

2019 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

ON THE COVER (L-R):

Nicole Skuce, Child Support Worker

Rena Taggar, Executive Assistant

Allison Bota, Women's Support Worker

Jasmine Roh, Housing Outreach Worker

Jianna Faner, Communications and Development Coordinator

Dixon Transition Society

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DRAFT AGENDA - CONVENTION 2019

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

WEDNESDAY APRIL 3: PRE-CONVENTION PLENARY

2:00 - 7:00 pm Registration
7:00 - 9:00 pm Plenary Session

THURSDAY, APRIL 4: 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
 Adoption of Minutes of 2018 Convention
 Moment of Silence
9:00 am President's Report
9:30 am Elections Committee Report
 Resolutions Committee
 Finance Committee Report
 Resolutions Committee
11:00 am Guest Speaker

12:00 noon Lunch

1:30 pm Education Committee Report
 Resolutions Committee
2:00 pm Political Action Committee Report
 Resolutions Committee
3:30 pm Women's Committee Report
 Resolutions Committee

4:00 pm Adjournment

4:00 pm- 5:00 pm Regional Meetings
6:00 pm Reception
7:00 pm Convention Banquet

**FRIDAY, APRIL 5:
CONVENTION SESSIONS**

8:30 am	Call to Order Credentials Report Election (President) OH & S Report Presentation of David Bland Award Resolutions Committee
11:00 am	Guest Speaker
11:15 am	Elections (Trials Committee)
12:00 noon	Lunch
1:30 pm	Election Results Committee on Equality and Social Action Report Resolutions Committee Good and Welfare
4:00 pm	Convention Adjournment





Jing-Yi Ng
Clinical Pharmacist, Burnaby Hospital

EXECUTIVE REPORTS

REPORT OF THE PRESIDENT

We don't work in isolation. As a labour union, we are able to advance our own interests most effectively when we work closely with those who share common objectives. Looking back since last convention, it's been a year of collaboration.

We've made some major gains – at the bargaining table and across our communities – because we've built bridges. We've strengthened our relationships with policymakers, community organizations, other unions, and across HSA workplaces.

I am proud to say that at HSA, it's been a year of engagement. And member engagement has been at the forefront of our work.

DEEPENING OUR MEMBER ENGAGEMENT EFFORTS

In the past year, our members voted on the ratification of four collective agreements as negotiated through the Health Science Professionals Bargaining Association (HSPBA), the Community Social Services Bargaining Association (CSSBA), the Commu-

nity Bargaining Association (CBA), and the Nurses Bargaining Association (NBA).

Long before votes were cast, HSA chapters across BC held local meetings to discuss bargaining proposals and elect delegates to HSA's bargaining proposal conferences, who worked together collaboratively to set an agenda for bargaining, hosting rich conversations about how to improve the lives of our members. Elected bargaining committee members devoted long hours to the negotiation of our collective agreements.

As a result of these efforts, four new collective agreements have come into effect this April, bringing tangible gains to our members.

This February, 19,000 health science professionals (HSPs) in more than 100 distinct specialities ratified a three-year agreement that stops the deterioration of their contract. The new agreement is a step in the right direction, following nearly two decades of a hostile bargaining climate that undervalued the contributions of HSPs. Delivering the first major amendments made to the classification system in nearly 30 years, this agreement allocates \$10 million over three

HSA has worked with its committees to develop programming that advances human rights and fosters a culture of inclusion within our union. Some of the year's fantastic member programming has included workshops on disability rights, transgender rights, and women's mentorship.

years to address longstanding inequities in the classification system. The agreement delivers a general wage increase for all HSPs, and includes measures to address workload, recruitment, and retention issues. Important gains were also made for members in the three other public sector contracts.

Over the last year, HSA has sought to provide as many educational opportunities as possible to members. In addition to regular training offered to HSA's stewards, HSA has worked with its committees to develop programming that advances human rights and fosters a culture of inclusion within our union. Some of the year's fantastic member programming has included workshops on disability rights, transgender rights, and women's mentorship.

In order to grow stronger as a union, we must find new ways to engage our members. HSA's Board of Directors this year approved the creation of a young workers' advisory group to assist our young members in acting together on the issues they're passionate about.



Val Avery

In January, 2019, HSA hosted its second Young Workers' Forum. We brought together approximately 20 members under the age of 35 who discussed ways to better engage young people in the work of HSA and the broader labour movement.

In 2018, we began a rollout of the Stewards' Portal in response to members' call for improved tools to support the important work our stewards do for members. This new information management system will assist stewards and our labour relations staff with coordinating grievances and other workplace issues. We are excited to officially launch the portal at this

year's convention and are optimistic that it will improve stewards' ability to advocate on behalf of their colleagues.

Last fall, the proportional representation referendum in BC asked voters if they supported the adoption of a system of proportional representation for provincial elections. In accordance with a 2018 convention resolution, HSA unrolled a vibrant educational campaign encouraging members to support Pro Rep, grounded in evidence that a strengthened democratic system leads to stronger public health policy.

It was a challenging referendum. Yet despite this, HSA members engaged meaningfully with the topic and took concrete steps to educate their colleagues. While the referendum outcome was not what we had hoped for, we can be proud of our efforts to bring about positive change to our province. I extend a warm thank you to all members who participated in the HSA Votes Pro Rep initiative by signing a pledge card, collecting cards, making phone calls, or coordinating a presentation at your worksite. Your actions brought an increased awareness to the connections between democracy, public policy, and public health care, and they have undoubtedly inspired others to act on the issues they care about.

HSA was not alone in our efforts. We were part of a larger movement for change. The referendum saw environmental organizations, student groups, labour unions, progressive think tanks and other civil society organizations activated for a strengthened democracy, and our collective efforts have moved us forward.

COLLABORATION WITH THE BROADER LABOUR MOVEMENT

Over the course of the last year, the BC Federation of Labour (BC Fed) has ramped up its political engagement efforts with the NDP government. The BC Fed works to shift public policy at the provincial level through drafting policy submissions, steering public

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advocacy campaigns, and coordinating lobby efforts. Its public policy work is rooted in the common values of its affiliates: strong community social services; a fair labour relations system; safe workplaces; and equitable approaches to public policy.

Most recently, the BC Fed, alongside HSA, weighed in on proposed amendments to the BC Labour Relations Code, calling for the restoration of fairness. Over the course of the BC Liberals' 16 years in office, the code has been shaped to strongly favour employers. Among its recommendations, the BC Fed called for an end to rampant contract flipping and the removal of barriers to joining a union.

As part of its Level the Playing Field campaign, the BC Fed is calling for full compensation for workers injured or made ill at work. For too long, the Work-

ers Compensation Board (WorkSafe BC) has failed to adequately hold employers accountable for workplace accidents and illnesses, and too many injured workers are living below the poverty line as a result of unfair compensation. Members are invited to visit the BC Fed's website to send a letter to Minister of Labour Harry Bains about this important issue.

This past November, HSA members-at-large joined the HSA board as delegates to the BC Fed's Convention where we saw a change in the BC Fed's executive leadership with the acclamation of Laird Cronk from IBEW as president, and Sussanne Skidmore of BCGEU as secretary-treasurer. A historic highlight of the convention was the signing of a protocol agreement between the BC Fed and members from BC's First Nations leadership to guide joint cooperation moving forward.

HSA has long advocated for a strong public health care system. We believe that anyone, regardless of income, should have access to quality health care. The Canadian Labour Congress (CLC), the national voice for 3.3 million unionized workers across Canada, including HSA members, shares this value, and has continued its advocacy efforts for a universal Pharmacare program in Canada.

In its 2018 budget, the federal government announced the establishment of an Advisory Council on the Implementation of National Pharmacare. HSA encouraged members to participate in the council's public consultation process by completing the online survey and writing to council members. Canada is the only country in the world whose universal public health system does not include medically-necessary prescriptions.

HSA will continue to work with our partners in the labour movement to advocate for a fully-funded universal Pharmacare program that puts patients before pharmaceutical profits. With the federal election scheduled for this October, we will work to put universal Pharmacare on the electoral agenda.

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HSA is an affiliate of the National Union of Public and General Employees (NUPGE), a national body uniting 390,000 union members who largely work in provincial public services. Over the past year, NUPGE has taken strides to build on its valuable research on communicating with young workers, initiated in 2017 as part of its Millennial Project.

Last fall, NUPGE launched phase one and two of a new research initiative on building generational cohesion within unions. HSA members were encouraged to participate in NUPGE's online survey and online group consultation. The findings were shared in February at NUPGE's national women's conference entitled, "Coming Full Circle: Connecting the Generations," which was attended by an HSA board member and a young member.

As we look to the year ahead, we must continue the work of building relationships of solidarity with other workers, union and non-union. Strike solidarity is one way we can support our fellow unionized British Columbians. Some unions – particularly in the private sector - have hit the picket lines this year, often fighting against concessions demanded at the bargaining table. When we strengthen these relationships, we know that other workers will support us in our time of need.

POLICY CHANGE THROUGH ENGAGEMENT WITH GOVERNMENT

A strong government relations strategy helps us to achieve strengthened public policies that support the work we do at the bargaining table. Our advocacy efforts with the provincial government have focused on increasing recognition for the work of our members in community social services, community health, and the health science professions.

The BC NDP government has completed almost two years of its term in power. Since first taking office, we've seen some major reforms to the public health care system and new funding commitments to expand primary care, target surgical and diagnostic wait times, and invest in capital infrastructure.

We've seen new funding for mental health and addictions services – the federal and provincial governments announced in September that they would be investing \$71 million to increase access to opioid and addictions treatment in BC. In October, the province announced the establishment of a \$734-million women's transition housing fund, spread out over 10 years, to support the development of 12 housing projects across BC.

HSA has worked hard to develop strong relationships with the Ministry of Health, the Ministry for Mental Health and Addictions, the Ministry of Advanced Education, Skills and Training, and the Ministry of Children and Family Development (MCFD).

As a result of our advocacy efforts, HSA secured a \$3 million professional development fund for health science professionals last September. The fund will help to address profession shortages and will support health care team members to increase specialization.

In May, HSA's Constituency Liaisons and Board of Directors travelled to Victoria to take part in a Lobby Day, meeting with MLAs from their own constituencies to talk about the need for a health human resources policy to address critical shortages in public healthcare. We reintroduced the idea of a secretariat for health science professionals to focus on policy and practice issues that impact training, recruitment, and retention. We were encouraged to see the Select Standing Committee on Finances and Government Services recommend increased funding for ongoing, comprehensive health human resources planning, including the expansion of training spaces for health science professions.

Unfortunately we did not see the committee's recommendation fully implemented in the 2019 provincial budget. We have, however, seen a commitment to support the development of new health training programs, with ongoing funding to support the new sonography program at the College of New Caledonia. The provincial government has signalled its intention to begin expanding post-secondary training programs in order to address shortages and workload issues. Post-secondary institutions will start to see new capital funding that will allow for the further expansion of training programs for health science professions. We will continue to advocate for solutions to address workforce challenges facing the health science professions.

Constituency Liaisons working in child development centres (CDCs) met last year with MLAs to outline the need for increased funding of early intervention therapies for children with disabilities. Despite a slight funding injection in 2017-2018 by MCFD into early intervention therapy, some children are still waiting up to 18 months for therapy services, and

HSA continues to offer up policy recommendations surrounding the expansion of multidisciplinary health care teams, with particular attention to the development of community health centres (CHCs). CHCs are defined by their democratic community governance model and team-based approach to primary and community care.

some receive no services at all. We will continue to engage with MCFD to advocate for increased support for children with disabilities and sustained funding lifts for CDCs.

HSA continues to offer up policy recommendations surrounding the expansion of multidisciplinary health care teams, with particular attention to the development of community health centres (CHCs). CHCs are defined by their democratic community governance model and team-based approach to primary and community care. The development of CHCs has led to improved health outcomes, particularly for vulnerable populations, in various jurisdictions outside BC. In February, HSA brought together health authority representatives, health care professionals, and civil society groups to discuss the importance of CHCs in primary health care reform.

Last year, HSA's report from its March primary and community care conference was positively received

by the Ministry of Mental Health and Addictions. And last winter, HSA relaunched our We Stand for Mental Health Care television advertisement, highlighting the importance of a multidisciplinary approach to mental healthcare.

We know that policy change is brought about through different avenues – meetings with ministers, participation in legislative review panels, public actions that build public support for change, and engagement in the electoral process. As the fall federal election approaches, I encourage members to support progressive candidates through volunteering for an election campaign, taking an election sign, making a financial donation – and of course – going out to vote.

EXPANDING OUR PARTNERSHIPS WITH SOCIAL JUSTICE ORGANIZATIONS

The pursuit of social justice remains a critical component to our work of building a healthy society. Over the last year, HSA has continued to build bridges with community-based groups and social justice organizations whose values align with ours.

Our research and government relations team has worked closely with the Canadian Centre for Policy Alternatives – BC (CCPA-BC) and the BC Health Coalition (BCHC) to share knowledge. In January, 250 people attended a co-hosted public panel that highlighted the value of the community health centre model in strengthening community-driven and multidisciplinary health care.

The BCHC has worked with its partners to fight the privatization of our health care system. The coalition has acted as an intervener in the Brian Day case, a legal challenge led by private clinic owner and orthopedic surgeon Brian Day, who is seeking to overhaul legislation regulating the delivery of private health care in the province.

While currently being heard by the BC Supreme

Court, the case is expected to climb up to the Supreme Court of Canada, and could have far-reaching impacts on Canada's public health care system. The BCHC, in partnership with HSA, has worked to keep the case in the public eye, while mounting advocacy efforts in support of a robust regulatory framework that curbs for-profit healthcare that harms the public system.

In a disturbing turn of events, a BC Supreme Court judge ordered an injunction against provisions in the *Medicare Protection Amendment Act*, which the province announced would be brought into force beginning in October 2018. The act would enact fines for illegal extra-billing routinely carried out by for-profit clinics. The judge ruled that the constitutionality of the provisions are to be determined through the current legal challenge, and therefore granted an injunction until June, when the trial is expected to be concluded.

These developments signal that it is important now more than ever to collaborate with our allies to advocate for strengthened policy that protects against health care privatization and the many forms this privatization takes – from the contracting out of public services to the expansion of the for-profit health care sector.

Stomping out Period Poverty

Building off the incredible success of last year's Tampon Tuesday initiative, HSA has hit the ground running with its Stomp Out Period Poverty campaign. HSA chapters across BC have launched donation drives to collect menstrual products for people in need, which will be distributed through United Way partners to local community organizations.

The campaign also aims to mount public pressure for dedicated government funding for menstrual products to support those who struggle with access to them.

With financial support from Vancity, HSA is unrolling advocacy materials that call for publicly funded and publicly available products for those who need them most. Toolkits are available to members interested in building this campaign in their communities and at the chapter level, so that we may build broad support for this issue.

It is our hope that through the Stomp out Period Poverty campaign, we will strengthen our union's relationships with local anti-poverty organizations, and through acting together, deliver sustainable solutions to period poverty. If you're interested in bringing this campaign to your chapter, contact the HSA office.

Through my travels around the province, I've had the opportunity to visit with members and learn more about the ways that they make a difference in their workplaces and within the broader community. I've gained valuable insights into how the union can further develop engagement opportunities for its members, and I look forward to continuing this work. HSA will continue to provide as many educational opportunities as we can to our membership, and create spaces for members to get involved in the union and the broader work of our movement. I look forward to working together to build off of the many successes we've had over the last year.

Respectfully submitted,

Val Avery
HSA President



REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

2018 has been a year of successes and new challenges. We were pleased with the outcomes of collective bargaining, which lay a foundation for resiliency and growth for our union. As our health care system undergoes changes in service delivery, our newly negotiated collective agreements have supports in place to help our members advance amidst health care reforms.

We said to you last year, “We are hopeful that in the upcoming year, we will find ourselves working with a government that will be a willing partner in funding the best health and social services possible for the working people of BC.”

This has proven to be our experience during this past year, and we are optimistic that much can be accomplished in 2019.

We have already seen significant legislative improvements in employment standards and human rights. We are fortunate to have a provincial government that recognizes the needs of survivors of domestic and sexual violence when it comes to employment leave. We saw the repeal of the draconian Bill 29

through which the BC Liberals gutted our collective agreements in 2002.

The collective agreements for the Community Social Service Bargaining Association (CSSBA) and the Community Bargaining Association (CBA) include monies for low wage redress. In the Health Science Professional Bargaining Association (HSPBA) collective agreement, monies are available to modernize the wage grid. The 2019-2022 agreement will begin

The 2019-2022 agreement will begin to close the gap between those employed within job families and those employed under separate memos or Industry-Wide Miscellaneous rates.

to close the gap between those employed within job families and those employed under separate memos or Industry-Wide Miscellaneous rates.

We see improvements and many challenges in the NBA agreement, which covers our registered psychiatric nurse members. We will continue our active involvement to ensure this agreement protects our members.

While bargaining did take many of our staff and members out of the workplace between June and November, the day-to-day work of the union carried on. HSA's servicing, legal, disability management, and classifications departments worked diligently to support members with workplace issues, and ensured our members' rights – as outlined in the collective agreements and provincial legislation – were upheld.

LEGAL WORK

It has been an extremely busy year for the HSA Legal Department, which currently consists of six full-time lawyers. Tonie Beharrell heads the department as the Membership Services Coordinator (Legal Services). The legal department is supported by a full-time paralegal and 2.0 full-time equivalent (FTE) in legal administrative support.

In 2018, 145 new arbitration or member advocacy files and six Labour Relations Board files were assigned to the legal department, marking a decrease in files from the previous year. However, in 2017, the department handled 70 special leave grievances filed with Providence Health Care, which partially explains this trend. Assignment figures otherwise remain fairly consistent. We currently have 375 case files in the purview of the legal department.

Many of the grievance files assigned to the legal department involve multiple grievors. In 2018, of the 145 new arbitration files opened:

- 42 of the files were related to leave provisions in



Jeanne Meyers

the collective agreements

- 27 were discipline-related files
- Nine involved complaints to professional colleges
- 31 related to the classification provisions of the collective agreements
- Five were related to selection/first consideration provisions of the collective agreements
- Six pertained to the Labour Relations Board
- 25 involved other issues and/or provisions of the collective agreements

In 2018, we resolved 144 case files. The monetary value of the resolved cases exceeded \$219,000 in wages and benefits being paid to members.

We continue to see grievances filed with respect to the allocation of additional shifts and overtime and

have been successful in resolving most of these grievances prior to arbitration.

We continue to have excellent success in resolving education and special leave grievances prior to arbitration. Of the 70 special leave grievances filed in 2017 with Providence Health Care, 52 have now been successfully resolved with the employer allowing the special leave requests. One special leave grievance was withdrawn.

Highlights

HSA has resolved a very large multi-grievor/multi-policy grievance file wherein the employer had been terminating the casual employment of HSA members who failed to work 225 hours during a 12-month period.

The dispute arose because the Nurses Bargaining Association (NBA) negotiated language in 2012 that said, in part, that the employer may require a casual employee to work a minimum of 225 hours over a 12-month period. Certain health authorities, firstly Providence Health Care and then Vancouver Coastal Health (VCH), developed policies that sought to apply the same requirement on HSA health science professionals, notwithstanding that this language had never been negotiated with the HSPBA. The employer took steps to remove members from the casual call-in register when they had failed to work 225 hours. In the case of VCH, the employment of approximately 165 casual employees was terminated.

Five days of hearings were scheduled in April 2018 to hear the grievances. The parties reached a settlement wherein VCH agreed to cease applying the policy to HSA health science professionals members and to reinstate the terminated employees and the seniority that had accrued at the time of termination. The parties agreed that the employer could only terminate employees for just and reasonable cause. As a show of good will, the employer paid \$10,000 into HSA's Professional Development Fund.

Other employee status grievances

In another multi-grievor employee status grievance, HSA argued that the BC Cancer Agency used casual employees to fill vacancies when it should have been posting the vacancies as regular positions.

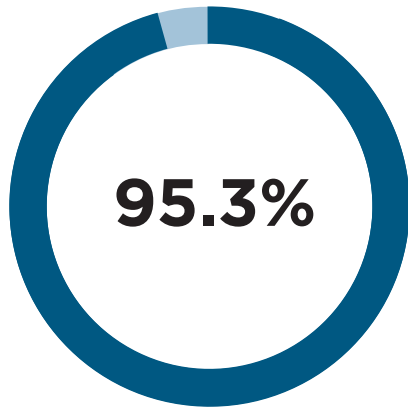
The parties agreed to resolve the grievances on the basis that, for the two-year period in question, the employees would be considered regular full-time employees for the purposes of individual service and seniority dates, accumulation of sick leave, special and compassionate leave banks, and the threshold for vacation entitlement. In addition, the employer agreed to make a \$3,000 RRSP contribution on behalf of each grievor.

Success for multiple parking expense grievances

On Aug. 10, 2018, Arbitrator Mark Brown sided with the union on its grievances pertaining to the reimbursement of parking expenses. At issue was the type of receipt the employer would accept for the purposes of reimbursement on days when employees were required to use their vehicles. The employer refused to reimburse employees who purchased a monthly parking pass, only reimbursing employees who submitted daily parking receipts. It argued that it could not accept the pay stub (showing the deduction for the monthly parking pass) as a valid receipt for the purposes of reimbursement.

The employer argued that daily parking receipts were cost neutral and that reimbursement of monthly parking passes would be administratively onerous, asserting that administrative costs would "skyrocket" in order to be compliant with the Canadian Revenue Agency. Arbitrator Brown found the latter assertion to be an exaggeration, and ruled that the employer was in violation of the collective agreement as well as an earlier settlement agreement reached in relation to the reimbursement of employee travel expenses.

LABOUR RELATIONS



Out of the 509 grievance files closed in 2018, 480 concluded with a win, negotiated settlement, or split win with the employer.

2018 was a year of change in HSA's Labour Relations Department. Sheila Vataiki moved into the position of Labour Relations Coordinator, in which she facilitates a closer integration of labour relations with classifications servicing.

We are very pleased to welcome Bruce Wilkins as Membership Services Coordinator (Labour Relations Servicing), effective Feb. 1, 2019. Bruce has a long history with HSA, having acted as in-house legal counsel prior to accepting an appointment to the BC Labour Relations Board that spanned 11 years. We were fortunate to have him return as legal counsel to HSA in July.

Norah Miner rounds out the team in her role as Assistant Membership Services Coordinator. In 2018, Norah was instrumental in assisting the HSPBA bargaining committee in reaching a successful outcome. In addition, Norah has been working with Owen Soroke, contributing her knowledge of servicing needs and systems to the development of the Stewards' Portal.

In other major news, 2018 saw the retirement of two of our longstanding staff: Senior Labour Relations

Officer Pat Blomme and Assistant Membership Services Coordinator of Servicing Ernie Hilland. They will both be sorely missed.

Grievance resolutions

Labour relations officers have continued their excellent hard work on behalf of members, handling nearly 1200 grievance files over the course of the year – opening 685 new grievance files and closing 509. Of those closed files, only 29 did not conclude with a win, negotiated settlement or split win with the employer – a remarkable success rate that resulted in a total monetary gain of \$835,511 for our members.

Education leave grievances continue to be prevalent, as do grievances related to workload, scheduling, and appropriate rates of pay for overtime.

Addressing a range of issues

Labour relations officers deal with many matters that are not yet grievance files and may not become grievance files, but still require work and attention. These matters include: general enquiries, schedule changes, section 54 notices, restructuring and reorganization, respectful workplace issues, harassment investigations, chapter meetings, steward meetings, and education sessions.

Along with managing grievance and member issue files, labour relations officers worked with our stewards and the broader membership to put information together for bargaining, including information on workload issues and data on filed grievances related to jurisdictional issues regarding union certification.

Additionally, we were very involved in the opening of two new hospitals on Vancouver Island, the opening of the new tower in Kelowna, and many other reorganizations across the province.

Attendance wellness programs

The Vancouver Coastal Health Authority's Attendance Wellness Program was suspended, and the

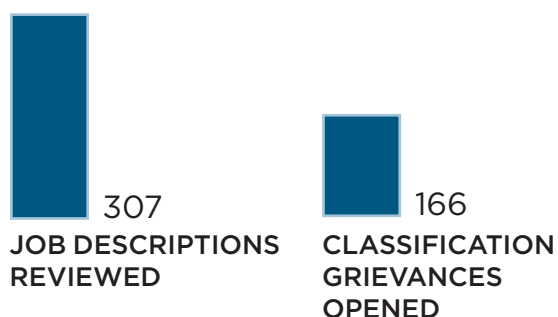
employer worked with unions, employees and other stakeholders over 2018 to establish a new format to replace it. We have resolved a significant number of outstanding grievances in this area, and are waiting and watching with a critical eye to see the implications of the new version of this program.

Workload

Over the past year, we have had some success in various health authorities in settling individual workload grievances with resolve tailored to individual circumstances. While we continue to have a large number of outstanding workload grievances across the province, we believe the volume of these grievances, thanks to a concerted campaign to support members to raise workload issues, contributed positively to the newly negotiated language in the HSPBA surrounding workload.

We see this new language as indicative of shifting awareness of the magnitude of the workload issues within the various health authorities, and an increased willingness to work with us in addressing these issues moving forward. Employers generally agree the workplace culture has been abysmal in the area of workload and improvement is needed.

For our many outstanding policy grievances filed as a result of the workload campaign, we will continue to push towards local settlement agreements using the new language in the collective agreement.



CLASSIFICATIONS

HSA's Classifications Department had an extremely busy 2018. The department currently consists of 3.0 FTE labour relations officers and 1.5 FTE administrative support staff. Derek Wong heads the department as the Membership Services Coordinator (Classifications). In 2018, he managed the department while dealing with complex classifications matters at three bargaining tables. Derek simultaneously kept file management on track.

In 2018, the department reviewed 307 job descriptions – a 20 per cent decrease from 2017. There were 166 new classification grievance files opened – a 14 per cent increase over 2017 – with this total including both job description objections and member classification grievances. Many of the cases involve multiple grievors and/or incumbents.

The Classifications Department closed 232 files in 2018 – a 37 per cent increase over 2017. These grievance resolutions saw HSA members receiving lump sum and/or retroactive salary adjustment payments totalling over \$243,000. The pay rate increases achieved result in ongoing value of over \$210,000 per annum.

HSA representatives sit on the provincial classifications working committees of both the community health subsector and the community social services sector.

These joint union and employer committees have, as per the 2014-2019 collective agreements, allocated the distribution of negotiated 2018 comparability wage funding and updated several benchmark classifications of the respective collective agreements to bring them into alignment with these allocations.

The work of the joint committees continued into late 2018 in preparation for implementing the 2019-2022 collective agreements, including the allocation of significant pay increases in April 2019 under the new low wage redress comparability wage increases

mandates.

HSA, as the lead union in the HSPBA, continued to move forward the work of the HEABC/HSPBA Classification Redesign Committee throughout 2018 and into the bargaining process for the 2019-2022 collective agreement.

Starting in April 2019, new provisions take effect that will address many decades-old inequities in several job categories. Further, and in accordance with the classification appendices of the collective agreement, the mandate of the joint committee is to complete in 2019 development of the new profile-based classification system that will provide consistent and objective job classification criteria across all professions within the scope of the HSPBA bargaining unit.

DISABILITY MANAGEMENT

2019 was another busy and productive year for the Disability Management Department. We have seen many challenges and successes in all four areas of advocacy within the department: the Workers' Compensation Board, long term disability (LTD), duty to accommodate (DTA), and the Enhanced Disability Management Program (EDMP).

In the Workers' Compensation Board (WCB) appeal realm, the total number of claims handled by the WCB appeal representatives during 2018 was 168. The number of new files opened thus far in 2019 has levelled off and is steady at approximately the same rate as last year.

However, many of these files have been complex, and they require greater time and resources to achieve the best results for our members.

In 2018, we successfully resolved 80 WCB appeals. Our 2018 success rate for appeals brought forward to the WCB's internal Review Division is 22 per cent higher than 2017, and our success rate at the external Workers' Compensation Appeal Tribunal is 40 per

Our LTD advocates have continued their dedicated work on behalf of our members, and that diligence has resulted in the successful resolution of 30 appeal files in 2018, with an overall monetary benefit to those members of \$10,415,849.

cent higher. These successes represent a monetary value to our members of \$2,372,577.

The department has also been occupied with LTD appeals for members seeking long term disability coverage through their insurance providers. In 2018, a total of 127 appeal files were handled. As with the WCB, the number of new files opened in 2019 has levelled off and remains similar to the number of new files opened at this time last year.

We view this as a positive trend, as it indicates that the insurance companies are doing their job properly when adjudicating new claim applications from our members. Through our claims adjudication committee, we continue to meet regularly with the employer, the third party administrator, and the insurance company to identify and address LTD adjudication issues and improve processes. Our LTD advocates have continued their dedicated work on behalf of our members, and that diligence has resulted in the successful resolution of 30 appeal files in 2018, with an overall monetary benefit to those members of \$10,415,849.

A levelling off and steadying of new file numbers is a trend we're also seeing with duty to accommodate/return to work files. These particular files tend to be complex and emotionally charged cases that typically

demand significant amounts of time. An appropriate plan must be established to get our members back to work as quickly as possible. Our DTA LROs have been successful in building positive and productive working relationships with their counterparts representing the employer. As a result of this, the number of grievances filed has dropped significantly from approximately 40 in 2017 to only four in 2018. This is a reflection of those positive working relationships and effective communication, resulting in timely and appropriate returns to work and accommodations.

2018 represented the five-year anniversary of the launch of the Enhanced Disability Management Program for our HSPBA and NBA members. For our CBA members, that five-year mark was reached in March 2019. During those five years, our EDMP regional representatives have handled 5,315 files for our HSA members. They have provided assistance, guidance, support, and a continued union connection to our members who have been struggling in the workplace or out of the workplace due to injury or illness.

The demand for EDMP services continues to grow, and this has been reflected in the ongoing upward trajectory of open files. In 2017, we noted a 16 per cent increase in new files from the previous year, and in 2018, that number jumped substantially with a 50 per cent increase in new files.

This has stretched the capacity of some of our EDMP reps to their maximum abilities during their allocated EDMP time. HSA recognized the upward trend early on and was successful in negotiating new funding to allow for additional EDMP representation for the term of the 2019-2022 collective agreement.

In addition, we successfully bargained funding to provide for administrative costs associated with EDMP, including the recruitment, appointment, and training of new EDMP reps, and to develop and implement joint union/employer education sessions, which will enhance and streamline access to EDMP services for our members.

MOVING FORWARD

2018 has been an important year for us. HSA dedicated significant time and resources to collective bargaining across the sectors we represent. Our efforts have resulted in important gains for our members. The renegotiated collective agreements will lay the foundation for an upward trend in wage rates and will demonstrate greater recognition for the valuable work of our members.

In the case of the HSPBA, the establishment of a Provincial Recruitment and Retention Working Group will help to address staff shortages and ease workload concerns. We are also optimistic that the new provisions for a solutions-based Joint Provincial Health, Safety, and Violence Prevention Committee will deliver meaningful improvements to our members' occupational health and safety, while reducing stress-related pressures in the workplace surfacing from workplace violence and other physical and psychological health and safety issues.

Amidst a period of strenuous bargaining work, HSA provided excellent representation to its members. Our departments operated smoothly, and servicing results were very strong. We look forward to continuing on this track as 2019 progresses.

As the provincial government moves forward with establishing primary care networks and urgent primary care centres across BC, we are engaging extensively with the Ministry of Health to ensure a team-based approach to primary and community care is consolidated. HSA remains an important voice on public health and community social services delivery, and we will continue to work closely with our members to ensure your voices are heard at decision-making tables. We look forward to the year ahead.

Respectfully submitted,

Jeanne Meyers



Karen Sandhu and Vaso Obradovic
Electromyography Technologists, Vancouver General
Hospital

ELECTIONS

VAL AVERY

Hi,

I'm Val Avery, a physical therapist from Royal Jubilee Hospital in Victoria. I'm currently on a leave of absence in order to serve as president of HSA, a position in which I would be honoured to continue for another term.

My engagement with HSA began early in my health care career after I had been supported and successful with education grievances. It was the recognition that the union had been there for me, and I wanted to ensure that it would continue to be there for members.

Over the years, I've held many positions in HSA: steward, chief steward, casual labour relations officer (LRO), director and vice president, and become familiar with our many professional disciplines. I have been proud to belong to a union that is a champion for public health care and community social services.

During my time as president, I've supported more outreach and engagement with members and the addition of more diverse educational opportunities. For our steward activists, I committed to assisting them with a new method of communication and grievance file management, and we will have the official launch of that Steward Portal at our convention this year.

I've encouraged the growth of HSA's political action and government relations work. We've seen this result in the establishment of a \$3 million professional development fund and staff within the Ministry of Health dedicated to addressing the training, recruitment and retention of health science professionals - proof that we are raising the profile of our disciplines and receiving recognition of the valuable roles we play in delivering services to the people of BC.



HSA has met and overcome challenges in the past and is well-equipped to take on those that may come in the future. I feel fortunate to have played a part in building a union that is flexible and adaptable to the demands put on it, conducts itself with integrity, and is respected by the many organizations it collaborates with.

I've had the pleasure this past year of visiting members at many worksites across the province and I consistently see the dedication and pride with which you provide services. I look forward to engaging with members at convention and working together to plan the course for our union in the year ahead.

I respectfully ask for your vote to re-elect me as president of HSA.

Thank you,
Val

JOSEPH SEBASTIAN

To my fellow members of HSABC,

My name is Joseph Sebastian and I am taking this opportunity to announce my candidacy to be your union president. I have been a medical radiation technologist for over 21 years and a union steward for over 18 years. I have served as an elected board director since April 2014.

2014 was a very important year for me personally, as it was then that I decided that I could not silently sit by anymore as a union member. I made the decision to run based on a continued growing sentiment that the goals of the union leadership are increasingly disconnected from the needs of its members province wide.

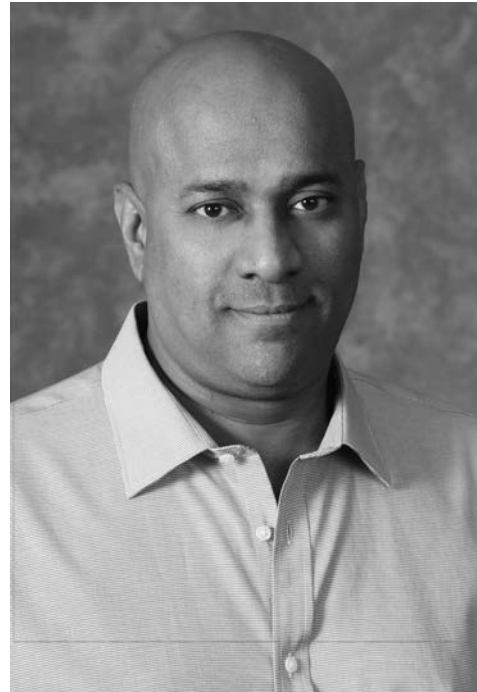
I continued the fight for our members again in the 2015, 2017 and now once again in the 2019 presidential elections. It continues to be an uphill battle to achieve a transparent, accountable and truly democratic union where every member has a vote and access to information to make an informed decision.

My fellow members, the basic definition of a labour union is “an organization of workers formed for the purpose of advancing its members’ interests in respect to wages, benefits and working conditions.”

Ask yourselves, is this is actually the case?

At the 2016 Convention less than two per cent of the membership voted to increase union dues from 1.6 to 1.85 per cent, which works out to over a 15 per cent increase.

So where is the money going? Why are we fighting raiding? Who else are we battling? Are you being given all the facts? If so, how would you really know? How do we compare to other unions? Why, in this internet/electronic age, do we use outdated



methods to participate? Why are only two per cent of members permitted to vote in a democracy? Why are grievances taking years to resolve? Why do we rarely hear of grievance/arbitration/legal wins?

There continues to be an increasing number of members who have voiced their concerns over a lack of timely support of everyday frontline issues such as workplace bullying and harassment, poor working conditions, workplace injuries, etc.

I am asking for your vote in order to act in the best interest of the members, first and foremost. Please visit my Facebook page ([JosephSebastian2014](#)) for more information, as it was created years ago and the issues I voiced then still remain.

Respectfully,
Joseph Sebastian
Region 4 Director





Leanne Legarre
Registered Psychiatric Nurse, Surrey Memorial Hospital

REPORT FROM THE FINANCE COMMITTEE

REPORT OF THE FINANCE COMMITTEE



(L-R) Mandi Ayers (Region 10 Director), Cheryl Greenhalgh (Chair, Secretary-Treasurer, Region 3 Director), Cathy Davidson (staff), and Nancy Hay (Region 6 Director).

The Finance Committee is tasked with providing oversight and governance of the finances of the union. We work hard to ensure that policies and procedures are developed and followed to ensure the prudent and responsible utilization of resources. Equally importantly, we must ensure that these tasks work towards the goals outlined in HSA's strategic plan.

2018 was a year in which all four of HSA's public sector health and social service agreements were negotiated to ratification without threat of job action. This was not an insignificant achievement,

and the collective agreements' three-year terms will allow our organization to focus financial resources on other core functions in coming years.

Improving service, enhancing member engagement, defending the collective agreement, managing our essential relationships and matching organizational needs with resources are the five priorities of our strategic plan. The committee's mandate is to ensure that precious resources are deployed to fulfill these commitments.

HSA continues to grow - receipts came in above our

projected revenue by \$280,000. Most of our expenditure areas ended the year very close to budget or under budget. Legal Services and Labour Relations were over budgeted amounts. This was largely due to a significant increase in the cost of preparing for arbitrations/appeals and staff health and welfare benefit cost increases.

We ended our 2018 budget year with an overall surplus of \$618,000 of receipts over expenses, but a deficit overall of (\$306,000) when we factor in amortization of our assets and bargaining costs during the year.

The financial statements show a new line item, the HSPBA Professional Development Fund, where we have received and segregated our receipt of \$2.5 million into a separate holdings account for our HSPBA members. These funds are held in a separate ledger and will be expensed from the fund as they are allocated according to parameters established by the Ministry of Health.

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 \$624,053 and the fund balance at the end of the year was just over \$4.5 million.

BARGAINING FUND

The Bargaining Fund is used to negotiate collective agreements, organize new members, retain existing members, and other bargaining-related activities. This fund is allocated 2.5 per cent of dues and received an additional \$74,537 of investment income.

Deficiency of receipts over expenses in this fund was (\$413,750). At the end of 2018, this fund had a balance of just over \$1.2 million. Our goal was to have \$2 million in this fund for the commencement of public sector bargaining in 2018. Given that we now have until 2022 to replenish for the next round of public sector bargaining, we leave the Bargaining Fund in a strong financial position.

DEFENCE 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 \$32,909 investment income, plus a transfer from the General Fund of \$96,397.

It is this asset that we use for collateral in the event that 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 2018, the net book value (not to be confused with retail value) of the land and building are \$18,193,007 and the mortgage owing is just over \$8.2 million. The balance of this fund at year end was \$6,750,000.

INVESTMENT PORTFOLIO AND CASH POSITION

The markets did not reward us in 2018 due to a significant market correction coming in the latter portion of the year. Our investment portfolio finished 2018 with a fair market value of just under \$2.3 million. Our annualized portfolio loss was 2.7 per cent, which surpasses the industry benchmark of -2.2 per cent.

Our overall cash position at the end of 2018 was just over 1 million.

BUDGET 2019

The proposed 2019 budget follows the five priorities in our strategic plan and reflects prioritization for increased services and heightened engagement. This budget projects a \$238,927 surplus on a \$20 million budget. The committee feels confident with our healthy financial position and believes that the gains being realized from building a more engaged membership are worth the financial investment.

I would like to acknowledge and thank Finance Committee members Mandi Ayers and Nancy Hay for their commitment to HSA and for their 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
Chair

Health Sciences Association of British Columbia
Summarized Financial Statements
For the year ended December 31, 2018

Health Sciences Association of British Columbia
Contents
For the year ended December 31, 2018

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Report of the Independent Auditors 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, 2018, and the summarized statements of operations and 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated February 27, 2019.

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.

Auditor's 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, 2018 are a fair summary of those financial statements.

Port Moody, British Columbia

February 27, 2019

MNP LLP

Chartered Professional Accountants

Health Sciences Association of British Columbia
Summarized Statement of Financial Position
 As at December 31, 2018

	#	General Fund	Bargaining Fund	Defense Fund	2018 Total	2017 Total
Assets						
Current						
Cash and term deposits	1	\$ 977,956	\$ 45,612	\$ 11,769	\$ 1,035,337	\$ 1,303,961
Marketable securities (Note 3)	2	585,266	1,661,996	644,323	2,891,585	2,359,165
Dues receivable	3	1,769,012	46,553	46,553	1,862,118	1,687,124
Accounts receivable	4	106,499	-	-	106,499	929,304
Prepaid expenses and deposits	5	235,961	7,524	151,857	395,341	360,053
HSPBA Professional Development Fund (Note 4)	6	3,674,695	1,761,685	854,502	6,290,881	6,639,606
Investment - Working Enterprises Ltd. (Note 5)	7	2,495,006	-	-	2,495,006	-
Capital assets (Note 6)	8	1	-	-	1	1
Total Assets	10	\$ 6,686,508	\$ 1,761,685	\$ 19,047,509	\$ 27,495,702	\$ 25,836,941
Liabilities and Fund Balances						
Current						
Accounts payable and accruals (Note 7)	11	\$ 955,186	\$ -	\$ 4,211	\$ 959,397	\$ 1,145,243
Salaries payable (Note 8)	12	1,144,937	-	-	1,144,937	1,082,512
Current portion of long-term debt (Note 10)	13	-	-	371,800	371,800	353,629
	14	2,100,123	-	376,011	2,476,134	2,581,384
Interfund balances	15	(4,221,881)	557,616	3,664,265	-	-
Employee future benefits (Note 9)	16	1,752,587	-	-	1,752,587	1,777,223
Deferred contributions (Note 4)	17	2,476,043	-	-	2,476,043	2,312
Long-term debt (Note 10)	18	-	-	8,257,233	8,257,233	8,631,976
	19	6,749	557,616	11,921,498	12,485,863	10,411,512
Fund Balances (Note 11)	20	516,806	-	5,799,101	6,315,907	7,006,459
Invested in capital assets	21	165,000	1,204,069	950,899	2,319,968	2,510,838
Internally restricted	22	3,902,041	-	-	3,902,041	3,326,748
Unrestricted	23	4,583,847	1,204,069	6,750,000	12,537,916	12,844,045
Total Liabilities and Fund Balances	24	\$ 6,686,508	\$ 1,761,685	\$ 19,047,509	\$ 27,495,702	\$ 25,836,941

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

Approved on behalf of the Board:


 Val Avery, President

Val Avery, President


 Cheryl Greenhalgh, Secretary Treasurer

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, 2018

	#	General Fund	Bargaining Fund	Defense Fund	2018 Actual	2018 Budget	2019 Budget	2017 Actual
Receipts								
Dues	1	\$ 18,085,932	\$ 475,943	\$ 475,943	\$ 19,037,819	\$ 18,850,595	\$ 19,900,000	\$ 18,078,336
Initiation fees	2	28,873	-	-	28,873	22,000	24,000	27,505
Investments	3	32,535	74,537	32,909	139,981	62,100	76,000	81,057
Other income	4	12,468	-	-	12,468	-	100,000	602,475
Recognition of deferred contributions	5	66,552	-	-	66,552	-	-	2,952
	6	18,226,360	550,480	508,852	19,285,693	18,934,695	20,100,000	18,792,325
Expenditures								
General Fund								
Executive	7	1,335,417	-	-	1,335,417	1,320,196	1,409,068	1,251,221
Union governance	8	1,084,911	-	-	1,084,911	1,126,408	1,158,096	1,160,981
Affiliations	9	894,787	-	-	894,787	865,600	841,200	774,432
Legal services and labour relations	10	7,103,045	-	-	7,103,045	6,900,251	7,638,947	7,044,748
Strategic communications and member development	11	3,551,963	-	-	3,551,963	4,008,053	3,950,264	3,645,139
Operations	12	2,575,804	-	-	2,575,804	2,802,054	2,924,401	2,538,642
Human resources	13	114,871	-	-	114,871	68,250	80,500	154,329
Finance	14	511,758	-	-	511,758	476,823	501,069	422,226
Bargaining	15	-	964,230	-	964,230	471,265	533,225	440,492
Defense	16	-	-	530,441	530,441	528,815	533,225	568,934
	17	17,172,557	964,230	530,441	18,667,228	18,567,714	19,569,996	18,001,143
Excess (deficiency) of receipts over expenditures before other items	18	1,053,803	(413,750)	(21,589)	618,464	366,981	530,004	791,182
Other Items								
Amortization	19	(397,081)	-	(324,883)	(721,965)	(366,373)	(291,077)	(696,700)
Unrealized gain (loss) on marketable securities	20	(32,668)	(124,429)	(45,532)	(202,629)	-	-	48,741
Excess (deficiency) of receipts over expenditures for the year	21	624,053	(538,179)	(392,004)	(306,129)	608	238,927	143,223
Fund balances, beginning of year	22	4,056,191	1,742,247	7,045,607	12,844,045	-	-	12,700,822
Interfund transfers (Note 11)	23	(96,397)	-	96,397	-	-	-	-
Fund balances, end of year (Note 11)	24	\$ 4,583,847	\$ 1,204,069	\$ 6,750,000	\$ 12,537,916	\$ -	\$ -	\$ 12,844,045

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

Health Sciences Association of British Columbia
Summarized Statement of Cash Flows
For the Year Ended December 31, 2018

	2018	2017
Operating activities		
Excess (deficiency) of receipts over expenditures for the year	\$ (306,129)	\$ 143,223
Items not involving cash:		
Loss (gain) on sale of capital assets	618	(1,768)
Gain on sale of marketable securities	(68,562)	(35,305)
Building amortization	324,883	324,862
Computer amortization	211,678	196,751
Furniture and equipment amortization	184,362	175,087
Telephony amortization	1,041	-
Unrealized loss (gain) on marketable securities	202,629	(48,741)
Operating cash flow	550,520	754,109
Changes in non-cash working capital		
Dues receivable	(174,995)	(627)
Accounts receivable	817,363	(295,482)
Prepaid expenses and deposits	(35,289)	30,045
Accounts payable and accruals	(206,944)	11,661
Salaries payable	(31,100)	229,909
Cash provided by operating activities	919,556	729,614
Investing activities		
HSPBA Professional Development Fund	(2,495,006)	-
Purchase of marketable securities, net of proceeds on disposal	(666,487)	(91,592)
Purchase of capital assets, net of proceeds on disposal	(235,063)	(174,027)
Cash used in investing activities	(3,396,556)	(265,619)
Financing activities		
Decrease in bank indebtedness	-	(521,487)
Increase in severance payable	68,888	409,305
Repayment in long-term debt	(352,362)	(357,611)
Increase (decrease) in deferred contributions	2,491,849	(3,769)
Cash provided by (used in) financing activities	2,208,376	(473,562)
Outflow of cash for the year	(268,624)	(9,567)
Cash and term deposits, beginning of year	1,303,961	1,313,528
Cash and term deposits, end of period	\$ 1,035,337	\$ 1,303,961
Represented by:		
Cash	684,591	953,411
Term deposits	350,747	350,550
	\$ 1,035,337	\$ 1,303,961

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2018

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 \$350,747 (2017 - \$350,550) bearing interest at 1.9% (2017 - 1.4%) maturing November 20, 2019.

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 rateably over the membership period 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. Unrestricted investment income is recognized as revenue in the General Fund when earned.

Investment income includes dividend and interest income and realized gains and losses on marketable securities.

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2018

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.

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 expenditures.

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.

Employee future benefits

Employee future 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, 2018

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

	2018 Market Value	2018 Cost	2017 Market Value	2017 Cost
Canadian equities	850,616	672,546	885,769	558,808
Government and corporate bonds	1,366,507	1,389,605	1,182,725	1,186,939
US equities, stated in Canadian funds	171,044	173,216	179,912	151,459
Other investments including mutual funds and T bills	503,418	507,491	110,759	110,759
	2,891,585	2,742,858	2,359,165	2,007,965

As at December 31, 2018, the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$68,562 (2017 - \$35,305).

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

For the year ended December 31, 2018

4. HSPBA Professional Development Fund

The Health Sciences Professional Bargaining Association ("HSPBA") received \$3,000,000 in funds for a Professional Development Fund from the Ministry of Health, of which a total of \$2,536,946 was received by HSA for its members. These funds are designated for use by members working under the Health Science Professionals Bargaining Association collective agreement to undertake professional development to increase specialization, improve health care service to rural and remote areas of B.C. and to meet ongoing requirements for professional development. Eligible members must submit applications to HSA and meet certain eligibility requirements in order to be reimbursed by the Association for their professional development costs.

During the year ended December 31, 2018 there were professional development disbursements of \$65,552 with a related amount recognized in revenue. As at December 31, 2018 the remaining balances included in deferred contributions on the statement of financial position are as follows:

	2018	2017
HSPBA Professional Development Fund		
Funds received by HSA	2,536,946	-
Interest received	3,337	-
Expenditures	(65,552)	-
	2,474,731	-
Other deferred contributions		
Opening	2,312	5,264
Expenditures	(1,000)	(2,952)
	1,312	2,312
Total deferred contributions	2,476,043	2,312

5. Investment - Working Enterprises Ltd.

The Association is one of six organizations holding an equity share of Working Enterprises Ltd. The Association's total share of Working Enterprises Ltd. is 16.7% (2017 - 14.3%). The investment does not have a quoted market price in an active market and is recorded at original cost of \$1 (2017 - \$1).

6. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2018 Net Book Value</i>	<i>2017 Net Book Value</i>
General fund				
Computer equipment	1,029,040	776,332	252,708	292,567
Furniture and equipment	940,520	681,059	259,461	386,876
Telephony equipment	173,701	169,064	4,637	-
	2,143,261	1,626,455	516,806	679,443
Defense fund				
Office Premise - 180 East Columbia Street				
Land	2,300,000	-	2,300,000	2,300,000
Building	17,191,984	1,298,977	15,893,007	16,217,891
	19,491,984	1,298,977	18,193,007	18,517,891
	21,635,245	2,925,432	18,709,813	19,197,334

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

For the year ended December 31, 2018

7. Accounts payable and accruals

Accounts payable and accruals include \$2,546 (2017 - \$72,017) of remittances payable to various government agencies.

8. Salaries payable

	2018	2017
Vacation	552,484	456,575
Accrued wages	188,081	274,549
Overtime and lieu time	404,372	351,388
	1,144,937	1,082,512

9. Employee Future Benefits

Severance	1,494,219	1,352,806
Sick pay payable upon severance of employment	258,368	424,417
	1,752,587	1,777,223

10. Long-term debt

	2018	2017
Vancouver City Savings Credit Union Mortgage payable:		
Blended weekly payments of \$11,874 including principal and interest at 2.99% per annum (2017 - 2.99%) with a loan maturity date of June 6, 2020	8,257,233	8,631,976
Less: Current portion	371,800	353,629
	8,629,033	8,985,605

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, 2018, 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, 2018.

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:

Years	Principal
2019	371,800
2020	375,900
2021	387,300
2022	399,100
2023	411,200
	1,945,300

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

For the year ended December 31, 2018

11. Fund balances

	Invested in capital assets	Unrestricted fund balance	Internally restricted fund balance	Total
Balance, January 1, 2017	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
Excess (deficiency) of receipts over expenditures	-	624,053	(930,182)	(306,129)
Net additions of capital assets	174,206	(234,444)	60,238	-
Internally restricted general funds	(142,794)	(211,397)	354,191	-
Capital asset amortization	(721,964)	397,081	324,883	-
Balance, December 31, 2018	6,315,907	3,902,041	2,319,968	12,537,916

12. Credit facilities

At December 31, 2018, the Association has a Vancouver City Savings Credit Union operating line of credit available to a maximum of \$2,500,000 (2017 - \$2,500,000) bearing interest at the financial institution's prime lending rate plus 0.25%. As at December 31, 2018, the facility was not drawn upon (2017 - \$Nil). The line of credit is secured by the Association's land and building with a net book value of \$18,193,007 and subject to the financial reporting covenants as described in Note 10.

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

For the year ended December 31, 2018

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.

	Trust Fund #1	Trust Fund #2	Trust Fund #3
Financial Position			
Assets			
Cash and investments	2,666,079	7,194	7,571,740
Accounts receivable	-	-	24,863
Due from related parties	-	-	22,040
Income taxes receivable	-	-	54,637
	<u>2,666,079</u>	<u>7,194</u>	<u>7,673,280</u>
Liabilities and Fund balance			
Benefits and accounts payable	31,701	-	167,223
Due to related parties	24,351	-	6,992
Income taxes payable	25,297	-	-
Deferred income taxes	-	-	-
Reserve for future benefits	740,000	-	7,565,000
Fund balance (unfunded liability)	1,844,730	7,194	(65,935)
	<u>2,666,079</u>	<u>7,194</u>	<u>7,673,280</u>
Operations			
Revenue			
Investment gain (loss)	56,413	99	167,641
Expenses			
Benefits	288,117	-	1,165,451
Income taxes (recovery)	(3,742)	15	(45,080)
Operations	193,945	-	275,132
Change in actuarial liability for plan benefits	(389,000)	-	(1,530,000)
	<u>89,320</u>	<u>15</u>	<u>(134,497)</u>
Changes in Fund Balance for Year	(32,907)	84	302,138
Fund Balance (unfunded liability), beginning of year	1,877,637	7,110	(368,073)
Fund Balance (unfunded liability), end of year (September 30, 2018)	1,844,730	7,194	(65,935)

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.

Health Sciences Association of British Columbia
Notes to the Summarized Financial Statements
For the year ended December 31, 2018

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.

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, 2018, the Association held \$171,044 (2017 - \$179,912) 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.





Vinita Puri
Social Worker, Vancouver General Hospital

Myda Jaz
Mental Health Rehabilitation Worker, Vancouver
Island Mental Health Society

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



(L-R): Rosemary DeYagher (staff), Alwyn Chan (Region 3), Ella Chrobak (Region 4), Miriam Sobrino (staff), Janice Morrison (Chair and Region 9 Director), Carol Blake (Region 8), Cherylee Hylands (Region 8 Director), Brianna Hawkins (Region 9), Tara Chen (Region 6), Carla Gibbons (Region 5), Christine Ambrose (Region 2), Ron Regier (Region 7), Becky Packer (Region 1). Missing: Sheila Anderson (Region 10).

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 composed of one additional member of the Board of Directors as well as one member-at-large from each region who is elected at their region-

al meeting to serve on the committee. The additional director has voice but no vote on the committee’s final decision to recommend “concurrence” or “non-concurrence” of 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 the small northern town of McBride, a supported child development consultant from Vancouver Island and a cytotechnologist from the BC Cancer Agency. Joining them were a cardiovascular technologist, a physical therapist, a speech language pathologist, a dietitian, a respiratory

therapist, a diagnostic medical sonographer, and a social worker.

The committee members' ages ranged from 29 to 59 years old with an average age of 48.6. Only two members were new to the resolutions process, and all had attended at least one convention in the past. Altogether, this year's committee brought over 100 years of HSA activism to the discussions.

This year, the deadline for resolutions to be received by HSA was Jan. 25, 2019. No resolutions were received after the deadline. The committee met on Feb. 7 and 8 to review all of the submissions.

Of the 84 resolutions submitted by the deadline, 74 were accepted. Three were withdrawn, six were rejected because they fell within the jurisdiction of bargaining, and one was rejected based on the committee's policy requirements. As per policy, letters of notification were sent to the chapters whose resolutions were not accepted.

After initial review, the resolutions are categorized according to their subject matter. Examples of categories include equity and social action, finance, and governance. 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 and supported by statements of fact?
- Is the request something HSA can reasonably accomplish?
- What are the overall financial implications of the resolution?
- What are the possible impacts on the constitution and existing policies?
- Does the resolution support HSA's current 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 convention delegates. The last step is to write a rationale that explains the recommendation of the committee. This rationale is read to convention delegates.

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 a vote on each resolution. A straight majority vote of the delegates is required to pass a convention resolution, with the exception of those resolutions that amend the constitution, which require a two-thirds majority vote. 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 that 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 assistance to the committee, and Rosemary DeYagher for her expert organizational skills.

Respectfully submitted,

Janice Morrison

Resolutions

1. CONSTITUTION

WHEREAS: The Health Sciences Association (“HSA”) Constitution Article 7 Convention, Section 5(c) Delegate Status at Convention, 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: HSA requires not less than six weeks organizational time in advance of convention.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Constitution Article 7 Convention, Section 5(c) Delegate Status at Convention, be amended by replacing the words “at least four weeks” with the words “not less than six weeks.”

SUBMITTED BY: Board of Directors (COPS)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

2. CONSTITUTION

WHEREAS: The Health Sciences Association (“HSA”) Constitution Article 8 Board of Directors, Section 8 Electronic Communication, states:

“The Board of Directors may act by telephone, facsimile machine or other means of communication provided that any decision is made by a quorum constituted through such means.”

AND WHEREAS: Technology has changed and the use of email is a more common, current means of communication.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Constitution Article 8 Board of Directors, Section 8 Electronic Communication, be amended by replacing the words “facsimile machine” with the word “email.”

SUBMITTED BY: Board of Directors (COPS)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

3. CONSTITUTION

WHEREAS: The Health Sciences Association (“HSA”) Constitution Article 8 Board of Directors, Section 10(a) Staff, states:

“The Board of Directors shall hire employees necessary to carry out the affairs of the Union.”

WHEREAS: The wording does not reflect the current practice. The board does not hire staff but does ensure that employees are hired to carry out the affairs of the union.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Constitution Article 8, Board of Directors, Section 10(a) Staff, be amended by replacing the words “hire employees necessary to carry out the affairs of the Union” with the words “ensure that employees are hired, as necessary, to carry out the affairs of the Union.”

SUBMITTED BY: Board of Directors (COPS)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

4. CONSTITUTION

WHEREAS: Delegates to the 2018 Health Sciences Association (“HSA”) Convention passed Resolution 38, as follows:

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.

AND WHEREAS: The Health Sciences Association (“HSA”) Constitution Article 12 Stewards, Section 2 Term of Office and Election, states:

“(a) The term of office is one year.

(b) A Chapter meeting for the purpose of electing Stewards shall be held annually. Steward elections must be held prior to the deadline set by the Board of Directors. Any member is eligible to stand for election.”

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Constitution Article 12 Stewards, Section 2(a) Term of Office and Election, be amended by replacing the words “one year” with the words “two years” and Article 12 Stewards, Section 2(b) Term of Office and Election be amended by replacing the word “annually” with the words “every two years.”

SUBMITTED BY: Board of Directors (COPS)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

5. CONSTITUTION

WHEREAS: Article 14, Section 3, of the Health Sciences Association (“HSA”) Constitution currently states “(a) Members shall be provided with a summary of negotiated changes prior to voting on any proposed Collective Agreement.”

RESOLUTIONS - COMMUNICATIONS

WHEREAS: Many members at this work site were uncomfortable on an agreement without all of the specific negotiations in said proposed agreement available before voting;

THEREFORE BE IT RESOLVED: That Article 14, Section 3 of the Health Sciences Association (“HSA”) Constitution be changed to read (a) Members shall be provided with all the negotiated changes prior to voting on any proposed Collective Agreement.

SUBMITTED BY: Campbell River Family Services

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

6. CONSTITUTION

WHEREAS: Article 9, Section 1 of the Health Sciences Association (“HSA”) Constitution does not define limits on how many terms an individual may serve as president; and

WHEREAS: Union leadership should reflect the changing composition of the union membership over time with fresh ideas; and

WHEREAS: That three 2-year terms (6-years total) is a sufficient amount of time to carry out their mandate.

THEREFORE BE IT RESOLVED: That Article 9, Section 1 of the Health Sciences Association (“HSA”) Constitution which states: “The term of office is two years. The President is elected at the Annual Convention in odd numbered years.”

be replaced with:

“The term of office is two years. The President is elected at the Annual Convention in odd numbered years. A President may serve a maximum of 3 consecutive terms.”

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

7. COMMUNICATIONS

WHEREAS: Effective communication with membership at the local level is critical to engagement; and

WHEREAS: E-mail alone is not necessarily the preferred method of communication with members; and

WHEREAS: Chapters would like to reach out to local members for engagement, communications, and local event reminders

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) provide resources to develop protocols and guidelines for local Chapters to use social media platforms safely, securely, and within existing HSA privacy policy.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

8. COMMUNICATIONS

WHEREAS: There are worksites where steward positions are chronically unfilled; and

WHEREAS: Health Sciences Association (“HSA”) stewards are needed at the worksite to promote HSA values, ensure the application of the collective agreement, and listen and learn from the membership as a whole.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) campaign to engage members in stewardship at worksites where steward positions are chronically unfilled and provide resources to assist local chapters in promoting union-related work.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

9. EDUCATION

WHEREAS: Stewards need additional training and skills for dealing with the employer from managers and their human resources staff;

WHEREAS: Labour Relations Officers (“LROs”) are not always available to attend every employer meeting.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) offer advanced steward training workshops that develop effective communication skills and further enhance steward knowledge of stage 3 grievances and labour-related issues.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

10. EQUALITY & SOCIAL ACTION

WHEREAS: Health Sciences Association (“HSA”) and its members historically support environmental health and grass root organizations such as Ancient Forest Alliance (AFA); and

WHEREAS: AFA is a non-profit working to protect BC’s endangered old-growth forest and its impact on physical, social, mental and preventative health; and

WHEREAS: The preservation of old growth forests supports cultural and economic development in First Nations Communities.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will advocate **THROUGH THE BC FEDERATION OF LABOUR** for legislation and policy to protect old growth forests, and sustainable industry in second growth forests.

SUBMITTED BY: Royal Columbian Hospital

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

11. EQUALITY AND SOCIAL ACTION

WHEREAS: Women in the sex trade are at higher

RESOLUTIONS - EQUALITY AND SOCIAL ACTION

risk of violence and have poorer access to health care; and

WHEREAS: Recent legislation in the aftermath of a 2013 Supreme Court ruling has made sex work more restrictive and the overall situation worse

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the federal government towards the decriminalization of sex work and reform of Bill C-36.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

ences Association (“HSA”) publicly endorse prostitution abolition as the best strategy to ensure women’s equality, safety, protection of human rights and social and political participation; and

BE IT FURTHER RESOLVED: That HSA provide paid education opportunities for members to attend presentations from Exploited Voices now Educating (EVE) www.educating-voices.com regarding harms and how members can take action to abolish prostitution.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

12. EQUALITY AND SOCIAL ACTION

WHEREAS: Prostitution and sexual exploitation is violence against women and children that feeds on sexism, racism, war, poverty and inequality between women and men; and

WHEREAS: Prostitution is not “work” and physical, psychological and social harms, including human trafficking and rape will not be mitigated by “harm-reduction” approaches such as decriminalization of pimps and Johns or organizing women into unions; and

WHEREAS: Legislative abolition strategies (i.e., Nordic Model, Canadian Law Bill C-36) have resulted in the criminal prosecution of procurers and traffickers while providing resources to enable women and girls to safely and successfully exit prostitution.

THEREFORE BE IT RESOLVED: That Health Sci-

13. EQUALITY AND SOCIAL ACTION

WHEREAS: Health Sciences Association (“HSA”) provides member education to foster analysis of social justice and encourages activism in support of dignity, liberation and equitable distribution of resources; and

WHEREAS: Trans rights (including “self-identification”) are evolving, contested by gender-critical feminists and have implications for legislated protections afforded to women and girls; and

WHEREAS: In an HSA hosted “Diversity Workshop” a facilitator called Vancouver Rape Relief & Women’s Shelter (VRR) “unsafe”, “anti-trans”, “not an ally,” and asserted the BC Supreme Court ruling protecting women’s-only space would not be upheld; and

WHEREAS: Vancouver Rape Relief (www.rapereliefshelter.bc.ca) was given no opportunity to speak to their own work, policies and rights as affirmed by

BC Supreme Court in 2003.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) schedule a paid education day for members and invite Vancouver Rape Relief to speak.

BE IT FURTHER RESOLVED: That Members be given the opportunity to ask questions, develop analysis and make informed decisions regarding women’s only space.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Non-concurrence

Carried _____
 Defeated _____

14. FINANCE

WHEREAS: Health Sciences Association (“HSA”) arranges twin accommodation (double occupancy) for members attending approved, scheduled events; and

WHEREAS: Expense paid single accommodation is only made available for medical or extraordinary reasons; and

WHEREAS: There are many reasons apart from medical requirements that HSA members may not want to share accommodation with a stranger; and

WHEREAS: This policy can be a deterrent to members to participate fully in HSA events.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will eliminate mandatory shared accommodation and will allow HSA members the choice to have a single room, without the re-

quirement to produce a medical note, or the choice to share a room.

SUBMITTED BY: Golden District Hospital

Committee Recommendation: Non-concurrence

Carried _____
 Defeated _____

15. FINANCE

WHEREAS: Health Sciences Association (“HSA”) reimburses members for any dependent or elder care expenses over and above those incurred by the member as result of the members normal occupation; and

WHEREAS: HSA’s allowable rate for dependent and elder care is \$20/hour to a maximum of \$360 in any 24-hour period; and

WHEREAS: HSA desires all HSA members to play an active role in the union, including members with dependents, and endeavors to reduce or remove barriers to participation; and

WHEREAS: Traditional hourly dependent care is not always the most cost effective or desirable form of dependent and elder care.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) reimburse members to a maximum of \$360 per 24 hour period for all forms of dependent and elder care (travel costs, hotel costs, hourly rate).

SUBMITTED BY: Golden District Hospital

Committee Recommendation: Concurrence

RESOLUTIONS - GENERAL

Carried _____
Defeated _____

16. FINANCE

WHEREAS: Under Article 7, Sec 2 (c) of the Health Sciences Association of British Columbia (“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 2020 Annual Convention.

SUBMITTED BY: Board of Directors (Finance Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

17. FINANCE

WHEREAS: The cost of post-secondary education has increased significantly since Health Sciences Association (“HSA”) began providing funding for scholarships and bursaries; and

WHEREAS: It has been several years since HSA has adjusted the scholarship/bursary program; and

WHEREAS: The current amount of bursaries/scholarships does not keep up with the actual cost for post secondary education.

THEREFORE BE IT RESOLVED: That Health Sciences Association increase the amount of funding for all scholarships and bursaries by 50%; and

BE IT FURTHER RESOLVED: That HSA will increase scholarships and bursaries for full time studies to \$1,500 (from \$1,000); and

BE IT FINALLY RESOLVED: That HSA will increase scholarships and bursaries for part time studies to \$750 (from \$500).

SUBMITTED BY: St. Paul’s Hospital

Carried _____
Defeated _____

Committee Recommendation: Concurrence

18. GENERAL (covers 19)

WHEREAS: The current system of voting on resolutions by raising paper cards lacks certitude, accuracy, efficiency and transparency;

WHEREAS: When the vote is contested or too close to determine visually, members can request a manual count of votes. The manual process is arduous and time consuming; and

WHEREAS: Other voting options are available (e.g. clickers) that would improve efficiency and accuracy. This technology would reduce error, fatigue and time spent on manual counts. All participants at Convention would have accurate, real time results on the outcome of each vote.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will research and implement a cost-effective, electronic, real-time voting system;

BE IT FURTHER RESOLVED: That this system will be implemented by the 2020 Convention.

Submitted by: GF Strong Rehabilitation Centre

Carried _____

Defeated _____

Committee Recommendation: Concurrence

19. GENERAL (covered by 18)

WHEREAS: Sometimes a standing vote is required to determine if a resolution passes or fails; and

WHEREAS: Standing votes take a lot of time to complete.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) investigate the options for mobile voting when a standing vote is required.

SUBMITTED BY: BC Cancer (Vancouver)

20. GENERAL

WHEREAS: Health Sciences Association (“HSA”) encourages members to attend and participate in training, workshops and meetings; and

WHEREAS: HSA members are increasingly challenged by workload and difficulties back-filling absences in the workplace, and must give the employer significant advanced notices of upcoming leaves; and

WHEREAS: HSA members can also face challenges organizing care for dependents in order to travel and attend HSA events.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) endeavor to approve member applications to events in a timely fashion and that notice is given a minimum six weeks in ad-

vance to ensure time off from work and dependent care is in place.

SUBMITTED BY: Golden & District Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

21. GENERAL

WHEREAS: There is limited access to information and high quality evidence-based research regarding the effects of cannabis use; and

WHEREAS: Those using cannabis may not be aware of the potential impacts it may have on their everyday functioning and decision-making.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) support education and research to help inform the overall public about the impact of cannabis use; and

BE IT FURTHER RESOLVED: That this education and research address the impacts of cannabis use on work, social, and family life.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

RESOLUTIONS - GENERAL

22. GENERAL

WHEREAS: There are staff shortages within health science professions; and

WHEREAS: The Union could be doing more to advertise HSA professions to students; and

WHEREAS: The National Union of Public and General Employees (“NUPGE”) series of studies about communicating with and engaging millennials show that young people respond preferentially well to people closer in age to them.

THEREFORE BE IT RESOLVED: The Health Sciences Association (“HSA”) support young workers to help raise the profile of the HSA professions in high schools and post-secondary institutions.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Concurrence

Carried _____
Defeated _____

23. GENERAL

WHEREAS: There is only a limited time available during Convention for discussion of all resolutions; and

WHEREAS: Delegates have not been able to debate all resolutions presented in past conventions due to a lack of time.

THEREFORE BE IT RESOLVED: Speakers to a resolution be limited to two minutes at the microphone.

SUBMITTED BY: BC Cancer Agency (Vancouver)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

24. GENERAL

WHEREAS: There is only a limited time available during Convention for discussion of all resolutions; and

WHEREAS: Speakers on the same side of an issue speak to the same points repeatedly.

THEREFORE BE IT RESOLVED: That the Chair automatically test the house after three consecutive speakers at the PRO microphone when there no speakers at the CON microphone or after every fifth speaker in other situations.

SUBMITTED BY: BC Cancer Agency (Vancouver)

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

25. GENERAL

WHEREAS: Some chapters have had a different servicing Labour Relations Officers (“LROs”) every year; and

WHEREAS: Frequently changing LROs have negatively affected grievance resolution timelines.

THEREFORE BE IT RESOLVED: That the member servicing department produce a report on the

number of departed/on-leave/new Labour Relations Officers for the past three years at every Convention.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Non-concurrence

Carried_____

Defeated_____

26. GENERAL

WHEREAS: Steward teams and Health Sciences Association (“HSA”) staff provide valuable information and education to its members through handouts and slides at chapter meetings; and

WHEREAS: Members who are able/unable to attend chapter meetings request slides and handouts afterwards

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) permit distribution of topic-related handouts discussed at chapter meetings, for general information purposes only, but with a disclaimer.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Non-concurrence

Carried_____

Defeated_____

27. GOVERNANCE

WHEREAS: There are currently multiple ways in which members are elected to positions within the Health Sciences Association (“HSA”); and

WHEREAS: The method of voting has been changed in the past; and

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

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) conduct a poll of currently subscribed members to the e-mail list in order to determine if they would like to be able to vote for the HSA President even if they are not at Convention; and

BE IT FURTHER RESOLVED: That the result of the poll should be reported back to Convention with direction to change the current election process to one-member one-vote if that is the will of the membership.

SUBMITTED BY: Royal Inland Hospital

Committee Recommendation: Non-concurrence

Carried_____

Defeated_____

28. GOVERNANCE (covers 29)

WHEREAS: Health Sciences Association (“HSA”) spent education time and money on educating delegates about parliamentary procedure at the 2018 convention plenary; and

WHEREAS: The parliamentary procedure expert clearly stated that the chair of the convention should have no vested interest in the outcome of resolutions brought before convention; and

WHEREAS: The president has clearly demonstrated an interest in the outcome of resolutions

RESOLUTIONS - GOVERNANCE

THEREFORE BE IT RESOLVED: That Health Sciences Association ('HSA') appoint a neutral chair to conduct the business of the Convention, commencing at the 2020 convention.

SUBMITTED BY: Royal Inland Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

29. GOVERNANCE (covered by 28)

WHEREAS: Any member or union staff attending Convention will have an opinion on the outcome of a debated resolution and is suspect to internal bias; and

WHEREAS: There are individual experts in parliamentary procedure that are able to chair a convention without a vested interest in the direction of the outcomes.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") Union hire an external parliamentarian for annual Convention.

SUBMITTED BY: BC Cancer (Vancouver)

30. GOVERNANCE (covers 31)

WHEREAS: One-third of the Health Sciences Association ("HSA") membership is under the age of 35; and

WHEREAS: HSA has held two successful young workers forums in the past two years; and

WHEREAS: The young workers forums have re-

sulted in increased young worker participation at the 2018 Convention and created seven new stewards.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") continue to hold young workers forums to continue to build on young worker engagement within HSA.

SUBMITTED BY: St. Paul's Hospital

Committee Recommendation: Concurrence

Carried _____

Defeated _____

31. GOVERNANCE (covered by 30)

WHEREAS: One-third of the HSA membership is aged 35 and under, and are thus Young Workers; and

WHEREAS: Over the past two years, two successful Young Workers Forums have been held; and

WHEREAS: The 2017-2018 Young Workers Forum resulted in 86% of Young Worker attendees becoming delegates at Convention, and 7 new stewards.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") continue to hold Young Workers Forums annually.

SUBMITTED BY: BC Cancer (Vancouver)

32. GOVERNANCE (covers 33)

WHEREAS: One-third of the Health Sciences Association ("HSA") membership is aged 35 and under, and are thus Young Workers; and

WHEREAS: Young Workers need a voice to repre-

sent them.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) explore the creation of a Young Workers Committee, with mandate and complete details of the size, composition, and cost requirements presented at the 2020 Annual Convention.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Concurrence

Carried_____

Defeated_____

33. GOVERNANCE (covered by 32)

WHEREAS: A Young Workers’ Forum was held in 2017 and 2018 to explore young members’ concerns and goals; and

WHEREAS: Health Sciences Association (“HSA”) would benefit from opportunities to engage young workers in the union; and

WHEREAS: Unions including BC Government and Service Employees’ Union (“BCGEU”) and Hospital Employees Union (“HEU”) have had success implementing a young worker’s committee to increase engagement in the union

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will benefit from creating a Young Workers’ Committee.

SUBMITTED BY: Royal Inland Hospital

34. GOVERNANCE

WHEREAS: Health Sciences Association (“HSA”) Board policies 2.06 (Board of Directors), policy statements 3.9, 3.10, 3.12 restrict the Board’s ability to share information with the membership of its union as a whole; and

WHEREAS: All the members of the union have a right to be informed of decisions made by the Board of Directors; and

WHEREAS: Transparency is imperative for a board to serve the members of the union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) abolish policy statements 3.9, 3.10, and 3.12 of Board Policy 2.06 (Board of Directors) and review any other policy that prevents the free exchange of information from the Board to the members of the union.

SUBMITTED BY: Vancouver General Hospital

Committee Recommendation: Non-concurrence

Carried_____

Defeated_____

35. GOVERNANCE

WHEREAS: The Health Sciences Association (“HSA”) Constitution requires stewards to be elected annually; and

WHEREAS: Election packages are sent out too late in the year, and multiple chapter meetings must be held in January to meet Convention and steward election deadlines

THEREFORE BE IT RESOLVED: That HSA

RESOLUTIONS - HEALTH SERVICES

encourage steward elections be held in the fall (September-December) by sending out steward election packages earlier in the year (during August/September).

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

36. HEALTH SERVICES

WHEREAS: Rates for required medical equipment coverage through the At Home Program (“AHP”) Medical Benefits have not been increased in over 3 decades; and

WHEREAS: There are significant gaps between AHP coverage amounts and actual costs of the equipment; and

WHEREAS: There are arbitrarily based, rather than functionally based, criteria regarding equipment purchasing time frames; and

WHEREAS: Most families need to access charity funding to make up the difference in costs.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) work with the BC Federation of Labour and other affiliates to advocate for a review of the At Home Program for children with complex and/or medical needs, to ensure that medical equipment coverage is adequately funded and accessible to the families that need them.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation: Concurrence

Carried _____
Defeated _____

37. HEALTH SERVICES

WHEREAS: The Supported Child Development (“SCD”) program provides the Consultant and funding support necessary to allow children with special needs to attend daycare, preschool and out of school care programs; and

WHEREAS: The SCD program is inadequately funded, rendering Consultant caseloads so high that children and families do not have timely access to the service, resulting in children being excluded from programs; and

WHEREAS: The waitlists for SCD funding support required for children with special needs to be included in child care settings are so long, that children may age out before ever receiving SCD service.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) advocate and lobby the Ministry of Children and Family Development (“MCFD”) and the federal government for increased funding to allow for equitable access to the Supported Child Development Program.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation: Concurrence

Carried _____
Defeated _____

38. HEALTH SERVICES

WHEREAS: Funding for school supports for children with complex health needs is designated based on diagnosis; and

WHEREAS: Many children who lack a diagnosis that has associated funding, require support in order to function and thrive in school; and

WHEREAS: Without adequate support and resources, these children are unable to reach their full potential and can experience additional health issues when they do not receive proactive intervention.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate for and lobby the Ministries of Health, Education and Children and Family Development to develop and resource a proactive and coordinated approach to serving children based on their function needs.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

39. HEALTH SERVICES

WHEREAS: The number of children in BC receiving early intervention services continues to grow each year; and

WHEREAS: Many children are unable to access sufficient early intervention services as is evidenced by waitlist numbers across BC; and

WHEREAS: A growing body of evidence-based research has proven positive outcomes of early intervention services;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) use its public platform to educate the general public on the need for increases in early intervention services and why these services are essential for BC’s future.

SUBMITTED BY: Starbright Children’s Development Centre

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

40. HEALTH SERVICES

WHEREAS: Parents caring for children with special needs face additional financial barriers; and

WHEREAS: Costs for renovations required to make the home accessible and allow parents to care for their child at home (e.g. wheelchair accessibility modifications) are prohibitive, as are costs for accessible transportation options (e.g., wheelchair accessible vans); and

WHEREAS: Previously available charitable and government funding sources have become unavailable in recent years and parents have greater challenges in caring for their child and sometimes are forced to consider more extreme options such as placing their child in care.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the provincial government to create an enduring fund for families specifically to help improve accessibility at home and accessibility in the family vehicle thus making it easier to care for their child and improve their quality of life.

RESOLUTIONS - HEALTH SERVICES

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____
Defeated _____

41. HEALTH SERVICES

WHEREAS: Autism Spectrum Disorder (“ASD”) is a complex developmental neurobehavioral disorder of increasing prevalence; and

WHEREAS: Individuals with ASD have ongoing (and possibly increased) challenges when transitioning from kindergarten to grade one as social, behavioural, and academic expectations increase markedly; and

WHEREAS: \$22,000 per year of early intervention funding made available to individuals with ASD via the Autism Funding Unit ends when they turn six years old.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) advocate for the provincial government to extend the period of \$22,000 early intervention funding for individuals with Autism Spectrum Disorder to include their sixth year (i.e. until their seventh birthday) so as to better support their transition from play-based kindergarten classrooms into more academic grade one classrooms.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____

HEALTH SCIENCES ASSOCIATION

Defeated _____

42. HEALTH SERVICES

WHEREAS: There is a large number of youth with disabilities transitioning to adulthood in the Fraser Valley; and

WHEREAS: The support services for these youth are limited based on the kind of disability they have.

THEREFORE BE IT RESOLVED: The HSA lobby the provincial government to put in place more support services for youth with extra needs as they transition to adult services; and

BE IT FURTHER RESOLVED: That these services be more accessible to parents, caregivers and front-line workers who provide support to these youth.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____
Defeated _____

43. HEALTH SERVICES

WHEREAS: Autism Spectrum Disorder (“ASD”) is a complex developmental neurobehavioral disorder of increasing prevalence; and

WHEREAS: Current wait times for a public ASD diagnostic assessment exceed one year; and

WHEREAS: Individuals with ASD benefit greatly from early identification and intervention, and delays negatively affect outcomes.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) lobby the provincial government for increased funding and resources to reduce wait times for Autism Spectrum Disorder (“ASD”) assessment in order to improve outcomes for children with ASD.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____
Defeated _____

44. HEALTH SERVICES

WHEREAS: IQ scores do not necessarily relate to an individual’s adaptive functioning and daily living skills, yet access to many supportive community services is currently limited to individuals with an IQ score below 71; and

WHEREAS: Many individuals with IQ scores above 71 have significant problems with adaptive functioning and daily living skills; and

WHEREAS: Without supportive services, individuals with low adaptive skills and who experience difficulty with daily living skills are more vulnerable and at risk.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate for improved access to supportive and social services for individuals with low adaptive skills.

BE IT FURTHER RESOLVED: That access to supportive services be considered based on an individual’s overall adaptive functioning level and their vulnerability, and not solely on the basis of their IQ.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____
Defeated _____

45. HEALTH SERVICES

WHEREAS: Home Adaptations for Independence (“HAFI”) offers grants to assist individuals with a disability to make changes to their homes to make them more accessible; and

WHEREAS: The people that we serve who become disabled have functional challenges when their homes are not accessible.

WHEREAS: HAFI grant funding is often exhausted within the first half of the year and applicants have to wait until the next calendar year to apply.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate the provincial government to review the Home Adaptations for Independence grant program and increase the total funding for this grant to ensure that eligible applicants can receive the funding they require.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

RESOLUTIONS - HEALTH HUMAN RESOURCES

46. HEALTH HUMAN RESOURCES

WHEREAS: Health Sciences Association (“HSA”) represents many healthcare professionals; and

WHEREAS: HSA members go through specialized training and education; and

WHEREAS: Many healthcare professions are under-staffed and have unfilled vacancies.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby the government and employers to ensure that Health Science professions are filled by staff qualified in these areas of expertise and not replaced by other professions that lack the specialized training.

SUBMITTED BY: Nanaimo Regional General Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

47. LABOUR RELATIONS

WHEREAS: The power of a union resides, in part, in its ability to negotiate and enforce collective agreements that establish benefits, entitlements and protections for members; and

WHEREAS: Health Sciences Association (“HSA”) provides member training and education to develop collective knowledge and skills to enable participation in labour relations processes and practices; and

WHEREAS: HSA Labour Relations benefits from perspectives, information and analysis from front-

line workers; and

WHEREAS: HSA lacks a formal process to actively recruit, train and employ members as Labour Relations professionals rather than seeking applicants from outside the union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) negotiate collective agreement language with our Staff Union to establish a process for membership recruitment, on a priority basis, to fill temporary or regular positions they are qualified for or could reasonably become qualified for given sufficient training and opportunity.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Non-concurrence

Carried _____
Defeated _____

48. MEMBER SERVICES

WHEREAS: Health Sciences Association (“HSA”) members experience mental health and substance use challenges/issues and the impacts to members, their families and co-workers can be distressing and traumatic, and have resulted in suicide or suicide attempts; and

WHEREAS: Providing a union supportive structure focusing in on the mental health and wellness of our membership will be of benefit to members;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) that explore options to expand our Enhanced Disability Management Program (EDMP) Representatives’ role with education/training to increase mental health support to our members.

MEMBER SERVICES

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

49. MEMBER SERVICES

WHEREAS: Labour Relations Officers (“LROs”) are a vital resource to the steward team; and

WHEREAS: An increased number of grievances has lead to increased caseloads for existing LROs; and

WHEREAS: An increase in LRO workload impacts timely resolution of grievances and lessens LRO availability to the steward team.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) invest in the smooth functioning of union business at the local chapter level by hiring more Labour Relations Officers.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

50. MEMBER SERVICES

WHEREAS: We need to promote psychological health and well-being throughout our membership.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) take leadership around hosting and organizing special events throughout the year that engage members around health and well-ness, for example, 30 day mindfulness challenges,

hosting a yoga event and/or psychological wellness workshops.

SUBMITTED BY: Burnaby Hospital

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

51. MEMBER SERVICES

WHEREAS: Young workers’ lack of training, supervision, understanding of their workplace, and hesitancy to ask questions leads to higher injury rates than any other demographic; and

THEREFORE BE IT RESOLVED: That Health Science Association OH&S stewards attend employer orientation sessions and orient young workers to their safety rights, responsibilities, reporting and following up mechanism.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

52. MEMBER SERVICES

WHEREAS: Health Sciences Association (“HSA”) is a group of over 17,000 members with significant negotiating power; and

WHEREAS: Other professional organizations in Canada have group rates with various insurance providers.

THEREFORE BE IT RESOLVED: That Health Sci-

RESOLUTIONS - OCCUPATIONAL HEALTH AND SAFETY

ences Association (“HSA”) investigate negotiating discounted group rates for various insurance types (home/auto/travel/rental) as an optional benefit of union membership.

SUBMITTED BY: BC Cancer (Vancouver)

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

53. MEMBER SERVICES

WHEREAS: Health Sciences Association (“HSA”) stewards require the use of a computer to perform the duties of their role; and

WHEREAS: HSA stewards utilize their own personal computer or the Employer’s computer; and

WHEREAS: There are minimal computers available at the workplace to use when required, as well as privacy issues related to using work computers; and

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) [EXPLORE THE COST OF](#) funding for one iPad or equivalent [DEVICE](#) per chief steward to use to conduct union business.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Concurrence as amended

Carried _____

Defeated _____

54. OCCUPATIONAL HEALTH & SAFETY

WHEREAS: Health Sciences Association (“HSA”) has negotiated improved language in collective agreements that supports changes in the workplace to assist in creating healthier work environments; and

WHEREAS: Psychological health and safety and violence prevention are key components of safe and healthy worksites; and

THEREFORE BE IT RESOLVED: That Health Sciences Association’s (“HSA’s”) Board of Directors establish criteria for populating Health Authorities’ regional Psychological Health and Safety and Violence Prevention committees; and

BE IT FURTHER RESOLVED: That HSA provide training for HSA members to be effective advocates on these committees; and

BE IT FINALLY RESOLVED: That psychological health and safety and violence prevention continue to be included in HSA’s OHS steward training to ensure all HSA OHS stewards and joint committee members are able to support members in the workplace.

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

Committee Recommendation: Concurrence

Carried _____

Defeated _____

55. POLITICAL ACTION

WHEREAS: It is important to maintain the health of ourselves and our families; and

WHEREAS: Eye examinations for adults and children were covered by BC Medical Insurance; and

POLITICAL ACTION

WHEREAS: This coverage for eye exams is no longer available to adults without a fee.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the provincial government to reinstate free annual eye exams to all residents registered with MSP of BC.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Concurrence

Carried _____
Defeated _____

56. POLITICAL ACTION (covers 57 and 58)

WHEREAS: Allied health professionals struggle with recruitment and retention in under-served rural or remote communities and many new graduates, including medical radiology technologists, use student loans to cover the costs to educate themselves; and

WHEREAS: Currently only physicians and nurses are eligible for student loan forgiveness and only a select few from allied health professions are eligible for BC loan forgiveness program.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the federal government to include allied health professionals, with identified shortages in under-served rural communities to be eligible for Canada student loan forgiveness; and

BE IT FURTHER RESOLVED: That HSA lobby the provincial government to include more allied health professions to be eligible for BC loan forgiveness program (including medical radiation technologists).

SUBMITTED BY: University Hospital of Northern

British Columbia

Committee Recommendation: Concurrence

Carried _____
Defeated _____

57. POLITICAL ACTION (covered by 56)

WHEREAS: The cost for education has increased over the years, and many that are getting the education are leaving the province.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the government about loan forgiveness and potential help with re-payment for those committed to remain in the province immediately after their education.

SUBMITTED BY: Burnaby Hospital

58. POLITICAL ACTION (covered by 56)

WHEREAS: There are staffing shortages within Health Sciences Association professions; and

WHEREAS: Young workers and new graduates are struggling with balancing high costs of living and student loan repayment; and

WHEREAS: The NDP government has committed to focusing on primary health care initiatives such as interdisciplinary team based care which require many HSA professionals.

THEREFORE BE IT RESOLVED: HSA lobby the

RESOLUTIONS - POLITICAL ACTION

government to advocate for student loan forgiveness for healthcare professionals.

Carried _____
Defeated _____

SUBMITTED BY: Sunny Hill Health Centre

59. POLITICAL ACTION

WHEREAS: BC has the second to worst level of child poverty in Canada, second only to Nunavut; and

WHEREAS: Health Sciences Association (“HSA”) members work with many children and families impacted by this statistic and may themselves be dealing with this issue; and

WHEREAS: There is currently over half a billion dollars in unpaid child support; and

WHEREAS: The Family Law Act is extremely complex and the process for the collection of child support is adversarial and very difficult to navigate; and

WHEREAS: The Department of the Attorney General has recently changed the rules regarding the collection of child support making it even more difficult for the Family Maintenance Enforcement Program to collect money owed, even with court orders.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby with its allies to make changes to the Family Law Act and Family Maintenance Enforcement Program (FMEP) to allow for greater accessibility to this service.

SUBMITTED BY: Nanaimo Regional General Hospital

Committee Recommendation: Concurrence

60. POLITICAL ACTION

WHEREAS: Health Sciences Association (“HSA”) members with chronic illnesses tend to have less sick time in their banks; and

WHEREAS: The waiting period for members to be eligible for Long Term Disability is five months (four for Registered Psychiatric Nurses);

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

Carried _____
Defeated _____

61. POLITICAL ACTION

WHEREAS: There is a drug epidemic killing our family members, friends, and community members and many Health Sciences Association (“HSA”) members work directly with and in areas frequented by people with substance use disorders.

WHEREAS: Medically safe supervised drug consumption sites reduce harm to users and the community -- including HSA members -- by providing services that help reduce risks associated with drug use such as overdose, poor health, and public safety

hazards such as discarded syringes, while also reducing costs to the health care system; and

WHEREAS: Most communities in BC suffer from the harms of the drug epidemic yet there is only limited access to supervised safe consumption sites.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby relevant levels of government to drastically increase the number of safe medically supervised drug consumption sites in rural and urban areas throughout the province.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

62. POLITICAL ACTION

WHEREAS: Health Science Professional (“HSP”) students require practicum placements to complete their training, and

WHEREAS: Practicum placements are an opportunity to address recruitment challenges by exposing future health science professionals to rural and northern practice as a career choice, and

WHEREAS: Distant practicum placements present financial barriers to cover associated accommodation and travel costs for students;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby government, post-secondary institutions, and health authorities to provide funding to support practicum students’ additional expenses, including travel and accommodation, associated with rural and northern practicum

placements.

SUBMITTED BY: BC Centre for Ability

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

63. POLITICAL ACTION

WHEREAS: Canada has officially adopted the United Nations Declaration on the Rights of Indigenous Peoples; and

WHEREAS: Articles 5 and 10 guarantee Indigenous rights to maintain and strengthen distinct political, legal, economic, social and cultural institutions and, as well, forbids the forcible removal from lands or territories without free, prior and informed consent after agreement on fair compensation and the option to return; and

WHEREAS: The Government of Canada and Government of British Columbia are violating these commitments in the exploitation, extraction and capitalization of water, fish, minerals, oil and LNG;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) publicly affirm United Nations Declaration on the Rights of Indigenous Peoples and provide financial support and resources to Indigenous nations in BC (i.e., Wet’suwet’en) who are occupying their lands/territories and are challenging Governments in court; and

BE IT FURTHER RESOLVED: That HSA, in collaboration with Indigenous nations in BC, provide paid education opportunities for members focusing on aboriginal health issues, rights of indigenous peoples and indigenous teachings and practice.

RESOLUTIONS - POLITICAL ACTION

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Non-concurrence

Carried _____

Defeated _____

64. POLITICAL ACTION

WHEREAS: Many young workers are choosing not to have children or postpone having children into much later in life in part due to the high cost of childcare of BC.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to lobby the government for affordable, \$10/day childcare for the province of BC.

SUBMITTED BY: Sunny Hill Health Centre

Committee Recommendation: Concurrence

Carried _____

Defeated _____

65. POLITICAL ACTION

WHEREAS: There are acute shortages of health science professionals in northern and rural communities, and

WHEREAS: Recruitment and retention of health science professionals starts with delivering education programs in communities where those professionals are needed;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the provincial government to increase the number of post secondary education programs and seats available to train health science professionals in BC., and

BE IT FURTHER RESOLVED: That HSA explore strategies for working with health authorities in northern and rural communities to increase pressure on the Ministry of Advanced Education to increase training programs and spots outside the Lower Mainland and Lower Island.

SUBMITTED BY: BC Centre for Ability

Committee Recommendation: Concurrence

Carried _____

Defeated _____

66. POLITICAL ACTION

WHEREAS: The current provincial NDP government is in alliance with the Green Party, and may not remain in power until the next scheduled provincial election set for October 16, 2021; and

WHEREAS: After 16 years, we are finally seeing desperately needed investments in health care and community social services in BC, including increased infrastructure and services; and

WHEREAS: It is that critical health care and community social services issues are part of any provincial election dialogue;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) remain in a state of election readiness should a provincial election be called before the scheduled date of October 16, 2021 to raise critical health care and community social services related issues, share information with members regarding political parties and their platforms, and encourage participation in the electoral process.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

67. POLITICAL ACTION (covers 68)

WHEREAS: Housing costs, both ownership and rental, are increasingly out of reach for many working people, including health care and community social services professionals, across the province.

WHEREAS: The cost of housing is impacting the ability of workers to relocate to, or around, BC.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”), through the BC Federation of Labour and National Union of Public and General Employees, lobby all levels of government to address the issue of housing affordability.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____

Defeated _____

68. POLITICAL ACTION (covered by 67)

WHEREAS: First Call BC Child and Youth Advocacy Coalition has been tracking child and family poverty rates in BC from 1996 to 2018 showing one in five BC children continue to live in poverty, reflecting the growth of precarious work and stagnating wages, as families face soaring costs for essential living expenses such as housing, food, child care and

transportation; and

WHEREAS: The current definition of affordable housing - being 10% below market rates - results not only in child poverty but also in an increase in related physical and mental health issues experienced by people living in poverty.

THEREFORE BE IT RESOLVED: That Health Science Association (“HSA”) lobby all levels of governments for increased funding for additional social and affordable rental units in an effort to reduce the number of families in need of core housing experiencing related health issues and poverty and to redefine affordable housing as 30% of an individual’s gross income less child care and activity expenditures, student loan debt and utilities.

SUBMITTED BY: Burnaby Hospital

69. POLITICAL ACTION

WHEREAS: Income Assistance Rates (“welfare rates”) were stagnant since 2007 under the BC Liberal government; and

WHEREAS: One of the first actions the BC NDP government took in 2017 was to increase rates for income assistance, but this increase is not enough to lift people out of poverty.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”), through the BC Federation of Labour, lobby the provincial government to significantly increase income assistance rates in BC.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

RESOLUTIONS - POLITICAL ACTION

Carried _____
Defeated _____

70. POLITICAL ACTION

WHEREAS: During the 16 years of the BC Liberal government, employment standards were gutted, leaving working people, often low-waged workers, vulnerable to exploitation and abuse; and

WHEREAS: The previous government closed many Employment Standards Branches across the province and drastically reduced front-line staff, and replaced in-person assistance with a “Self Help Kit” for workers with a complaint; and

WHEREAS: The “Self Help Kit” requires vulnerable workers to confront their employer with their complaint, leaving them open to retribution;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”), through the BC Federation of Labour, lobby the provincial government to strengthen BC Employment Standards for all working people, including the elimination of the “Self Help Kit”.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

71. POLITICAL ACTION

WHEREAS: Approximately one third of working Canadians don’t have employer-funded prescription drug coverage, resulting in poor health outcomes and growing health inequities; and

WHEREAS: Canada is the only developed country in the world with a universal health care program that doesn’t include universal prescription drug coverage; and

WHEREAS: Nobody should be forced to choose between paying for groceries or paying for needed medications; and

WHEREAS: The Canadian Labour Congress continues to campaign for a national, universal pharmacare program that covers everyone in Canada, regardless of income, age, or where they work or live.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to work with labour organizations and allies, including the Canadian Labour Congress, in urging the federal and provincial governments to establish a national, universal pharmacare program.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
Defeated _____

72. POLITICAL ACTION

WHEREAS: On October 21, 2019 a federal election is expected to take place; and

WHEREAS: Improving access to health care and community social services, including the creation of a national, universal pharmacare program, should be raised as critical issues facing voters.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) work with the Canadian Labour Congress to engage members on election

issues, share the platforms of the federal political parties, and encourage participation in the electoral process, for the Federal election scheduled for October 21, 2019.

SUBMITTED BY: Board of Directors (Political Action Committee)

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

73. POLITICAL ACTION

WHEREAS: Childcare availability is important for the economic stability of families; and

WHEREAS: The NDP Government has made significant advances in providing affordable childcare, access to quality programs has been effected due to shortages of Early Childhood Educators and child specialists.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the provincial government for increased affordable training spaces and initiatives for Early Childhood Educators, and

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

Committee Recommendation: Concurrence

Carried _____
 Defeated _____

74. POLITICAL ACTION

WHEREAS: Health Sciences Association (“HSA”) collaborated with the United Way on campaigns to

collect menstrual hygiene products and raise awareness of period poverty; and

WHEREAS: Period poverty places financial stress on individuals who cannot afford menstrual products and affects personal dignity and health.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby municipal governments, the B.C. government through the BC Federation of Labour, and the Canadian government through NUPGE, to ensure that their poverty reduction strategies protect the dignity of Canadian citizens by lifting them out of poverty and ensuring their basic needs are met; and

BE IT FURTHER RESOLVED: That included in those basic needs is an allocation of new funding to allow individuals to access menstrual hygiene products so that an individual’s participation in society is not restricted due to their inability to afford products which support their health and well-being.

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

Committee Recommendation: Concurrence

Carried _____
 Defeated _____





Lauren Fougner
Lab Safety Coordinator, Vancouver Cancer Centre

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



CLOCKWISE: Jed Whitehouse (Region 1), Larry Bryan (Region 5), Mandi Ayers (Region 10 Director), Louise Vaile (Region 9), Jas Giddha (Chair and Region 7 Director).

In the early fall of each year, CESA collects applications for HSA's Equality and Social Action Fund. 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 30 requests for funding from mainly British Columbian groups, with some national and international organizations also submitting re-

quests. The total amount of funds requested– \$163,013 – was substantially more than the available funds – \$114,010. The CESA Fund is based on 0.6 per cent of total HSA revenue, as per Resolution #27 passed by the 2012 HSA convention.

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 30 requests, we distributed funds to 27 applicants.

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

The committee creatively stretched out every dollar to ensure that as many community organizations as possible could be supported. We stand proudly in solidarity with fund partners, knowing that the money will make a significant difference for the most vulnerable people in society.

The committee has recommended that we continue to donate proceeds from the HSA Convention raffle to Camp Jubilee. We are happy to report that we have sent 20 kids to Camp Jubilee from the funds raised by Convention 2018’s 50/50 draw and basket raffles.

PROJECTS FUNDED BY CESA 2018

Ann Davis Transition Society	0
Autism Support Network Society of BC	5000
BC Poverty Reduction Coalition	5000
Camp Jubilee	2500
Castlegar and District Services Society	4000
Check Your Head: The Youth Global Education Network	4000
CoDevelopment Canada	14000
Co-op Radio	2500
Downtown Eastside Women’s Centre	2000
Elk Valley Society for Community Living	3000
First Call: BC Child and Youth Advocacy Coalition	5000
Haqq Education and Referral Services Foundation	2000
Living Wage for Families Campaign	2000
MADD (mothers against drunk driving)	4000
Metro Vancouver Alliance	0
Nanaimo Women’s Resources Society	3000
Organize BC	2160
Positive Living North	2400
Project Somos	2000
Protein for People (The Union Protein Project)	4500
Progressive Intercultural Community Services Society	0
QMUNITY	9,000
Senior Services Society	6000
Seva Canada Society	8500
Sher Vancouver	1500
Sierra Club	2500
Society of Transition Houses	5000
WAWAW Rape Crisis Centre	2500
West Coast LEAF	5000
YWCA Metro Vancouver	4950
Total	114,010

SOCIAL JUSTICE DAY

On Feb. 20, CESA hosted HSA's annual Social Justice Day workshop. The themes were disability rights and transgender rights.

Part one was facilitated by President of the Canadian Union of Public Employees (CUPE) Local 1936 Sheryl Burns, a long-time women's rights, labour, and disability rights activist. It explored myths, mistaken beliefs, and assumptions regarding people with disabilities, raised awareness of barriers facing people with disabilities, and discussed some of the rights and responsibilities within human rights legislation pertaining to people with disabilities, including the duty to accommodate.

Part two of the workshop was facilitated by founder of Sher Vancouver and community advocate Alex Sangha, who has worked as a social worker, instructor, clinician, and youth counselor.

Workshop participants viewed the film *My Name Was January*, which focuses on the brutal murder in New Westminster of trans sister January Marie Lapuz. The

film shows the community reacting, and shares the voices of her friends and other trans women of colour who speak to issues, concerns, and challenges facing trans communities.

Workshop participants engaged in interactive discussions about inclusivity, intersectionality, oppression, and survival in the sex trade.

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

Respectfully submitted,

Jas Giddha
Chair, Region 7 Director



WOMEN'S, LABOUR, AND DISABILITY RIGHTS ACTIVIST SHERYL BURNS DELIVERS A WORKSHOP ON DISABILITY RIGHTS AT HSA'S 2019 SOCIAL JUSTICE DAY.



EDUCATION COMMITTEE



(L-R) Sharon Geoghegan (staff), Osman Azad (Region 7), Colette Barker (staff), Nicole McIntosh (Region 6), Deb Cline (Region 7), John Christopherson (Region 5). FRONT: Jas Giddha (Chair, Region 7).

HSA's Education Committee oversees the administration of the union's education programs and the distribution of scholarships and bursaries. The committee also 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 2018, we trained nearly 1000 members from across the province. Our steward training courses include Basic Steward Training and Occupa-

tional Health and Safety Training. We also offer one-day steward team trainings delivered at worksites or in members' communities. Members also have opportunities for education at pre-convention workshops, constituency liaison and labour council delegate trainings, and special workshops, including International Women's Day and Social Justice Day workshops.

Members are sponsored by HSA to attend courses offered through the Canadian Labour Congress' (CLC) Winter School – held every January and February – and through the Western Regional Summer Institute for Union Women (SIUW), sponsored by the AFL-CIO. The Education Committee accepts delegate

recommendations from the Women's Committee for the SIUW, and this year, three HSA members were sponsored to attend the four-day conference entitled The RESISTERhood—Working Womxn Organizing for Collective Power, held at Sonoma State University in California.

In 2018, we sponsored two young workers to attend the BC Federation of Labour's Young Workers' School at Camp Jubilee.

In addition, members may attend external courses pertaining to labour education through HSA's Madden Memorial Education Fund scholarships.

Our union provides a wide range of leadership and special interest courses for members. In 2018, we offered a new workshop entitled Solidarity for All, which aims to raise awareness surrounding the challenges facing trans workers in workplaces, unions, and the broader community. It explored how unions can work to end discrimination and support our trans members.

2019 Convention delegates had the opportunity to attend one of the Pre-convention workshops this year: Advanced Steward Training, The Active Witness: Breaking Bystander Silence, Moving Forward, Issues to Action, and Bullying and Harassment in the Workplace.

The Board approved a number of psychological health and safety courses for staff, EDMP representatives, and members. This is in response to the province's Bill 14, which recognizes psychological injury as a workplace compensable injury as it pertains to harassment and bullying. In 2018, we had 70 members attend psychological health and safety workshops including Safe Talk/CSA Standards and Compassion Fatigue.

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.



HSA MEMBERS ATTEND A BASIC STEWARD TRAINING WORKSHOP.

PENSION EDUCATION SESSIONS

In the past year we have offered sessions about retirement, and in conjunction with the Municipal Pension Plan (MPP), we have also offered sessions about preparing for retirement. Four workshops were offered at HSA's New Westminster office in 2018.

Please note that the MPP will come to your site to provide workshops if you provide dates, book a room, and guarantee 20 attendees. Chief stewards can contact HSA with dates and details, and the union's staff can coordinate with MPP and assist members in accessing HSA funds for refreshments.

This year, four sessions were offered locally at work-sites. These were well attended. For many members, this may have been their first interaction with the union.

ACADEMIC SCHOLARSHIPS AND BURSARIES

Members and their immediate families pursuing post-secondary education are invited to apply for scholarships and bursaries. Every year, the committee awards:

- Ten \$1000 scholarships to candidates under age 25
- 20 \$1000 bursaries to candidates pursuing full-time studies

- Four \$500 bursaries to candidates pursuing part-time studies
- Two \$1000 bursaries to Aboriginal candidates pursuing studies in an HSA-related field

Each year we receive in excess of 200 applications for these awards and the committee spends two full days reviewing the applications and making difficult choices about who will receive these funds.

We as members are extremely fortunate to have the support of knowledgeable and helpful staff for the work of the Education Committee and HSA's broader education initiatives. There are a multitude of tasks involved in this work, including preparing agendas and material for policy review, responding to requests for workshops, organizing various training and workshops, and managing the numerous scholarship and bursary applications. We cannot thank Colette Barker, Sharon Geoghegan and Carol-Lee Campbell enough for their excellent organization and dedication.

If you have never attended a workshop, I would highly encourage you to register for a workshop or training session, and encourage your fellow members to do so.

I really enjoyed chairing the Education Committee, as HSA had once supported me with a scholarship for continuing my education. It was really nice to come full-circle and be a part of giving back to other members' career advancement.

Respectfully submitted,

Jas Giddha
Chair, Region 7 Director



OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



(L-R) Donna Barker (Region 6), Miriam Sobrino (staff), David Durning (staff), Laurie Golemic (Region 8), Karen Sandhu (Region 4), Joe Sebastian (Region 4 Director), and Derrick Hoyt (Chair, Region 2 Director).

The HSA Occupational Health and Safety Committee participates in the promotion of occupational health and safety in the workplaces of HSA members. Key to that work is the continued education of stewards and other members who participate at the worksite level in promoting and supporting occupational health and safety at the workplace.

The feature activity for 2018 was HSA's biennial OH&S conference for OHS stewards and activists held June 4-5 in Vancouver. The theme of the conference was People Work Here, and focused on the continued development of skills and knowledge

of HSA's OHS stewards, and on the importance of ensuring psychological health and well-being for healthy workplaces.

Participants benefitted from two excellent plenary presentations.

As health care and social services workers, many HSA members see the opioid crisis up close, and conference participants heard from Conor King, a 20-year veteran Staff Sergeant from the Victoria Police Department who provides training on the proper use of personal protective equipment to safeguard

first responders from a fentanyl overdose or fentanyl exposure.

Guest speaker Dr. Joti Samra spoke on the Critical Role of Emotional Intelligence in Creating a Supportive Workplace: Where to Start and What Makes a Difference. A highly-regarded expert in psychological health and safety, she has been involved in a number of national projects that have contributed to policy change in Canada, and is a founding member of the CSA Technical Committee that developed the National Standard of Canada for Psychological Health & Safety in the Workplace.

In addition to the plenary presentations, conference delegates were involved in two skills development exercises. Following the presentation on the opioid crisis, participants took the learnings from that presentation and completed a risk assessment for exposure to opioids in their workplace or exposure to multiple overdoses and deaths. In addition, a presentation on the various tools available to stewards when faced with an issue in their workplaces from their collective agreements to Disability Management to Occupational Health and Safety legislation was well received.

At the conference, four workshops examining a number of issues that can affect members at work were explored, and followed with case study work on how to approach complex workplace issues that arise in those areas, which focused on:

- The Impact of Domestic Violence on Workers and Workplaces
- What's Age Got to do With It?
- Safety Includes Everyone (focused on Trans inclusiveness)
- Workload and the Impact on Worker Safety

Participants were inspired to take their learnings back to their worksites, as evidenced by their feedback:

- “I will engage in more all-inclusive conversations with staff and management”
- “Start to implement the smaller steps suggested for healthy psychological worksites – be approachable, listen to understand.”
- “Missed breaks are worth a call to the Workplace Call Centre!! Will let everyone know.”
- “React better to Respectful Workplace needs. (I've been ignoring my own needs and that's not okay)”
- “Talk to staff and managers... about masks and long sleeves for room searches.”
- “Up my influence at monthly JOHSC to address respectful workplace, and psychological health and safety standard.”
- “Spread awareness of EDMP”

In addition to the OHS conference, HSA offered OHS steward training throughout the year, and education at this year's convention will include a workshop on Bullying and Harassment. HSA OHS staff were also involved in contract negotiations that saw a Provincial Framework on Occupational Health and Safety incorporated into health care collective agreements, which we are optimistic will have a positive impact on the work of HSA OHS stewards in the future.

The committee thanks the many HSA members – OHS stewards, Joint Occupational Health and Safety Committee members, and members who serve on regional committees advocating on OHS issues – for their continued commitment to members' health and safety on the job.

Respectfully submitted on behalf of the Occupational Health and Safety Committee,

Derrick Hoyt,
Chair

POLITICAL ACTION COMMITTEE



(L-R) Jaime Matten (staff), Osita Hibbert (Region 3), Tammam El Khodor (Region 4), Anne Davis (Chair, Region 1 Director), John Christopherson (Region 5 Director). Missing: Sherry Lewis (Region 7).

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 them.

Through grassroots political activism, our members continue to engage in campaigns organized by the BC Health Coalition, the BC Federation of

Labour, and other allied groups. Over the past year, HSA members worked on the Pro Rep campaign. Although the referendum was ultimately unsuccessful, valuable lessons were learned that can be applied to future campaigns.

Members of our union were also involved in municipal campaigns in the fall of 2018, whether in support of a particular candidate or as labour council delegates working to identify progressive candidates for endorsement by their district labour councils. Across the province, 70 per cent of labour council-

endorsed candidates were elected, as were four HSA members.

Congratulations to Wendy Morin, elected as a councillor for the City of Courtenay, Laura Dupont, re-elected as a councillor for the City of Port Coquitlam, Janice Morrison, re-elected as a councillor for the City of Nelson, and Joyce McMann, re-elected as a school trustee for the Campbell River Board of Education.

In May, board members and Constituency Liaisons carried out a lobby of government MLAs and cabinet ministers, as well as members of the opposition. Much of the focus was on shortages of health science professionals and actions government can take to reduce those shortages and improve critical services. Another group of HSA Constituency Liaisons focused on the need for increased funding for child development centres, increased access to early intervention therapies, and increased access to early years' mental health services in order to better support children with disabilities and their families.

PAC, through the Political Action Fund, continues to support the important work of the BC Health Coalition most notably through the position of the labour co-chair. Thank you to HSA member Edith MacHattie for so effectively carrying out this critical role. The BC Health Coalition continues to do remarkable work in the protection and defence of our public health care system.

As reported last year, changes in electoral financing rules mean that our union can no longer provide financial support to members who are running for office or working on election campaigns, whether municipal, provincial or federal. However, the Political Action Fund is available for members who are working on issues or campaigns that reflect the fund's core principles, as outlined in the HSA Constitution. These are:

- A positive role for the public sector
- Support for the principles set out in the Canada Health Act
- Free collective bargaining
- Progressive occupational health and safety legislation
- Human rights

HSA members working on grassroots campaigns related to the above principles are encouraged to contact our union to see if there is a possibility of practical or financial support.

Carol Riviere, the HSA staff member who has guided the work of the committee for many years, retired at the end of 2018. Carol's wealth of knowledge, experience and wise guidance has been greatly appreciated and will be missed, though we wish her all the best in what we are sure will be an active and engaged retirement. The committee welcomes Jaime Matten as our new staff support.

The Political Action Committee wishes to acknowledge the work of all our members who serve as labour council delegates or Constituency Liaisons, participate in campaigns sponsored by the BC Health Coalition or the BC Federation of Labour, or take part in the political process in other ways.

Democracy is strengthened when we engage as agents of change, both as individuals and collectively as members of our union.

Respectfully submitted,

Anne Davis

WOMEN'S COMMITTEE



(L-R) Anne Davis (Region 1 Director), Candis Johnson (Region 10), Heather Maschek (Region 8), Mandi Ayers (Chair, Region 10 Director), Annemarie Rongve (Region 2), and Sharon Geoghegan (staff).

This has been a busy and exciting year for the HSA Women's Committee. The committee members are Anne Davis, Annemarie Rongve, Heather Maschek, Candis Johnson and myself.

This year, the Women's Committee continued to work on our mandate to increase women's participation in union governance in the elected positions of stewards, members-at-large, regional directors, and president. With approximately 85 per cent of the membership identifying as women, it's time our lead-

ership reflects this.

We also encouraged women to seek political office in their communities. When more women are elected in our local, provincial, and federal governments, it leads to better health and social policies for our society.

One of the ways the committee has sought to increase women's participation in the union and in other political roles more broadly is through mentorship. With the recent increase in young worker activism and par-

ticipation, we felt new mentorship initiatives would be timely. Mentorship is not unidirectional – the younger generation can learn from the older members, and the older members can learn from the younger workers.

I attended Coming Full Circle: Connecting the Generations Conference, hosted by our national union NUPGE, alongside an HSA young worker and HSA staff person Sharon Geoghegan. The conference was an opportunity to further explore intergenerational relationship building. Mentorship was also the focus of this year's International Women's Day workshop.

The committee is also excited about the upcoming Women Deliver Conference, the world's largest conference on gender equality and the health, rights, and wellbeing of girls and women. This conference is being held in Vancouver from June 3-6, 2019, and a small delegation from HSA will be attending.

The committee has been working to build off of HSA's huge success with the 2018 Tampon Tuesday campaign. Last year, we were able to amass over 100,000 menstrual products through donations and fundraising. It was the first year that the union took part in the United Way of the Lower Mainland's (UWLM) Tampon Tuesday campaign to raise awareness of period poverty and to tangibly support those who do not have sufficient access to menstrual products.

This campaign is important to us because it addresses economic issues facing women and trans people. Did you know that surveys show that one third of Canadian women under the age of 25 have struggled to afford menstrual products? Research also shows that 70 per cent of women have missed work or school because of their periods.

With half of the world's population affected by menstruation, removing the stigma associated with periods and making products accessible to all is necessary for achieving gender equity. This year the campaign will look a little different, as HSA is developing its

own Stomp Out Period Poverty advocacy campaign to accompany our donations drive supporting local United Way partner agencies.

HSA received a grant from Vancity to develop advocacy materials that call for government action around period poverty. Toolkits will be available to members and chapters so they can run the campaign in their own communities.

The Women's Committee would like to thank our wonderful ally, Jonny Sopotiuik, as well as Nadia Santoro, for all the work they have put in to help develop the campaign.

The Women's Committee would also like to thank our wonderful staff support Sharon Geoghegan, whose hard work for the committee is invaluable.

Respectfully submitted,

Mandi Ayers
Chair





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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