the method of election of Board of Directors and restricts voting to mail-in ballot.

THEREFORE BE IT RESOLVED: That Article 10, Section 4 of the Health Sciences Association (“HSA”) Constitution which states:

“(a) At least 50 days before Annual Convention the Union office will mail the ballots, ballot envelopes and postage-paid return envelopes, together with the candidate’s photo and statement, to each member within the Region.

(b) Members must mark their ballots, place them in the ballot envelope, place the ballot envelope in the return envelope, on which they must print their name. If the return envelope does not have the printed member’s name, the ballot will be declared invalid.

(c) Ballots must be returned to head office within the

time limits prescribed by the Board of Directors.

(d) Regional Directors take office at the conclusion of the Convention in the year in which they are elected.”

be replaced with:

“Section 4. Election of Regional Directors. The Board of Directors shall establish a process for the election of Regional Directors. Election of Regional Directors shall be by secret ballot and requires a majority vote.

Regional Directors take office at the conclusion of the annual Convention in the year in which they are elected.”

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

9. CONSTITUTION

WHEREAS: Article 11, Section 3 of the Health Sciences Association (“HSA”) Constitution currently states “Nominees must have been a member of the union for at least one year immediately prior to election.” and

WHEREAS: There is no requirement for candidates for Member-at-Large to have been actively involved in the Union, or to have a connection to members in the workplace.

THEREFORE BE IT RESOLVED: That Article 11, Section 3 of the Health Sciences Association (“HSA”) Constitution which states:

RESOLUTIONS - CONSTITUTION

“Nominees must have been a member of the union for at least one year immediately prior to election” be replaced with:

“To be eligible for election, a member must be in continuous good standing for twelve (12) months prior to nomination. Continuous good standing means no interruptions in active membership in the Union because of suspension, expulsion, withdrawals, failure to pay fines or assessments to the Union.”

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

10. CONSTITUTION

WHEREAS: Changes to the Health Sciences Association (“HSA”) Constitution require tracking of members’ attendance at chapter meetings in order to ensure eligibility to run for certain offices in the Union.

THEREFORE BE IT RESOLVED: That Article 12, Section 4(a) of the Health Sciences Association (“HSA”) Constitution, which currently states:

“(a) To call and preside over Chapter meetings as required.”

be amended to read:

“(a) To call and preside over Chapter meetings as required, and to maintain records of members’ attendance at Chapter meetings.”

SUBMITTED BY: Board of Directors (Elections Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

11. CONSTITUTION

WHEREAS: Delegates to the 2017 Health Sciences Association (“HSA”) Convention passed Resolution 19, as follows:

19. GOVERNANCE

WHEREAS: The Health Sciences Association (“HSA”) Constitution requires that a majority of a region sign a recall petition in order to recall a Regional Director; and

WHEREAS: Meeting this test is almost impossible, given the structure of our workplaces and regions, as well as the sheer number of signatures required; and

WHEREAS: Regional Directors are not elected by the entire region, but are, in fact, elected by a very small number of region members who choose to vote; and

WHEREAS: Regional Directors hold a great responsibility on the Board of Directors to represent the entire membership and the current recall language does nothing to provide a realistic check in cases where a Director is not upholding his/her responsibilities.

THEREFORE BE IT RESOLVED: That Article 10, Section 6 of the Constitution be reviewed with a view to reflecting a more attainable recall procedure in cases where the Regional Director is not upholding his/her Constitutional duties.

AND WHEREAS: The HSA Board of Directors reviewed Article 10, Section 6 as directed by Convention delegates.

THEREFORE BE IT RESOLVED: That the current language of Article 10, Section 6 of the Health Sciences Association (“HSA”) Constitution be replaced with the following language:

Article 10 – Regional Directors, Section 6 – Recall of Regional Directors

Recall of a Regional Director requires written petition by 25% of the members of that Region, delivered to the Board of Directors within 45 days from the date of the first signature. For the purposes of this provision, the size of the region’s membership is determined by the number of people within the region paying dues in the month prior to the month of the petition.

Upon receipt of the petition, the Board of Directors will confirm whether the petition satisfies the requisite number of petitioners to warrant the recall of the Regional Director. Should the Board of Directors so confirm that the recall is warranted, the recall will take effect immediately upon such confirmation.

No recall petition shall be acted on if it is delivered within six months of the end of the Regional Director’s term.

SUBMITTED BY: Board of Directors (Constitutional and Organizational Policy Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

12. CONSTITUTION

WHEREAS: Article 7, Section 5(c) of the Health Sciences Association (“HSA”) Constitution states: “The Chief Steward shall call a Chapter meeting to elect the delegate(s) and shall advertise it in order to provide sufficient notice for members to attend. The meeting should take place at least four weeks prior to the Convention”; and

WHEREAS: Holding such a Chapter meeting only four weeks prior to Convention has created administrative and registration pressures that could be relieved by having the Chapter meeting take place at least six weeks prior to Convention;

THEREFORE BE IT RESOLVED: That Article 7, Section 5(c) of the Health Sciences Association (“HSA”) Constitution be amended by replacing the words “four weeks” with the words “six weeks”.

SUBMITTED BY: Board of Directors (Constitutional and Organizational Policy Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

13. CONSTITUTION (covers 29)

WHEREAS: The Health Sciences Association (“HSA”) Board of Directors recognizes that not every chapter elects its full delegate entitlement to Convention but is of the view that if a chapter has elected its full delegate entitlement, it ought to be able to also elect up to two additional members as alternates to attend Convention in the event a registered delegate is unable to attend (in which case the alternate’s registration would not be considered a late registration);

RESOLUTIONS - EDUCATION

THEREFORE BE IT RESOLVED: That Article 7, Section 5 of the Health Sciences Association (“HSA”) Constitution be amended by adding:

“(e) Chapters who have elected their complete delegate entitlement can elect up to 2 additional members as alternates in the event a (the) registered delegate(s) is (are) unable to attend.”

SUBMITTED BY: Board of Directors (COPS)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

14. EDUCATION

WHEREAS: A Young Workers’ Forum was held in 2017 to unprecedented success; and

WHEREAS: Health Sciences Association (“HSA”) should provide opportunities to engage Young Workers in the union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will **EXPLORE HOLDING** a Young Workers’ Forum annually.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

15. EDUCATION

WHEREAS: Health Science Association (“HSA”)

HEALTH SCIENCES ASSOCIATION

members often don’t understand what the union does or their basic rights and how the union can assist.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) develop an education plan at the chapter level and via web cast, for general members, to raise awareness of basic union principles and of resources and programs at HSA.

SUBMITTED BY: Children’s and Women’s Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

16. EQUALITY AND SOCIAL ACTION

WHEREAS: The Health Sciences Association (“HSA”) has supported campaigns such as breast cancer for many years without a vote from the membership; and

WHEREAS: Members feel it is good to support a variety of charities and would like to vote on a choice of several to choose from.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) conduct a vote at Convention to choose a charity from a list provided by the Board to be voted on annually.

SUBMITTED BY: Central Community Health Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

EQUALITY AND SOCIAL ACTION

17. EQUALITY AND SOCIAL ACTION

WHEREAS: Jordan's Principle is a child first principle in memory of Jordan River Anderson, a First Nations child with complex medical needs who died at age five in hospital while the provincial and federal governments battled over payment of his at-home care. It is intended to ensure that First Nations children do not experience delay, denial or disruption of services that are normally available to all children; and

WHEREAS: In January 2016 the Canadian Human Rights Tribunal ordered the federal government to fully implement Jordan's Principle by May 10, 2016 to ensure First Nations children can access government services on the same terms as other children:

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") express full support of Jordan's Principle by lobbying the federal government through the National Union of Public and General Employees ("NUPGE") and the Canadian Labour Congress ("CLC") to ensure the government continues and completes the implementation of Jordan's Principle.

SUBMITTED BY: Board of Directors (Women's Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

18. EQUALITY AND SOCIAL ACTION

WHEREAS: Access to menstrual products is a human rights issue, and

WHEREAS: Due to poverty and the high price of these products, many women and girls are unable

to access the menstrual products they need, thus impacting their ability to participate in school and in the workforce, and

WHEREAS: There is now an annual United Way of the Lower Mainland Tampon Tuesday campaign for the purpose of raising awareness about this issue and collecting donated products for distribution to transition houses and homeless shelters.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") will promote Tampon Tuesday to our members; and

BE IT FURTHER RESOLVED: That HSA will encourage HSA chapters to participate in the awareness campaign and to collect and donate these products; and

BE IT FINALLY RESOLVED: That HSA will participate in campaigns to draw attention to the need for these products to be readily available in school and workplace washrooms.

SUBMITTED BY: Board of Directors (Women's Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

19. EQUALITY & SOCIAL ACTION

WHEREAS: Health Sciences Association ("HSA") provides \$6000 to the BC Lions Football Team to fund participation in the "Be More Than a Bystander" program (<http://endingviolence.org/prevention-programs/be-more-than-a-bystander/>). Players are paid to deliver presentations to classrooms and communicate "that it is 'cool' to respect women and the importance of bystanders speaking up to

RESOLUTIONS - FINANCE

prevent violence against women and girls”; and

WHEREAS: Autonomous/grassroots women’s organizations are experts on strategies to end violence against women and girls and provide direct services to help them escape. Most of these organizations are underfunded. Many offer public education for an honorarium or free of charge (<https://www.ra-pereliefshelter.bc.ca/teach/learn/speaking-engagements/speaking-engagements>).

WHEREAS: The “Be More than a Bystander” program is as a public relations campaign for the BC Lions. It consumes money and social/political space that should be held for women.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) stop funding the “Be More Than a Bystander” program; and

BE IT FURTHER RESOLVED: HSA donate a minimum of \$6000 annually to feminist women’s shelters and rape-crisis centres.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

20. FINANCE (covers 21)

WHEREAS: Whereas consumption of alcohol is a widely accepted and appreciated part of many evening social activities; and

WHEREAS: The Health Sciences Association (“HSA”) hosts events which include invited guests from outside of HSA and holding a cash bar for

guests may be awkward;

WHEREAS: A blanket ban on spending union funds on alcohol limits the types and times of events that might be sponsored by HSA.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) reverse its policy of a complete ban of union funds spent on alcohol.

BE IT FURTHER RESOLVED: That HSA allow responsible and moderate consumption of alcohol at HSA sponsored events by limiting the amount of alcohol provided to members and guests purchased with union funds.

SUBMITTED BY: Royal Columbian Hospital

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

21. FINANCE (covered by 20)

WHEREAS: Health Sciences Association hosts social events or public relation activities with government officials and member related conferences or meetings; and

WHEREAS: Engaging potential, new or current members may be more attractive if limited complimentary alcohol is provided.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) allow funds to pay for alcohol at union related social events and/or public relation activities with the ability to limit the amount HSA’s discretion.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation:

Concurrence _____

Non-concurrence _____

Carried _____

Defeated _____

22. FINANCE

WHEREAS: Chapters need more stewards to assist in steward duty workload; and

WHEREAS: Encouraging member engagement is important for a strong union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) investigate the possibility of paying stewards a stipend from HSA for steward work; and

BE IT FURTHER RESOLVED: That a recommendation on an appropriate amount be provided at the next Convention.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

23. FINANCE

WHEREAS: Under Article 7, Section 2(c) of the Health Sciences Association (“HSA”) Constitution, the Board of Directors recommends the appointment

of the union’s auditor to the annual Convention which appoints the same;

THEREFORE BE IT RESOLVED: That Meyers Norris Penny LLP be confirmed as the union’s auditor until the year 2019 Annual Convention.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Carried _____

Defeated _____

24. GENERAL

WHEREAS: Health Sciences Association (“HSA”) members are required, as a condition of employment, to sign a confidentiality agreement with the Employer that restricts their ability to identify and expose risks to patients and workers; and

WHEREAS: The employer’s current policy acts to protect the health authority from liability rather than triggering a bona fide process of assessment, accountability and change; and

WHEREAS: Members who choose to report deficits in patient care, resources and programming risk discipline, up to and including termination; and

WHEREAS: HSA has the financial and media resources necessary to publicly expose deficits in care and advocate for essential improvements.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby the provincial government to enact “whistleblower” legislation that will compel the employer to respond to, and be accountable for, deficits in care/systems, **ALLOWING** members **TO** be free to report and publicly

RESOLUTIONS - GOVERNANCE

advocate for patient care and worker health and safety without intimidation and/or threat to their employment.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation: Concurrence as amended

Carried _____
Defeated _____

25. GOVERNANCE

WHEREAS: Health Sciences Association (“HSA”) Constitution establishes a formula for determining delegate status for each Convention (Article 7 Section 5); and

WHEREAS: Many chapters do not successfully organize their full delegate entitlement, potentially limiting the diversity of voice and opinion participating at Convention; and

WHEREAS: Members from smaller chapters who are activists and/or those who have an interest in participating in the democratic processes of the union are arbitrarily denied the financial support (i.e., union-paid leave and travel/accommodation) necessary to fully participate (“voice and vote”) due to the current Delegate Status formula; and

WHEREAS: HSA has adopted an organizing model in efforts to engage members and support the development of leadership that reflects our membership (i.e., women, workers of colour, young workers).

THEREFORE BE IT RESOLVED: that unfilled Delegate seats be offered to smaller Chapters within each Region; and

BE IT FINALLY RESOLVED: Health Sciences Association (“HSA”) Board of Directors establish an equitable process for determining how unfilled Delegate seats will be awarded prior to next Convention.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

26. GOVERNANCE

WHEREAS: Regional Directors are elected by their region and are responsible for representing their regions; and

WHEREAS: The Health Sciences Association (“HSA”) Constitution, Article 10 (7)(g) states that a duty of Regional Directors is to report to members of their region; and

WHEREAS: Other organizations, such as credit unions, provide information on committee appointments and meeting attendance details.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Regional Director will provide a quarterly report to members via email, outlining all committees the Regional Director is a part of and which events the Regional Director has attended on behalf of the Union; and

BE IT FURTHER RESOLVED: That the Regional Director report on his or her attendance at meetings for those committees and Board of Director meetings in a format of number of meetings attended in relation to number of meetings held.

SUBMITTED BY: Surrey Memorial Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

27. GOVERNANCE (covers 28)

WHEREAS: 1/3 of the Health Sciences Association’s (“HSA’s”) membership consists of workers under age 35; and

WHEREAS: The Young Workers Forum held last year proved successful in getting new workers more engaged and involved in the union.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) continue to provide education and activities geared towards continual engagement of young workers; and

BE IT FURTHER RESOLVED: That HSA **EXPLORE THE CREATION OF** a Young Workers Committee to be able to build on this work and create future opportunities.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Concurrence as amended

Carried _____
Defeated _____

28. GOVERNANCE (covered by 27)

WHEREAS: Young workers have unique concerns and needs that are different from older Health Sciences Association (“HSA”) members; and

WHEREAS: Engagement of young workers in the early stages of their HSA careers is critical to building a strong union.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) form a Young Workers Committee.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation:

Concurrence _____
Non-concurrence _____

Carried _____
Defeated _____

29. GOVERNANCE (covered by 13)

WHEREAS: There are only a limited number of delegates that can attend the convention from each chapter; and

WHEREAS: The current policy states that once delegates register and are unable to attend (most likely from being denied by the Employer), alternate delegates are not able to register.

THEREFORE BE IT RESOLVED: That alternate delegates are permitted to register for convention after the registration deadline to fill those spots in order to increase engagement and attendance.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

RESOLUTIONS - GOVERNANCE

Committee Recommendation:

Concurrence _____

Non-concurrence _____

Carried _____

Defeated _____

30. GOVERNANCE

WHEREAS: Every member pays membership dues; and

WHEREAS: Increases to dues are decided by delegates at Convention; and

WHEREAS: Every member has the right to participate in the democratic process.

THEREFORE BE IT RESOLVED: That every Health Sciences Association (“HSA”) member will have the opportunity to cast their vote on union dues changes through individual balloting (including electronic mail).

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

31. GOVERNANCE

WHEREAS: A convention delegate’s duty is to represent their chapter by voting on resolutions; and

WHEREAS: Some delegates leave early on the final day of convention for personal convenience.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) institute a sign out procedure for delegates at the end of Convention; and

BE IT FURTHER RESOLVED: That delegates are required to stay until the end of Convention to be eligible for expense reimbursement unless written documentation (such as air/ferry/travel arrangements, child care or other) is provided subject to HSA approval;

BE IT FINALLY RESOLVED: That delegates who leave Convention early without authorization may be given second priority on delegate slots for next year’s Convention.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

32. GOVERNANCE

WHEREAS: Young Workers (under age 35) represent 33% of the Health Sciences Association (“HSA”) membership; and

WHEREAS: Young Workers are under-represented in HSA decision making bodies.

THEREFORE BE IT RESOLVED: That the number of Members-at-Large per region are increased to accommodate for at least one young worker representative in each region.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

33. GOVERNANCE

WHEREAS: Regional directors may currently serve an unlimited number of two-year terms; and

WHEREAS: Allowing for different regional directors encourages members to stand for election to a regional director position without having to compete with an entrenched incumbent.

THEREFORE BE IT RESOLVED: That a 3 consecutive term limit be introduced for Health Sciences Association (“HSA”) Regional Directors.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

34. GOVERNANCE

WHEREAS: The Health Sciences Association (“HSA”) President can currently serve an unlimited number of 2-year terms; and

WHEREAS: When the leadership of HSA remains unaltered for long periods of time, members feel unable to bring about new ideas and change within the Union; and

WHEREAS: Candidates running for president are at a disadvantage in reaching and engaging the membership as compared to an incumbent due to

resources for travel and other opportunities provide to the incumbent as part of their presidential duties.

THEREFORE BE IT RESOLVED: That a three consecutive term limit be adopted for the position of Health Sciences Association (“HSA”) president.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

35. GOVERNANCE (covers 36 and 37)

WHEREAS: The President of Health Sciences Association (“HSA”) is currently elected at the annual Convention by member delegates only; and

WHEREAS: The HSA membership is made up of over 17,000 members who are unable to exercise their vote in a direct democracy process, in the form of one member, one vote; and

WHEREAS: There are alternate ways to conduct an election other than at Convention, such as by way of mail-in ballots or online voting.

THEREFORE BE IT RESOLVED: That the Health Sciences Association will change the process of electing the President at Convention, and move to a process that allows each member to cast a ballot to elect their President by direct democracy, one member, one vote.

SUBMITTED BY: Golden & District Hospital

RESOLUTIONS - GOVERNANCE

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

36. GOVERNANCE (Covered by 35)

WHEREAS: Since every member pays membership dues, every member should have the right to participate in the democratic process; and

WHEREAS: Members will become more engaged in the union when learning about the presidential candidates.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) implement a one-member, one-vote for president.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation:

Concurrence _____

Non-concurrence _____

Carried _____

Defeated _____

37. GOVERNANCE (covered by 35)

WHEREAS: The current practice of electing the Health Sciences Association (“HSA”) President is by delegates at convention; and

WHEREAS: This is an indirect appointment that does not allow all members the opportunity of a democratic vote.

THEREFORE BE IT RESOLVED: That a process be developed whereby all Health Sciences Association (“HSA”) members are able to have a single vote for the position of President.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation:

Concurrence _____

Non-concurrence _____

Carried _____

Defeated _____

38. GOVERNANCE

WHEREAS: Being a steward requires training and experience dealing with worksite issues; and

WHEREAS: Currently a steward’s term of office is one year.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) steward elections be held every 2 years to allow stewards more time to function in their role.

SUBMITTED BY: Queens Park Care Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

39. GOVERNANCE

WHEREAS: Enhanced Disability Management Program (EDMP) representatives do important work in support of the union membership; and

HEALTH SERVICES

WHEREAS: The annual Convention and regional meetings are valuable forums for connecting with members across our regions.

THEREFORE BE IT RESOLVED: That Enhanced Disability Management Program representatives be eligible to attend Convention and regional meetings as non-voting delegates, in the same manner as Labour Council delegates, if there are no available full delegate spaces for their work site.

SUBMITTED BY: Nanaimo Regional General Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

40. HEALTH SERVICES (Covers 41)

WHEREAS: According to the Canadian Mental Health Association (“CMHA”), mental illnesses are surprisingly common in children and youth. Mental illnesses can affect how well kids do in school and how they form relationships with other kids and adults. Mental illnesses, if not treated early, can be disruptive enough to a kid’s normal development that it can affect them for the rest of their lives; and

WHEREAS: Early Intervention is needed and mental health services often have long wait-lists or no services available. The current government has dedicated funds to the Ministry of Mental Health and Addictions to address current mental health issues.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate and lobby the Provincial Government for mental health services for children and youth.

SUBMITTED BY: Child Development Centre of Prince George

Committee Recommendation: Concurrence

Carried _____
Defeated _____

41. HEALTH SERVICES (Covered by 40)

WHEREAS: There is currently evidence to suggest children and youth with a primary mental health diagnosis do not have access to timely professional services and supports; and

WHEREAS: These young people are resorting to engaging in high risk behaviour such as drug use, as well as taking their own lives; and

WHEREAS: The onus of responsibility is resting on the families who equally deserve support.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) work with the BC Federation of Labour (“BCFL”) and the provincial and federal governments to fund programs and promote initiatives to address the current crisis in the mental health system for children and youth and their families.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation:

Concurrence _____
Non-concurrence _____

Carried _____
Defeated _____

RESOLUTIONS - HEALTH SERVICES

42. HEALTH SERVICES

WHEREAS: According to research, learning and development are at their highest rate in the pre-school years. However, some children with special needs or developmental delays are unable to attend Early Learning/Childcare Programs; and

WHEREAS: Early intervention services also support the families of children with special needs, building a nurturing and supportive environment and increase the child's ability to integrate in future social environments, including school, community, and ultimately employment.

WHEREAS: Governmental recognition of the need for increased funding for childcare spaces, does not extend to childcare spaces for children with special needs and these kids often age out before receiving the supported child development or therapy services, places added stress on the school system if they enter school without having received adequate early intervention services.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") meet with the Ministry of Children and Families to educate and advocate for early intervention services for children with special needs.

SUBMITTED BY: Child Development Centre of Prince George

Committee Recommendation: Concurrence

Carried _____
Defeated _____

43. HEALTH SERVICES

WHEREAS: Children with disabilities do not have equal access to daycare, preschool and out-of-

school care placements; and

WHEREAS: This impacts families maintaining employment and continuing education programs which impacts quality of life, family wellness and financial security; and

WHEREAS: The lack of funding both from the provincial and federal governments has created a crisis in that there are significant waitlists, little to no spaces as well as few trained support staff.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") work with its affiliates at the provincial and federal level to allocate dollars to supported childcare and child development.

SUBMITTED BY: Queen Alexandra Centre for Children's Health

Committee Recommendation: Concurrence

Carried _____
Defeated _____

44. HEALTH SERVICES

WHEREAS: Access to Child and Youth with Special Needs (CYSN) has maintained their eligibility criteria for decades; and

WHEREAS: This can be a barrier for families whose children could benefit from programs, monies for specialized equipment, tube feeding supplies and formula, therapies and intervention; and

WHEREAS: Current eligibility is most often applied to children who have a diagnosis of Autism Spectrum Disorder, IQ <70, and are At Home Program eligible;

THEREFORE BE IT RESOLVED: That Health Sci-

HEALTH SERVICES

ences Association (“HSA”) work with the provincial government to review and expand the Child and Youth with Special Needs (“CYSN”) criteria to meet the needs of children with a broader range of disabilities.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation: Concurrence

Carried _____

Defeated _____

45. HEALTH SERVICES

WHEREAS: Research has shown that providing early intervention services to children with special needs in their early development stages improves their development outcomes; and

WHEREAS: Many early intervention services for children have extensive waitlists therefore children are not receiving early intervention before kindergarten entry; and

WHEREAS: Therapists, consultants and educators are unable to deliver quality intervention to children receiving services due to lack of resources and increased workloads;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to advocate and lobby the Ministry of Children and Family Development and the provincial government to designate early intervention services as critical and provide financial resources for consistent, attainable and quality early intervention.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation: Concurrence

Carried _____

Defeated _____

46. HEALTH SERVICES

WHEREAS: Residential care facilities are inequitable across the province.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the government to enforce and enhance practice standards in residential care facilities across BC

BE IT FURTHER RESOLVED: That HSA lobby the government to improve services in residential care facilities across the province and ensure fairness across facilities by allocating resources more equitably, providing medically necessary equipment and staffing appropriately.

SUBMITTED BY: Queens Park Care Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

47. HEALTH SERVICES

WHEREAS: Providing access to medically required equipment is the responsibility of both the provincial and federal governments; and

WHEREAS: Many people require advanced medical equipment such as pressure relieving equipment or tilt wheelchairs to enable their engagement in occupations of life; and

WHEREAS: These pieces of equipment are very

RESOLUTIONS - HEALTH SERVICES

expensive and unaffordable for most people.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to lobby the government to support BC residents in funding and obtaining advanced medical equipment.

SUBMITTED BY: Queens Park Care Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

48. HEALTH SERVICES

WHEREAS: Health Sciences Association (“HSA”) recognizes the importance of health for everyone; and

WHEREAS: HSA members working in the community social services sector have noticed a lack of services for fathers in need of anger management support, parenting and relationship skills and counselling.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate for funding for services for fathers in need of anger management support, parenting and relationship skills and counselling, without there being any reduction in services currently being provided to mothers and children.

SUBMITTED BY: Campbell River Family Services

Committee Recommendation: Concurrence

Carried _____

Defeated _____

49. HEALTH SERVICES

WHEREAS: The Ministry of Children & Family Development and Children and Youth Mental Health (“CYMH”) Services for children aged 6-12 with complex histories are woefully inadequate; and

WHEREAS: Such inadequate services often leads to worse outcomes for this population in their teen years with youth unable to cope adequately, leading to an increase in addictions, abuse and violence, self-harm and more long term mental illnesses at great cost to the person and to future services.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) work with its affiliates to lobby the provincial government to provide adequate funding for assessment and interventions for children aged 6-12 with complex special needs.

SUBMITTED BY: Campbell River Family Services

Committee Recommendation: Concurrence

Carried _____

Defeated _____

50. HEALTH SERVICES

WHEREAS: The Health Sciences Association (“HSA”) has many members of numerous professions, including Physiotherapists, Occupational Therapists, Speech Language Pathologist and Recreation Therapists, who work with children and families who access funding and services through the Ministry of Children & Family Development (including the At Home Program and Nursing Support Services); and

WHEREAS: The funding model and dollar amounts have not notably changed since the inception of these programs; and

HEALTH HUMAN RESOURCES

WHEREAS: There are increasing financial burdens being placed on families with children with disabilities;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will advocate for the formation of a parent advisory group that will advise the Ministry of Children and Family Development on changes to the programs and the necessary funding that will support families and children, providing them with the services (therapy, nursing, respite, etc.), equipment, and communication devices that will better enable them to fully participate in their family, educational and community lives.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation: Concurrence

Carried _____

Defeated _____

51. HEALTH HUMAN RESOURCES

WHEREAS: Children Development Centres are having difficulties recruiting and retaining qualified therapists, consultants and educators; and

WHEREAS: There is a significant discrepancy between the Community Social Services and Health Sciences Professionals collective agreements in both wages and benefits. This hinders the Social Services sector to recruit and retain staff.

WHEREAS: Ongoing staff shortages prevent children with special needs accessing early intervention services and/or receiving quality services; and

WHEREAS: Ongoing staff shortages add to the workload of existing therapists, consultants and educators;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to lobby the government to increase access to quality training programs and to early intervention services to improve and uphold best practices for our children and families.

SUBMITTED BY: Starbright Children’s Development Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

52. HEALTH HUMAN RESOURCES

WHEREAS: The province has long waitlists for many healthcare services; and

WHEREAS: Long waitlists are the result of under-funded and under-staffed programs; and

WHEREAS: It is difficult to recruit and retain good healthcare providers.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to raise awareness of staff shortages that lead to lengthy waitlist for BC residents; and

BE IT FURTHER RESOLVED: That HSA lobby government to work on solutions to resolve staff shortages at worksites, i.e. housing incentives, forgiveness loans, bonuses and other incentives to staff chronically vacant positions.

SUBMITTED BY: Queens Park Care Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

RESOLUTIONS - LABOUR RELATIONS

53. LABOUR RELATIONS

WHEREAS: Health Sciences Association (“HSA”) members are struggling with unmanageable workloads especially in smaller and remote locations and as a result, many patients, residents and clients are not receiving the type and level of services they require; and

WHEREAS: Excessive workloads can result in members being unable to meet their professional responsibilities, increased stress and negative health outcomes for members.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will continue to work with members to use all available labour relations avenues to address excessive workloads; and

BE IT FURTHER RESOLVED: That HSA will lobby the provincial government and with our partners to provide the funding required to provide adequate staffing levels in health care and community social services.

SUBMITTED BY: West Coast General Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

54. LABOUR RELATIONS

WHEREAS: The Workload Campaign has clearly shown that excessive workload is an issue affecting a large majority of our members; and

WHEREAS: An improvement in workloads would have a positive impact on both patient care and Health Sciences Association (“HSA”) members’ health and wellbeing,

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) continue to resource the work that is being done on excessive workload through policy grievances and other means to improve members’ working conditions.

SUBMITTED BY: Eagle Ridge Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

55. LABOUR RELATIONS

WHEREAS: The grievance process can sometime take years and this is frustrating for the members involved.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) pressure the employers to keep to the grievance time lines in the collective agreement.

SUBMITTED BY: Children’s and Women’s Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

56. MEMBER SERVICES

WHEREAS: The Health Sciences Association (“HSA”) has created and supported a successful and effective member mobilizing and organizing team made up of both multi-disciplinary and multi-regional members; and

WHEREAS: Through this member mobilizing and

organizing team we have seen increased engagement by members, new activists and more engaged steward teams; and

WHEREAS: We have also seen and heard increased member satisfaction both on the ground level and through surveys with an increased presence by HSA and the member mobilizing and organizing team.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to provide funding and support to build the member engagement and organizing team, and to ensure that members from different disciplines and regions are represented on the team.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

57. MEMBER SERVICES

WHEREAS: Stewards are valuable resources who can teach and learn from one another; and

WHEREAS: Building strong chapters is an important part of the Health Sciences Association’s (“HSA’s”) organizational foundation.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) hold an annual team building event for steward teams at their worksite, regionally or at the HSA head office.

SUBMITTED BY: BC Cancer Agency (Vancouver Cancer Centre)

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

58. MEMBER SERVICES

WHEREAS: Other Health Science Professional Bargaining Association unions have offices in Victoria; and

WHEREAS: Island Health Authority and the British Columbia government is centered in Victoria; and

WHEREAS: Grievances are best dealt with face to face and having Labour Relation Officers established in Victoria will improve their availability to meet with the employer.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) establish a regional office in Victoria.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

59. MEMBER SERVICES

WHEREAS: It is difficult to recruit and retain stewards for the chapter and the steward are the backbone of the union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) use its resources to focus on building strong steward teams and find ways to show the stewards that they are appreciated; and

BE IT FURTHER RESOLVED: That HSA, in an effort to recruit stewards, launch a campaign to edu-

RESOLUTIONS - OCCUPATIONAL HEALTH AND SAFETY

cate the general membership about the multi-faceted role of the steward.

SUBMITTED BY: Children's and Women's Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

60. OCCUPATIONAL HEALTH & SAFETY

WHEREAS: Domestic violence impacts 38% of women, 17% of men and 65% of trans persons; and

WHEREAS: Domestic violence follows victims and survivors into the workplace, creating significant health and safety concerns; and

WHEREAS: The Canadian Labour Congress ("CLC") has launched an educational campaign for union members: Can Work Be Safe When Home Isn't,

THEREFORE BE IT RESOLVED: That the Health Sciences Association ("HSA") will make use of the Canadian Labour Congress ("CLC") domestic violence in the workplace campaign materials as well as developing materials specifically for our union in order to raise awareness among our members of this important issue; and

BE IT FURTHER RESOLVED: That HSA will make members aware of resources available to victims and perpetrators; and

BE IT FINALLY RESOLVED: That HSA will provide workplace occupational health and safety committees with the above materials and information.

SUBMITTED BY: Board of Directors (OH&S Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

61. OCCUPATIONAL HEALTH & SAFETY

WHEREAS: Psychological Health and Safety Standards have been developed by the Canadian Standards Association and championed by the Mental Health Commission of Canada in order to improve work environments; and

WHEREAS: Negative workplace culture has been identified as being a serious problem within the Health Authorities in British Columbia; and

WHEREAS: Health Authorities have been directed by the Ministry of Health in British Columbia to implement the Psychological Health and Safety Standards into the workplace.

THEREFORE BE IT RESOLVED: That the Health Sciences Association ("HSA") union apply pressure to the Health Authorities across British Columbia to implement the Psychological Health and Safety standards across all worksites in consultation with front line workers.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

62. OCCUPATIONAL HEALTH & SAFETY

WHEREAS: Health Sciences Association ("HSA") believes in the importance of WorkSafe BC policies, including Policy D3-115-2 Workplace Bullying

and Harassment, to create safe workplaces for all its members; and

WHEREAS: Currently there is no mandatory training for employees and employers regarding the dynamics/subtleties of bullying and harassment, not the steps that can be taken if a situation should occur; and

WHEREAS: Members or employers may be unaware that they are experiencing or perpetrating bullying and harassment.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will request/lobby that WorkSafe BC include in its Bullying and Harassment policy, mandatory training for all **EMPLOYERS AND EMPLOYEES**, so they can understand the dynamics of bullying and harassment, work to prevent it from occurring and know the steps that can be taken when necessary.

BE IT FURTHER RESOLVED: That HSA look into training **OPTIONS** on Bullying and Harassment to educate its members in the hopes that it will prevent or stop bullying and harassment before it becomes a health and safety issue.

SUBMITTED BY: Campbell River Family Services

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

63. POLITICAL ACTION (Covers 64)

WHEREAS: The government has provided \$1.1 million to create 3,806 new licensed childcare spaces in the province in both non-profit and for profit centres. Although substantial, this increase in funding does not yet bring the government in line with its

election promise of \$10 a day childcare; and

WHEREAS: Parent fees are now the second highest in the country, for parents of children and toddlers. Only 18% of children under 12 in BC have access to a regulated child care space; and

WHEREAS: The \$10 a Day Plan will make child care affordable by bringing fees down to \$10 a day for full time care; \$7 a day for part time care and no parent fee for families with annual incomes under \$40,000

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to advocate for affordable and accessible childcare that was promised to BC families.

SUBMITTED BY: Child Development Centre of Prince George

Committee Recommendation: Concurrence

Carried _____

Defeated _____

64. POLITICAL ACTION (Covered by 63)

WHEREAS: Health Sciences Association (“HSA”) has many members who are parents of young children and require child care in order to work; and

WHEREAS: The cost of child care is prohibitive; and

WHEREAS: The wages of child care providers are low resulting in exploitation of workers and recruitment challenges for day care centres; and

WHEREAS: The NDP government made affordable child care an important plank of their election campaign and, once elected, their lobbying efforts with the federal government.

RESOLUTIONS - POLITICAL ACTION

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby the provincial government to, within their current term, implement the non-profit, high-quality, affordable child care system as proposed by the Coalition of Child Care Advocates of BC.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation:

Concurrence _____

Non-concurrence _____

Carried _____

Defeated _____

65. POLITICAL ACTION

WHEREAS: Members without enough sick time in their banks and need to go off work for medical reasons, may not have enough sick time in their bank to cover the 5 month waiting period for long term disability coverage; and

WHEREAS: The current medical EI only covers members for 15 weeks of paid leave.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to lobby the federal government THROUGH THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES AND THE CANADIAN LABOUR CONGRESS to increase the length of time for Medical EI coverage.

SUBMITTED BY: Burnaby Hospital

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

66. POLITICAL ACTION

WHEREAS: The cost of housing has risen in the lower mainland so that employees have moved further away from their work sites; and

WHEREAS: Employees are often spending two hours or more in traffic due to lack of an efficient transit system.

THEREFORE BE IT RESOLVED: That Health Sciences Association (HSA) lobby all levels of government to improve transit across the lower mainland.

SUBMITTED BY: Central Community Health Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

67. POLITICAL ACTION

WHEREAS: Many employees are struggling to provide care for aging or compromised family members and young children; and

WHEREAS: Often there are no spaces available and if available are cost prohibitive.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby government WITH ITS AFFILIATES to assist families with a universal child care program and affordable elder care; and

BE IT FURTHER RESOLVED: That HSA LOBBY government WITH ITS AFFILIATES to create more spaces and facilities for these groups.

SUBMITTED BY: Central Community Health Centre

POLITICAL ACTION

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

68. POLITICAL ACTION

WHEREAS: Unions have been a major force for addressing the power imbalance between workers and their managers and employers; and

WHEREAS: The promotion of social and economic justice, and protection of human rights are core values to health care and community social service workers; and

WHEREAS: Health Sciences Association (“HSA”) members are increasingly diverse.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to educate members about issues relating to discrimination and assist them in mitigating any form of oppression in the workplace.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

69. POLITICAL ACTION

WHEREAS: 1/3 (approximately 6,000) Health Sciences Association (“HSA”) members are aged 35 or under; and

WHEREAS: These young members’ interests and preferred methods of communication and union involvement are different than those of older members; and

WHEREAS: One of HSA’s strategic priorities is to engage and mobilize these young members on an ongoing basis, and to increase their involvement in the decision-making processes of HSA and the broader labour movement; and

WHEREAS: The biggest concern of members who attended HSA’s first Young Worker’s Forum last fall is the lack of space and opportunity for young workers to get involved with HSA;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) support young HSA members to participate in the BC Federation of Labour’s Young Workers’ Committee and conferences.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

70. POLITICAL ACTION

WHEREAS: On October 20, 2018 British Columbians throughout the province will elect mayors, councillors, school trustees, and regional directors; and

WHEREAS: Voter turnout in municipal elections is low, despite the importance of decisions made at the local level, which affect every part of our lives on a daily basis – from transportation and housing, to our local environment and the education of our children; and

RESOLUTIONS - POLITICAL ACTION

WHEREAS: Health Sciences Association (“HSA”) members have a lot to offer as elected decision makers, municipal candidates and election campaign volunteers;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will encourage members to run for elected local government positions, to volunteer to help elect progressive candidates, and to vote for progressive candidates in their communities.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

71. POLITICAL ACTION

WHEREAS: 3.5 million Canadians can’t afford to fill their prescriptions, and due to high costs are splitting pills or skipping recommended doses, resulting in poor health outcomes and increasing health inequities; and

WHEREAS: In BC, public spending covers less than half the cost of prescriptions, one-third of workers don’t have health benefits, and the highest percentage of survey respondents in Canada couldn’t afford to take medication as prescribed; and

WHEREAS: Canadians pay among the highest prescription prices in the world, and our multi-payer system and lack of comprehensive national bulk purchasing is wasting billions of dollars annually; and

WHEREAS: Nobody should be forced to choose between paying for groceries or rent and paying for the medications they need;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will work with the labour movement and other allies to urge the federal and provincial governments to establish a comprehensive and universal national Pharmacare program.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

72. POLITICAL ACTION

WHEREAS: British Columbians will vote this year on whether or not to change the provincial election system from the current first-past-the- post system to a form of proportional representation; and

WHEREAS: First-past-the-post routinely gives 100% of the power to parties with less than half the votes, while proportional representation distributes seats among parties based on their actual level of support among the electorate; and

WHEREAS: Proportional representation is more likely to result in governments run by progressive parties that support workers and public services; and

WHEREAS: Proportional representation tends to increase voter turnout, and to elect a more diverse group of politicians.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will actively support changing BC’s provincial election system from first-past-the- post to a form of proportional representation in the 2018 provincial referendum; and

BE IT FURTHER RESOLVED: That HSA educate

POLITICAL ACTION

our members on the advantages of proportional representation, and

Carried _____
Defeated _____

BE IT FINALLY RESOLVED: That HSA will support members to engage in referendum campaigns supporting proportional representation.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

73. POLITICAL ACTION

WHEREAS: The Health Sciences Association (“HSA”) has successfully supported all interested HSA members in community, provincial and political involvement that will speak to issues that make a difference for British Columbians and that focuses on health care, and social community issues; and,

WHEREAS: Too few women are advancing into leadership roles – only 20% of women are elected to Parliament and in 2015, Canadian women made up 28% of municipal councillors and only 18% of mayors.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) will continue to work with (advocate, educate and support) HSA members in their candidacy and political party involvement with an emphasis on encouraging and supporting women who are pursuing political leadership roles.

SUBMITTED BY: Board of Directors (Women’s Committee)

Committee Recommendation: Concurrence





Nasim Akbarli
Cytogenetics Technologist, Royal Columbian Hospital

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



L-R: Jed Whitehouse (Region 1), Louise Vaile (Region 9), Kevin Towhey (Chair, Region 8 Director), Mandi Ayers (Region 10 Director), Osita Hibbert (Region 3) FRONT: Colette Baker (staff).

In the early fall of each year CESA collects applications for the Equality and Social Action Fund from around the province. The committee holds an annual “speed dating” meeting, whereby the applicants are given a short time slot to explain the reasons for their requests and the impacts they expect to achieve.

The committee’s recommendations are based on an examination of materials submitted by applicants, presentations delivered by representatives of

the groups, and answers to questions posed by the committee. The committee engages in collaborative deliberation the day following the presentations.

This year we received 34 requests for funding from mainly British Columbian groups, with some national and international organizations also submitting requests. The total amount of funds requested – \$230,443 – was more than double the available funds - \$107,000.

The criteria used to determine the successful recipients are as follows:

- promotion and protection of trade union rights
- promotion and protection of human rights
- elimination of inequalities in society and the workplace
- promotion of issues relevant to women
- elimination of poverty
- promotion and protection of a healthy environment

Out of the 34 requests, we distributed funds to 25 applicants.

The final decisions were difficult to make, and all the committee members struggled to balance distributing the funds to a diverse group of causes, while giving consideration to how funds would impact members across the province and impact national and international causes.

The committee recommended that we continue to donate raffle proceeds from the convention to Camp Jubilee.

This year's Social Justice Day workshop was on Feb. 19. The theme this year explored environmental justice.

My thanks go out to all of the members of our CESA committee for making a difficult task enjoyable, with special thanks to our staff, Colette Barker, Bill Hannah, and Pattie McCormack. Without you, we could never have pulled it off.

Respectfully Submitted,

Kevin Towhey
Chair

PROJECTS FUNDED BY CESA 2017

First Call: BC Child and Youth Advocacy Coalition	5000
Seva Canada Society	7000
Check Your Head: The Youth Global Education Network	5000
CoDevelopment Canada	15000
Autism Support Network Society of BC	5000
Protein for People	5000
Camp Jubilee	2000
Canada Without Poverty	1000
Disability Alliance of BC	2000
West Kootenay Women's Association	2000
Society of Transition Houses	5000
WAVAW Rape Crisis Centre	2500
Skidegate Band Council (Haida Gwaii Women's Dialogue)	5000
Downtown Eastside Women's Centre	4000
West Coast LEAF	4000
Nelson Cares	5000
SOVAS	3500
Rise Women's Legal Centre	4000
Elk Valley Society for Community Living	3000
Coalition of Child Care Advocates of BC	2500
Positive Living North	2500
Living Wage for Families Campaign	2000
QMUNITY	7500
BC Poverty Reduction Coalition	5000
Co-op Radio	2500

TOTAL **\$107,000**

EDUCATION COMMITTEE



(L-R) Dean Avender (Region 8), Sharon Geoghegan (staff), Deb Cline (Region 7), Derrick Hoyt (Region 2 Director), Madhu Maharaj (Region 4), Colette Barker (staff), John Christopherson (Chair, Region 5 Director).

HSA's Education Committee oversees the administration of the union's education programs and the distribution of scholarships and bursaries. The committee reviews the educational needs of our members and makes recommendations regarding workshops, policies, and programs consistent with the goals, objectives and strategic planning of HSA.

STEWARD AND MEMBER TRAINING

Courses are offered throughout the year to stewards and members. In 2017, we trained nearly 1500 members around the province. Our steward training

courses include Basic Steward Training and Occupational Health and Safety Training. We also offer one-day Steward Team Training delivered at worksites or in members' communities.

Stewards and members also have opportunities for education at pre-convention workshops, constituency liaison and labour council delegate training, regional workshops and special workshops including International Women's Day and Social Justice Day.

Members are sponsored by committee funds to attend courses offered through the Canadian Labour



HSA CONSTITUENCY LIAISON TRAINING



HSA YOUNG WORKERS ATTEND THE BC FED'S YOUNG WORKERS' CAMP AT CAMP JUBILEE.

Congress' Winter School and Summer Institute for Union Women. HSA's Madden Memorial Education Fund provides financial assistance to members attending other labour-related courses. This year we sponsored four young workers to attend the BC Federation of Labour's Young Workers' School at Camp Jubilee.

MEMBER EDUCATION

Our union provides a wide range of leadership and special interest courses for members. This year we offered a workshop for Registered Psychiatric Nurses (RPNs) on Nurses' Bargaining Association contract interpretation, our first-ever Young Workers Forum, and an inaugural session of Chief Steward Training. In conjunction with our regional meetings, we offered a workshop on Bargaining and Essential Services. Many convention delegates will also have the opportunity to attend one of the pre-convention education workshops this year: Advanced Contract Interpretation; OH&S - Creating Mentally and Physically Safe and Healthy Workplaces; Labour History, Culture and Song; Issues to Action; and Bullying and Harassment in the Workplace.

The Board of Directors has approved a number of psychological health and safety courses for staff, Enhanced Disability Management Program (EDMP) representatives, and members. This is in response to

the province's Bill 14, which recognizes psychological injury as compensable injury as related to harassment and bullying. There is a Canadian Standards Association mandate to recognize psychological injury at worksites. In 2017, 166 members attended safeTALK, Psychological Health and Safety Training and Mental Health First Aid. We will continue to work with the Canadian Mental Health Association in developing and delivering courses related to psychologically safe workplaces.

SCHOLARSHIPS AND BURSARIES

Members and their immediate families are invited to apply for scholarships and bursaries. Every year, the committee selects 10 candidates to receive a scholarship of \$1000. In addition, we choose 20 candidates to receive a bursary of \$1000, and two Aboriginal students receive bursaries of \$1000. We also award four part-time bursaries of \$500 each. Each year we receive in excess of 100 applications for these awards and the committee spends three full days reviewing the applications and making difficult choices about who will receive these funds.

The committee also reviews the applications for the CLC Winter School – held every year in January and February – and the annual Western Regional Summer Institute on Union Women (SIUW). The SIUW is a four-day residential conference sponsored by



YOUNG WORKERS' FORUM PARTICIPANTS

the American Federation of Labor and Congress of Industrial Organizations.

In 2017 it took place at the Ala Moana Hotel, Hawaii from June 27 to July 1. The program brings together workers and leaders from unions, worker centres, and community organizations from the United States' and Canada's western regions, Mexico, and Central America. In 2017 two HSA members and a member and her daughter were selected to attend. The 2018 conference will take place July 10-14 at Sonoma State University in California.

EVALUATIONS

After each workshop we collect feedback from participants. The committee and staff review these submissions and consider if any changes are needed for the next course.

PENSION EDUCATION SESSIONS

In the past year we have offered sessions about retirement preparation, in conjunction with the Municipal Pension Plan (MPP). Four workshops were offered at the New Westminster office in 2017. Stewards are able to plan and host these seminars at their worksite. This year, several were offered locally, in cities includ-

ing Kamloops, Abbotsford, and Port Moody. These workshops are consistently well attended.

For many members this may be their first interaction with the union. Don't forget that MPP administrators will come to your site to provide workshops if you provide dates, book a room, and guarantee 20 attendees. Chief Stewards can contact the HSA education department with dates and details, and the union staff can coordinate with MPP and provide refreshments.

We as members are extremely fortunate to have the support of knowledgeable and helpful staff to assist the work of the Education Committee and provide members with excellent workshops. There are a multitude of tasks involved, including preparing agendas and material for policy review, responding to requests for workshops, arranging and organizing various training and workshops, and preparing for the review of numerous scholarship and bursary applications. We cannot thank the staff enough for their excellent organization and dedication.

If you have never attended a workshop, the committee highly encourages you to consider attending one, and encourage other members to consider registering for a workshop or training session.

We want to thank the great contributions of our staff Colette Barker, Carol-Lee Campbell, and Bill Hannah. Bill and his family are relocating to the Maritimes soon after convention. Without his commitment and work in HSA, we would not have been so productive as a committee. We wish him well in the future.

Respectfully submitted,

John Christopherson,
Chair

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



(L-R) Geri Grigg (staff), James Rudek (Region 4), Joe Sebastian (Region 4 Director), Larry Bryan (Region 5), Anne Davis (Chair, Region 1 Director), Brenda Hauck (Region 2).

HSA's Occupational Health and Safety Committee works closely with staff to monitor matters pertaining to the workplace health and safety of all HSA members throughout the province, to engage in specific areas of interest, and to celebrate our successes. The committee mobilizes members to be active on their site health and safety committees and provides education to activists on a variety of workplace issues affecting their physical and mental health.

While issues around ergonomics, indoor air quality, and fatigue continue to be important to HSA members, examining those issues through the lens of psychological health and safety has provided an additional tool to address these problems. WCB does not distinguish risks to mental injury from risks to physical injury, and often, joint health and safety committees get bogged down in the risks to physical injury. While physical injuries are extremely serious, an injury to mental health can be equally debilitating and career-limiting.

HSA President Val Avery continues to lobby the Ministers of Health, Mental Health and Addictions, and Labour to take action on violence prevention. Violence towards health and social services workers is higher than in any other sector, including law enforcement and corrections.

HSA continues to work with the BC Federation of Labour Standing Committee on OH&S to address issues of violence prevention, mental health in the workplace and presumptive illness coverage for first responders, as instructed by resolutions from last year's convention. HSA has been working with provincial unions and committees to ensure that JOHS Committee members are receiving orientation training and annual legislated entitlement to training. HSA's Basic OH&S Steward Training has been updated to meet the new requirements of WCB.

We sponsored the Bottom Line Conference hosted by the Canadian Mental Health Association. Three HSA members attended and learned about mental health and addictions, workplace health promotion, implementing the standard, and heard stories of addiction and recovery juxtaposed against a variety of work situations. Although our workplaces have challenges, negotiated benefits like Enhanced Disability Management Program (EDMP), extended health, long-term disability and even vacation entitlements support mental wellness for HSA members.

Over the past year, HSA has hosted five basic OH&S steward trainings (including regionally in Parksville and Prince George), five Health and Safety Centre courses on Committee Effectiveness, seven Psychological Health and Safety/safeTALK trainings (including regionally in Prince George, Victoria, and Kelowna), and one Mental Health First Aid course.

The committee would like to thank the stewards and activists at each worksite in British Columbia for continuing to work hard to resolve health and safety

issues, and bringing attention to those issues that need regional action. In the year ahead we will continue to build the steward team to ensure each and every HSA member arrives home safely at the end of the workday with energy to pursue their passions.

Respectfully submitted,

Anne Davis,
Chair

POLITICAL ACTION COMMITTEE



(L-R) Donna Barker (Region 6), Jas Giddha (Region 7 Director), Osman Azad (Region 7), Nancy Hay (Chair, Region 6 Director). MISSING: Carol Rivière (staff).

The Political Action Committee (PAC) supports the involvement of HSA members in the electoral process and grassroots political activism. It oversees the use of HSA's Political Action Fund, supports the work of the constituency liaisons and labour council delegates, and looks for opportunities to engage HSA members in the political process to support issues of importance to HSA members.

THE YEAR IN REVIEW

Through grassroots political activism, our mem-

bers are engaged in campaigns organized by the BC Health Coalition, the BC Federation of Labour and other allied groups. Over the past year, members worked on issue-based campaigns related to the May 9 provincial election, such as the BC Health Coalition's Vote Public Health Care campaign, and the BC Federation of Labour's Better Can Happen Here campaign.

A record number of members also received Political Action Fund support to take time off to work on provincial election campaigns. Many of these members

filled senior leadership positions on campaign teams and made a significant difference in the election.

Last July we saw a change in provincial leadership with a new minority NDP government, supported by the Green Party. Two of the first pieces of legislation enacted by the new government changed the electoral financing rules for provincial and municipal elections. This legislation eliminates some of the member opportunities previously funded by the Political Action Fund. As a result of the legislative changes, our committee has discussed other ways to engage members in electoral politics, as well as various grassroots campaigns, and to facilitate training that equips members to carry out this work.

One program that has had a long-term impact is the Constituency Liaison program. We currently have over 100 Constituency Liaisons throughout the province. Our Constituency Liaisons are currently meeting with their local MLAs to share information about who our members are and how they offer effective intervention through multidisciplinary teams to address mental health and addictions. Constituency Liaisons are speaking to MLAs about the innovative work being done by our members to reduce surgical wait times through the Osteoarthritis Service Integration System (OASIS) program. Other members are discussing the key issue of underfunding for young children who need services from child development centres.

This is an excellent way to talk about our work and educate our elected representatives about the important role of HSA members. If you are interested in participating in a grassroots campaign, or in becoming a Constituency Liaison or labour council delegate, please contact the HSA office for more information, or visit the PAC table at convention.

THE YEAR AHEAD

In May, members of the Board and several Constitu-

ency Liaisons will be participating in a lobby day in Victoria. We will be meeting in person with MLAs to continue to educate them about our work and raise the profile of the range of services provided by our members.

There will be municipal elections this fall. Local governments have a very direct influence on our families and communities. Please take time to find out who is running in your communities and vote.

Sometime before November 30 there will be a referendum on proportional representation. British Columbians will be asked whether they support changing the first-past-the post electoral system currently used to elect our provincial government to some form of proportional representation. This is another opportunity to effect change in our province. We have a chance to address the inequitable method utilized by our current provincial electoral system. We encourage members to encourage other members, colleagues, and family members to participate in the vote and support a change to our electoral system.

Thank you to the HSA members who serve as Constituency Liaisons or labour council delegates, work on grassroots and community campaigns, and get involved in electoral politics. Every one of these actions makes our union stronger.

Respectfully submitted,

Nancy Hay,
Chair

WOMEN'S COMMITTEE



(L-R) Sharon Geoghegan (staff), Val Barker (Region 6), Sherry Lewis (Region 7), Mandi Ayers (Chair, Region 10 Director), Anne Davis (Region 2 Director), Carol Bourque (Region 10).

The Women's Committee is mandated to encourage and support HSA members who identify as women to participate politically within HSA and our society. We also seek to educate all our members on issues that women face every day.

I had the honour of chairing this past year's Women's Committee and was joined by:

- Anne Davis, regional director from Region 1;
- Val Barker, member-at-large for Region 6;

- Sherry Lewis, member-at-large for Region 7; and
- Carol Bourque, member-at-large from Region 10.

We are happy to have Sharon Geoghegan join the committee as staff support to replace Leila Lolua. We would also like to thank Carol-Lee Campbell, who looked after the committee's logistical needs.

Over the past year, the committee met four times - three in-person meetings and one teleconference meeting.

At our first meeting in June, we laid out a work plan for the year. We reviewed the policies and terms of reference for the committee. We also started preliminary plans for the International Women's Day workshop that HSA hosts annually in conjunction with International Women's Day on March 8.

Anne Davis also reported on her presentation to the federal Standing Committee on the Status of Women (FEWO). This is an all-party committee composed of approximately 15 MPs and staff. Witnesses come in three at a time and have seven minutes to make a statement. Then there are questions posed to all three witnesses.

Anne spoke to FEWO about sexual violence and its impact on economic security. Her message was that economic insecurity cannot be addressed without also addressing violence against women, which should include men in its solutions.

Our second meeting was held in October. The committee met the night before the meeting to make calls to young woman members to inform them about the Young Workers' Forum that was coming up at the end of November. We felt that this was a good chance to start a young woman's relationship with her union.

We know that some of the attendees did in fact attend because of our outreach to them, so we feel that this was a valuable exercise, and plan on doing it again for future events. During our committee meeting we discussed holding a Men as Allies workshop. This workshop was held in early February and was very well received.

The third meeting of the committee was held by teleconference at the end of January. We discussed Tampon Tuesday, a joint venture between the United Way, labour unions, and various community organizations. The purpose of Tampon Tuesday is to collect menstrual products to be distributed to homeless and

low-income women.

Periods are a fact of life and monthly menstruation products are a necessity. Nobody should have to pick between feeding their family and being able to afford basic hygiene products. Yet far too many people, especially those living in poverty, simply can't afford them. At this meeting, we also discussed resolutions to convention that the committee wanted to submit to the Board of Directors. We submitted resolutions on childcare, electoral reform, Jordan's Principle, Tampon Tuesday, and election support.

Our final meeting was held the day before our International Women's Day workshop to review any last-minute items for the workshop. We also prepared our presentation for convention.

SOME EXCITING NEWS FOR THE FUTURE

Vancouver will host a Women Deliver Conference in June 2019. Women Deliver is a worldwide organization and a leading advocate for the health, rights, and wellbeing of girls and women. The Women Deliver Conference is currently the largest gathering taking place to drive progress for gender equality, health, and the rights of women. Over 6000 world leaders, influencers, advocates, activists and journalists from over 150 countries will be attending. We hope that the incoming Women's Committee will send a delegation to this conference.

Respectfully submitted,

Mandi Ayers,
Chair



Trish Van Kuyk
Occupational Therapist, The Centre for Child Development



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.

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