

# 2022 RESOLUTIONS BOOKLET





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## 1. CONSTITUTION (Covers 2)

Carried: \_\_ Defeated: \_\_

**WHEREAS** Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution does not define limits on how many terms an individual may serve as a Regional Director; and

**WHEREAS** union leadership should reflect the changing demographics of the membership over time; and that three 2-year terms (6 years) is sufficient to establish their mandate.

**THEREFORE BE IT RESOLVED** that Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution which states “The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even-numbered years.”

Be replaced with:

“The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even numbered years. A Regional Director may serve a maximum of 3 consecutive full terms.”

**Submitted by:** BC Cancer – Vancouver

Committee Recommendation: Opposed.

## 2. CONSTITUTION (Covered by 1)

**WHEREAS** Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution does not define limits on how many terms an individual may serve as a Regional Director; and

**WHEREAS** union leadership should reflect the changing demographics of the membership over time; and that three 2-year terms (6-years) is sufficient to establish their mandate.

**THEREFORE BE IT RESOLVED** that Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution, which states “The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even-numbered years.”

be replaced with:

“The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even numbered years. A Regional Director may serve a maximum of 3 consecutive full terms.”

**Submitted by:** Children’s & Women’s Hospital

**3. CONSTITUTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the current language within Article 12, Section 1 (e) does not reflect the diversity and complexities of the composition of all Chapters, worksites, and associated joint health and safety committee requirements; and

**WHEREAS** the *Workers Compensation Act* governs the requirements for joint health and safety committees, composition, and selection of worker representatives and worker health and safety representatives; and

**WHEREAS** these conditions require more flexibility for HSA staff and Chapters to adequately fulfill these requirements.

**THEREFORE BE IT RESOLVED** that current wording of Article 12, Section 1 (e) be replaced by the following: Occupational Health and Safety stewards and alternates shall be elected, or, selected if a vacancy exists on a joint committee between elections, pursuant to the provisions of the Workers Compensation Act and Health Sciences Association policy.

**Submitted by:** Board of Directors – OHS Committee

Committee Recommendation: In favour.

**4. CONSTITUTION**

Carried: \_\_ Defeated: \_\_

**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 demographics of the membership over time; and that three 2-year terms (6 years) is sufficient to establish their mandate.

**THEREFORE BE IT RESOLVED** that Article 9, Section 1 of the 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 full terms.”

**Submitted by:** Children’s & Women’s Hospital

Committee Recommendation: Opposed.

**5. CONSTITUTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** considerable review of the Health Sciences Association Constitution was undertaken in past years by HSA to consider appropriate amendments in the context of the importance placed on privacy rights, confidentiality, and proper functioning of the Union; and

**WHEREAS** the purpose of proposed amendments was to specify formerly implicit obligations meant to best serve the interests of members, and to make it clear that a breach of any obligation or responsibility by a member might lead to discipline pursuant to Article 15 – Complaints & Dispute Resolution; and

**WHEREAS** the adoption of constitutional amendments removing member obligations from the Article 15 language before that same language was relocated to Article 6 leaves the current constitution detailing fewer member obligations than prior to the review.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) Constitution Article 6 – Members’ Rights and Obligations – Section 6. Obligations be amended by adding statements (j) through (y) as follows:

- “(j) Violate the Constitution of the Union or any Union Policy;
- (k) Obtain membership, or help someone else obtain membership, fraudulently or by misrepresentation;
- (l) Communicate or reveal confidential information, without proper authorization, about the business, membership, proceedings or other affairs of the Union to someone not entitled to it;
- (m) Bring a complaint under Article 15 without reasonable grounds for believing the complaint is true;
- (n) Fail to pay dues, fees, assessments or fines placed on them under the Constitution or by Union Policy;
- (o) Commit a fraud in a Union election or interfere, or attempt to interfere, with the democratic rights of members under this Constitution;
- (p) While holding elected office, deliberately cause a member to withdraw from the Union except as provided by the Labour Relations Code of British Columbia;
- (q) While holding elected office, condone or help another organization seeking to represent HSA members;
- (r) Disrupt the democratic process of a meeting, or fail or refuse to follow the rules of order when directed to do so by the Chair;
- (s) Coerce, intimidate or wrongfully keep a member, officer or staff person of the Union from carrying out their obligations or duties or exercising their rights under the Constitution and Union Policy;
- (t) Use the name of the Union for money or advertising without proper authority;
- (u) While being a Director, Member at Large, or member of the Trial Committee violate the Oath of Office, or while a Director violate the Code of Conduct;
- (v) While holding elected office in the Union, fail to perform the duties or obligations of their office in good faith, in a way that could reasonably be understood to breach the Union’s duty of fair representation;
- (w) Reveal personal information about a member or members to anyone not entitled to such information;
- (x) Engage in an activity or course of conduct which is detrimental to the welfare or best

- interests of the Union; or
- (y) Access any Union records, however stored, contrary to the Union Policy in regards to accessing Union records.”; and

**BE IT FURTHER RESOLVED** that Article 6 Section 6(b) be amended to replace “Union Trial Committee” and “Trial Committee” with “Hearing Panel”; and

**BE IT FINALLY RESOLVED** that the HSA Constitution Article 6 Constitution Members’ Rights and Obligations be amended by adding a new section – “Section 7. Discipline as follows: Any member, subject to Article 15, may be disciplined for breach of any Obligation or Responsibility under the Constitution.”

**Submitted by:** Surrey Memorial Hospital

Committee Recommendation: In favour.

## 6. CONSTITUTION

Carried: \_\_ Defeated: \_\_

**WHEREAS** Health Sciences Association is dedicated to gender equity; and

**WHEREAS** Exclusionary language can and does have impacts on the well-being of gender diverse and queer folks; and

**WHEREAS** Inclusive gender language is one way to honour and respect the dignity of gender diverse and queer folks.

**THEREFORE BE IT RESOLVED** Health Sciences Association will amend the HSA Constitution and all current and future documentation by replacing all instances of “his”, “he”, “himself”, “him and “her”, “hers”, “she”, “herself”, to “they”, “their”, “themselves” and “them”; and:

~~**BE IT FURTHER RESOLVED** Health Sciences Association will strive to consider the various collective agreements Health Sciences Association members belong to, by replacing all instances of “his”, “he”, “himself”, “him and “her”, “hers”, “she”, “herself”, to “they”, “their”, “themselves” and “them”.~~

**Submitted by:** CMHA BC

Committee Recommendation: In Favour as amended.

**7. COMMUNICATIONS (Covers 8, 9, 10)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** If more members understand the business of the union, we will have more engaged membership and a stronger union.

**THEREFORE BE IT RESOLVED** HSA provide educational resources (other than emails alone) to members so they understand what conventions, resolutions, bargaining proposals, etc. are: e.g. videos, social media, slide decks for stewards to use at chapter meetings.

**Submitted by:** BC Cancer Abbotsford

Committee Recommendation: In favour.

**8. COMMUNICATIONS (Covered by 7)**

**WHEREAS** the bargaining process is a primary function of the union; and

**WHEREAS** member engagement in the bargaining process is vital.

**THEREFORE BE IT RESOLVED** that HSA continue to develop and promote resources that explain the bargaining process and promote member engagement in bargaining.

**Submitted by:** BC Cancer Kelowna



## 9. COMMUNICATIONS (Covered by 7)

**WHEREAS** members have voiced confusion around Health Sciences Association (“HSA”) processes; and

**WHEREAS** member engagement is important to building a strong union; and

**WHEREAS** members have benefited from visuals developed by HSA explaining bargaining processes.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) shall create further educational resources including animated videos and social media campaigns to help explain union processes to members; and

**BE IT FURTHER RESOLVED** that these resources will include topics such as: applications for educational funding, what each role in the union does, Union membership - benefits and opportunities; and

**BE IT FINALLY RESOLVED** that these resources will be strategically and purposefully shared with our Membership on the Union website, email distribution and HSA social media.

**Submitted by:** Children’s & Women’s Hospital

## 10. COMMUNICATIONS (Covered by 7)

**WHEREAS** we are having great difficulty getting our members interested in the union and engaging; and

**WHEREAS** we struggle to get adequate numbers of Stewards and OHS Reps for our chapter.

**THEREFORE BE IT RESOLVED** that HSA have one dedicated web page that explains the roles of Stewards, Regional Directors and OHS Reps as well as highlights the How to Get Involved in the Union video on that page; and

**BE IT FURTHER RESOLVED** that this web page highlight a day in the life of a Steward, Regional Director and OHS Rep; and

**BE IT FINALLY RESOLVED** that this web page will help members learn the benefits of being in a Union and all aspects of what the HSA Union does.

**Submitted by:** Vancouver Island Mental Health Society

**11. COMMUNICATIONS**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA promotion focuses mainly on Health Science Professionals; and

**WHEREAS** other HSA Members and the public may not know what Community Health and Social Service workers do.

**THEREFORE BE IT RESOLVED** that HSA features a profile in each report on Community Health and Social Services, not just Health Science Professionals.

**Submitted by:** Vancouver Island Mental Health Society

Committee Recommendation: In favour.

**12. COMMUNICATIONS (Covers 13)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA strives to keep members abreast of topical issues through emailed Bulletins. These Bulletins are an important tool for member engagement and are appreciated. Members want to be engaged with their union but are often overwhelmed with the quantity of Bulletins they receive. Members want to be able to choose in what capacity and topics they engage. Too many bids for connection on topics that are not personally relevant, leads to opting out of all communications. This is not what HSA or members want.

**THEREFORE BE IT RESOLVED** HSA offer members a menu from which they can opt in and opt out of email communications, including but not limited to: *The Report*; Convention; Regional News; Chapter News; Workshops and Education.

**Submitted by:** Cumberland Health Center

Committee Recommendation: In favour.

**13. COMMUNICATIONS (Covered by 12)**

**WHEREAS** HSA provides a variety of information to members through email.

**THEREFORE BE IT RESOLVED** that HSA allow members to select/opt in/out of which types of email they receive from the union.

**Submitted by:** BC Cancer Kelowna

**14. EDUCATION**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** Health Science Professionals are often exposed to highly stressful work related situations; and

**WHEREAS** Mental health sick days, as with physical sick days, are tools to provide needed care, rest and recovery when illness makes it impossible to be productive at work; and

**WHEREAS** There is still a significant amount of guilt and stigma surrounding the use of sick time for mental health illness and recovery.

**THEREFORE BE IT RESOLVED** that HSA educate members and employers about the legitimacy of using sick time for mental health recovery.

**Submitted by:** 100 Mile House Hospital

Committee Recommendation: In favour.

**15. EDUCATION**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** Proper training for stewards is required to appropriately serve our comrades at work; and

**WHEREAS** Health Sciences Association represents members in a variety of health care settings; and

**WHEREAS** Health care and allied health professionals workplaces across British Columbia are underfunded, understaffed and undersupported; and

**WHEREAS** Many workers represented by HSA are not shift workers and cannot have their workload covered; and

**WHEREAS** Being required to take three consecutive days can be incredibly difficult in an already stressed and understaffed work setting; and

**WHEREAS** Being required to take three consecutive days off will and often does result in an increased workload.

**THEREFORE BE IT RESOLVED** that Health Sciences Association will strive to make Steward training more accessible and practical through mentoring and blended learning models as well as engage in consultations with members to determine accessibility.

**Submitted by:** CMHA BC

Committee Recommendation: Opposed.

**16. EDUCATION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA workshops are filling up quickly i.e.: Sex Trafficking workshop, that is relevant to Community Health and Social Services work; and

**WHEREAS** Community Health and Social Services members appreciate learning about topics that are relevant to the work they do.

**THEREFORE BE IT RESOLVED** that if an HSA workshop fills up quickly or has a waiting list, HSA will offer that workshop again ~~within twelve months from the date of the original workshop~~ AS SCHEDULES AND BUDGETS PERMIT.

**Submitted by:** Vancouver Island Mental Health Society

Committee Recommendation: In favour as amended.

**17. EQUALITY AND SOCIAL ACTION**

**Carried: \_\_ Defeated: \_\_**

**WHEREAS** HSA conducts an annual convention wherein Chapter delegates debate and endorse resolutions to provide direction to allocation of financial resources, Membership education and the political/social initiatives of the Union; and

**WHEREAS** Bourinot's Rules of Order are utilized to structure debate and formalize decisions; and

**WHEREAS** Bourinot's Rules of Order are confusing and may be purposefully manipulated to limit/avoid debate and democratic participation by Members who lack technical knowledge regarding the application of the Rules; and

**WHEREAS** Bourinot's Rules are a colonial legacy and evidence of institutional racism within the HSA.

**THEREFORE BE IT RESOLVED** Within 6 months HSA will research, report and recommend an explicitly anti-racist/decolonization strategy to replace Bourinot's Rules and facilitate consensus and collaboration in the democratic processes of the Union. The recommendation to be voted on and adopted at HSA Convention 2023.

**Submitted by:** Children's & Women's Hospital

Committee Recommendation: Opposed.

**18. EQUALITY AND SOCIAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA report *Confronting Racism with Solidarity* documented the ways our Black, Indigenous and People of Colour (BIPOC) members experience racism in larger society, in our workplaces and within our union. The report calls on the union to support and protect racialized members; and

**WHEREAS** BIPOC members volunteer personal time to the HSA BIPOC Caucus to enable them to organize and provide leadership to the HSA regarding strategies to identify and remove systematic barriers in our union, workplaces and larger society; and

**WHEREAS** HSA Stewards who volunteer their time by attending the HSA “Learn & Grow” networking events are able to claim \$15 expenses for snacks and refreshments; and

**WHEREAS** BIPOC caucus members have requested and been denied this same benefit.

**THEREFORE BE IT RESOLVED** HSA confront systemic racism in our Union and support organizing work led by members with lived experiences of racial oppression and social inequity by enabling BIPOC members to claim \$15 expenses each Caucus meeting they attend.

**Submitted by:** Children’s & Women’s Hospital

Committee recommendation: Opposed

**19. EQUALITY AND SOCIAL ACTION (Covers 20)**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** HSA is made up of a diverse membership AND IS WORKING TOWARDS EQUITY AND INCLUSION; and

**WHEREAS** much of our Canadian culture is often unconsciously learned from colonial AND DOMINANT GROUP viewpoints and LEADS TO UNCONSCIOUS BIASES WHICH CAN TURN INTO DISCRIMINATORY BEHAVIOURS; and

**WHEREAS** HSA is committed to making change with the intent of reflecting/respecting the BIPOC experience OF PEOPLE WHO EXPERIENCE MARGINALIZATION.

**THEREFORE BE IT RESOLVED** we/HSA start by undertaking a survey to encourage members to self-identify VARIOUS ASPECTS OF THEIR IDENTITIES, so that we understand the true makeup DEMOGRAPHICS of HSA MEMBERSHIP, in order to know where to start TO BEGIN WORKING TOWARDS INCLUSION WITH AN EVIDENCE-BASED APPROACH TO ADDRESSING SYSTEMIC INEQUITIES SUCH AS RACISM, SEXISM, ABLEISM, HOMOPHOBIA, AND SO ON.

~~**BE IT FURTHER RESOLVED** that this survey be made available to members by September 2022, with results made available by March 2023.~~

**Submitted by:** Eagle Ridge Hospital

Committee Recommendation: In favour as amended.

**20. EQUALITY AND SOCIAL ACTION (Covered by 19)**

**WHEREAS** Health Sciences Association is made up of a diverse membership; and

**WHEREAS** much of our Canadian culture is often unconsciously learned from a colonial viewpoint; and

**WHEREAS** Health Sciences Association is committed to making change with the intent of reflection/respecting the BIPOC experience.

**THEREFORE BE IT RESOLVED** we/Health Sciences Association start by undertaking a survey to encourage members to self-identify their BIPOC, so that we understand the true makeup of Health Sciences Association, in order to know where and how to start making change

**Submitted by:** St. Paul's Hospital

**21. EQUALITY AND SOCIAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the *In Plain Sight* report acknowledges that Indigenous people experience discrimination in health care institutions; and

**WHEREAS** Health Sciences Association members comprise a large portion of the staff at these institutions.

**THEREFORE BE IT RESOLVED** that Health Sciences Association advocate with government and health care institutions to address the recommendations made by the *In Plain Sight* report; and

**BE IT FURTHER RESOLVED** that Health Sciences Association mobilize its members to take action within health care institutions to ensure they address the recommendations of the *In Plain Sight* report.

**Submitted by:** Fraser Valley Child Development Centre

Committee Recommendation: In favour.

**22. EQUALITY AND SOCIAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Healthcare services provision is limited by cost of translation services; and

**WHEREAS** Health services and Child Development Centre services are 'essential services' yet there are language barriers that prevent access to service; and

**WHEREAS** community services interpretation services are expensive and the burden of cost shouldn't fall upon the service provider, nor should responsibility to find creative solutions by misusing funds (i.e., using gaming funds for interpretation services); and

**WHEREAS** Using not in-house interpretation services eliminates opportunities for training/consultation with interpreters around the organization's core values AND eliminates opportunities for discussing potential misinterpretations or areas requiring expansions to meet language limitations.

**THEREFORE BE IT RESOLVED** That HSA lobby MCFD and the federal government for increased funding to allow FTE for in-house interpretation IN PUBLIC HEALTH CARE AND COMMUNITY SOCIAL SERVICES SETTINGS when a population shows adequate need (i.e., if a high percentage of a population speaks a language other than English, there should be an in-house interpreter who speaks that language and works alongside the service providers).

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour as amended.



**23. FINANCE (Covers 24)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Health Sciences Association union dues are collected from all monies earned in employment; and

**WHEREAS** The BC Nurses' Union does not collect union dues from any monies earned as overtime pay.

**THEREFORE BE IT RESOLVED** That Health Sciences Association ("HSA") cease to collect union dues from earnings at overtime.

**Submitted by:** Royal Jubilee Hospital

Committee recommendation: Opposed.

**24. FINANCE (Covered by 23)**

**WHEREAS** HSA currently collects union dues from overtime wages.

**THEREFORE BE IT RESOLVED** that HSA no longer collect union dues from overtime wages.

**Submitted by:** BC Cancer Kelowna

**25. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the expensive cost of living and inflation is driving members to leave Vancouver which impacts retention of staff, recruitment of new staff and workloads of current staff; and

**WHEREAS** adequate staffing levels are required for optimal patient care and to support HSA members; and

**WHEREAS:** members may be struggling financially and need to pick up overtime shifts to help them with their bills; and

**WHEREAS** HSA members should not be losing valuable income accrued during overtime shifts.

**THEREFORE BE IT RESOLVED** that the union immediately ceases taking union dues off of worked overtime hours including call backs.

**Submitted by:** Vancouver General Hospital

Committee recommendation: Opposed.

**26. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Convention has been scheduled on the weekend, and other committee/bargaining/ etc. meetings have been scheduled into the evenings, and requested as “volunteer” hours; and

**WHEREAS** Attending convention and meetings requires members to perform the important work of the union; and

**WHEREAS** people should be rightly compensated for their hours of work.

**THEREFORE BE IT RESOLVED** that HSA compensates members for attending on off work hours, otherwise schedule convention and other meetings during day time hours Monday - Friday.

**Submitted by:** Richmond Hospital

Committee recommendation: Opposed.

**27. FINANCE**

Carried: \_\_ Defeated: \_\_

**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 MNP be confirmed as the union’s auditor until the year 2023 Annual Convention.

**Submitted by:** Board of Directors (Finance Committee)

Committee recommendation: In favour.

**28. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** compensation for time can be a barrier for member participation in union processes; and

**WHEREAS** the Health Sciences Association (“HSA”) values removing barriers for member participation including creating accessibility for members with disabilities and medical needs; and

**WHEREAS** members elected at bargaining proposal conference to the Bargaining Prioritization Committee must participate on their own time until prioritization is complete (sometimes all through the night).

**THEREFORE BE IT RESOLVED** that members participating in the Bargaining Prioritization Committee be compensated at the rate of their applicable collective agreement including any relevant articles for overtime; and

**BE IT FURTHER RESOLVED** that HSA increase accessibility for members and explore alternative options for when to hold the Bargaining Prioritization Committee during the bargaining Proposal Conference; and

**BE IT FINALLY RESOLVED** that the timing of meetings for Bargaining Prioritization Committee be communicated to delegates in advance for members to plan their availability.

**Submitted by:** Children’s & Women’s Hospital

Committee recommendation: Opposed.

**29. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** virtual meetings currently have a limit of ten dollars per person for providing food; and

**WHEREAS** this limitation was calculated based on in person meetings where large quantities of communal food could be served; and

**WHEREAS** ten dollars is not sufficient to purchase an individual lunch; and

**WHEREAS** during the global pandemic chapter and steward meetings had to take place using a virtual format with individual meals.

**THEREFORE BE IT RESOLVED** that the monetary food limit for meetings be increased.

**Submitted by:** Children's & Women's Hospital

Committee recommendation: Opposed.

**30. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA benefits from active member engagement and participation in the democratic and educational processes of the Union; and

**WHEREAS** HSA has committed to a budget that devotes funding to the purchase of food and drink at Chapter meeting and events; and

**WHEREAS** HSA Stewards are required to front the money to purchase meals and supplies then expense the Union for reimbursement; and

**WHEREAS** The costs for Chapter meetings at worksites with large membership can easily exceed \$500 or more and reimbursement may be delayed resulting in a prohibitive financial burden on Steward.

**THEREFORE BE IT RESOLVED** HSA shall be directly billed by vendors or will provide Chapters access to an HSA credit card to fund Chapter meeting expenses.

**Submitted by:** Children's & Women's Hospital

Committee recommendation: Opposed.

**31. FINANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the bargaining and defense funds comprised only 2.7% + 2.7% = 5.4% of the HSA budget allocation in 2021; and

**WHEREAS** bargaining and defense play a vital role in ensuring members the best possible contract.

**THEREFORE BE IT RESOLVED** that HSA allocate additional funds to these areas of the budget where possible.

**Submitted by:** BC Cancer Kelowna

Committee recommendation: Opposed.

**32. FINANCE (Covered by Composite 3)**

**WHEREAS** Convention on the weekend is cutting into members' time off work; and

**WHEREAS** Members are already facing shortages at work and having to work extra. Having to do extra union work on top of that on personal time makes it difficult to maintain a work life balance.

**THEREFORE BE IT RESOLVED** HSA doesn't schedule conventions and conferences on the weekend.

**Submitted by:** BC Cancer Abbotsford

**33. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** transitioning from children’s services to adult services is a challenging time for families; and

**WHEREAS** government funding for adults with disabilities starts at 19, as this is the age of majority in BC; and

**WHEREAS** government funding for children with disabilities (At Home Program) stops at age 18, despite still being legally children; and

**WHEREAS** this creates a year-long gap in which families have no funding for equipment or services before being eligible for Adult funding.

**THEREFORE BE IT RESOLVED** That the HSA lobby the provincial government to increase children’s funding for equipment and services until the age of 19.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**34. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** children with neurodiversities and medical complexities require intensive and coordinated care, which is optimally provided by multidisciplinary health care team; and

**WHEREAS** this population continues to grow while funding remains stagnant; and

**WHEREAS** COVID-related issues have further compromised families’ abilities to access health care services in both primary care and intervention services.

**THEREFORE BE IT RESOLVED** that HSA continue to lobby all relevant provincial ministries (i.e. Ministries of Health, Children and Family Development and Education) to increase funding for children and families with support and health care needs.

**Submitted by:** Queen Alexandra Center for Children’s Health

Committee recommendation: In favour.

**35. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** dental care is not a covered benefit through the Medical Services Plan of BC; and

**WHEREAS** dental care is a required medical service, contributing to overall physical health, including the ability to eat and speak; and

**WHEREAS** dental care is not affordable for low and middle income individuals and families, and many people forgo this necessary service, sometimes leading to significant health complications.

**THEREFORE BE IT RESOLVED** that HSABC lobby the provincial government for inclusion of dental care as a medically necessary service to be provided by MSP; and

**BE IT FURTHER RESOLVED** that there be no limits on this funding for children under age 19 and/or individuals with special needs.

**Submitted by:** Queen Alexandra Center for Children's Health

Committee recommendation: In favour.

**36. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** transportation remains a top barrier to children with special needs attending their numerous medical appointments as well as therapeutic opportunities such as swimming and community recreation programs; and

**WHEREAS** HandyDART services were improved (now open to users under 12) however still remain very limited (e.g. if you need to get to BC Children's hospital from Surrey, you must leave at 7:30am and then return at 12:30pm. Many specialist appointments do not fit in to these hours); and

**WHEREAS** the cost of wheelchair accessible vans (and/or wheelchair taxis) are prohibitively expensive (\$60,000+).

**THEREFORE BE IT RESOLVED** that HSA advocate and lobby provincial government and TransLink (for Lower Mainland) and BC Transit (for rest of BC) to improve transportation options for children with special needs including: increase HandyDART service, provide wheelchair taxi vouchers for medical appointments, and grants for purchase of wheelchair accessible vans.

**Submitted by:** Centre for Child Development

Committee recommendation: In favour.

**37. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Healthcare service provision is being limited by the costs related to transportation services; and

**WHEREAS** the Ministry of Health does not provide transportation allowance for anyone across the province (including families from the Northern Interior who need access to services from BC Children’s hospital or Sunny Hill Health Centre); and

**WHEREAS** Health services and CDC services are in fact ‘essential services’, there are limitations based on transportation barriers that prevent access to these services; and

**WHEREAS** access to such essential services should be available regardless of or access to Transportation.

**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 transportation services.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**38. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** MCFD’s proposed Family HUBs are intended to provide greater accessibility to services to children and youth with needs; and

**WHEREAS** the implementation of the HUBs will utilize a “needs-based” eligibility model; and

**WHEREAS** children and youth with FASD and other Neurobehavioural conditions may have greater access to services through this needs-based model; and

**WHEREAS** research and feedback gathered for MCFD by Hume et al. (2009) “*Key Worker and Parent Support Program: Final Summative (Outcome) Evaluation Report*” and by the B.C. Representative for Children and Youth in April 2021 “*Excluded: Increasing Understanding, Support, and Inclusion for Children with FASD and their Families*” indicate a need for health care workers with specialized knowledge and skills of FASD to be involved in the management and provision of support services.

**THEREFORE BE IT RESOLVED** that HSA lobby MCFD to protect the Key Worker Program and dedicated Key Worker role for children and youth with FASD and CDBC diagnoses.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.



**COMPOSITE 1 - HEALTH SERVICES (Covers 39, 40)**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** the Ministry of Children and Family Development (MCFD) has announced plans to create Family connections centres or “hubs” across the province which “will provide a one-stop location for support, therapy and information for children and families with support needs”; and

**WHEREAS** Child Development Centres and the families they serve have been given little information about the upcoming transition to the hubs; and

**WHEREAS** in order to create these Centers current models of intervention and service will be changing, but at this time there is very little specific information which is creating concerns among existing stakeholders including families; and

**WHEREAS** there already appears to be a great deal of concern by families around lack of services or access to services; and

**WHEREAS** there is a lot of uncertainty among staff around which roles will be affected, and how, when occupations are redefined to fit the HUBs; and whether employees will be appointed to or have the opportunity to choose between new occupations when the changes are made; and

**WHEREAS** the proposed changes could present problems related to job security for staff; and

**WHEREAS** many current service providers are HSA members and will be impacted by this change.

**THEREFORE BE IT RESOLVED** that HSA advocate and lobby MCFD to survey the frontline workers and the families affected by the proposed changes before they are implemented; and

**BE IT FURTHER RESOLVED** that HSA advocate and lobby the MCFD to provide more information and allow flexibility based on feedback from frontline workers and families accessing these services; and

**BE IT FURTHER RESOLVED** That HSA closely monitor the development of Family Connections Centres and report back regularly to impacted members; and

**BE IT FINALLY RESOLVED** That HSA advocate for transparency and accountability around development of province wide Family Connections Centers with the Ministry of Child and Family development.

**Submitted by:** Resolutions Committee

Committee recommendation: In favour.

### **39. HEALTH SERVICES (Covered by Composite 1)**

**WHEREAS** The Ministry of Children and Family Development has announced plans to create Family connections centres across the province which “will provide a one-stop location for support, therapy and information for children and families with support needs”; and

**WHEREAS** in order to create these Centers current models of intervention and service will be changing, but at this time there is very little specific information which is creating concerns among existing stakeholders including families; and

**WHEREAS** Many current service providers are HSA members and will be impacted by this change.

**THEREFORE BE IT RESOLVED** That HSA closely monitor the development of Family Connections Centres and report back regularly to impacted members; and

**BE IT FURTHER RESOLVED** That HSA advocate for transparency and accountability around development of province wide Family Connections Centers with the Ministry of Child and Family development

**Submitted by:** Queen Alexandra Center for Children’s Health

### **40. HEALTH SERVICES (Covered by Composite 1)**

**WHEREAS** CDCs and families they serve have been given little information about the upcoming transition to the family connection centres/HUBs; and

**WHEREAS** There already appears to be a great deal of concern by families around lack of services or access to services; and

**WHEREAS** there is a lot of uncertainty among staff around which roles will be affected, and how, when occupations are redefined to fit the HUBs; and whether employees will be appointed to or have the opportunity to choose between new occupations when the changes are made; and

**WHEREAS** the proposed changes could present problems related to job security for staff.

**THEREFORE BE IT RESOLVED** that HSA advocate and lobby MCFD to survey the frontline workers and the families affected by the proposed changes before they are implemented; and

**BE IT FURTHER RESOLVED** that HSA advocate and lobby the MCFD to provide more information and allow flexibility based on feedback from frontline workers and families accessing these services.

**Submitted by:** Fraser Valley Child Development Centre

**41. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the number of children referred for assessment for developmental differences has continued to increase; and

**WHEREAS** the waitlists for publicly funded assessments are often so long that children who may have been identified and referred for assessment at an appropriate age for essential early intervention, they often become ineligible by the time they are assessed (i.e., recognized and referred at age 3, but not assessed until almost age 6); and

**WHEREAS** the COVID-19 pandemic has added more time to already lengthy waitlists; and

**WHEREAS** access for therapies and educational supports at school depend on diagnosis.

**THEREFORE BE IT RESOLVED** that HSA lobby the provincial government to ~~provide increased~~ INCREASE funding for publicly FUNDED assessment of developmental differences.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour as amended.

**42. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the number of children requiring individual support in preschool and daycare has continued to increase; and

**WHEREAS** preschool and daycare staff currently have the right to discriminate against children with unmet support needs by refusing enrollment in their programs; and

**WHEREAS** there are many children in their pre-kindergarten year who have not yet had opportunity to attend preschool due to lack of funding for individual support.

**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:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**43. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** infant/child/youth mental health services have consistently been recognized as areas of high demand, but the need for such services increased greatly in the early stages of the COVID-19 pandemic, and the need has continued to grow as the pandemic's effects continue; and

**WHEREAS** child development centres are facing an influx of referrals for emotional and mental health concerns from daycare staff and parents; and

**WHEREAS** infant/child mental health services have long wait times for programs and children are often redirected to child development consultants, who are not necessarily trained or qualified for these concerns.

**THEREFORE BE IT RESOLVED** that the HSA lobby the government to increase funding to the infant/child/Youth Mental Health Services programs at this time such that families can access the right services when they need it.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**44. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Child development centres sometimes receive 1-time funding to increase supports for children with special needs in child care settings; and

**WHEREAS** Children with special needs often cannot attend childcare unless they have a dedicated support worker and waitlists in urban settings far exceed the number of dollars received to support children; and

**WHEREAS** All children and their parents have the right to access childcare.

**THEREFORE BE IT RESOLVED** that HSA lobby the government to increase funding to support children with special needs in childcare settings including hiring more support workers.

**Submitted by:** Centre for Child Development

Committee recommendation: In favour.

**45. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** British Columbia is the only province in Canada that does not have funding coverage for the provision of orthotic devices once a person reaches the age of 19 and limited coverage with sometimes large deductibles for children; and

**WHEREAS** This lack of funding places undue financial burden on, or may prevent families or individuals from accessing the orthotic treatment that can enable those living with physical impairments to benefit from an improved quality of life and function; and

**WHEREAS** There is an urgent need to ensure equity of access to people of all ages for orthotic treatments.

**THEREFORE BE IT RESOLVED** that HSA work with the Prosthetic and Orthotic Association of British Columbia to develop a plan to advocate for equity in accessing funding of orthotic treatments (orthopedic bracing) for all children and adults in British Columbia living with physical impairments.

**Submitted by:** Queen Alexandra Center for Children's Health

Committee recommendation: In favour.

**46. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** home enteral nutrition supplies are a necessity for sustaining life for many patients; and

**WHEREAS** home enteral nutrition supplies are not covered by the medical services plan; and

**WHEREAS** multiple provinces in the country provide some form of enteral nutrition coverage as part of their public health plan but BC is not one of them; and

**WHEREAS** many patients are vulnerable or on fixed income, do not qualify for disability benefits over the age of 65, and cannot afford the high cost per month for enteral formula and feeding supplies.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") lobby the BC government to include enteral nutrition formula and equipment coverage under the medical services plan.

**Submitted by:** Royal Jubilee Hospital

Committee recommendation: In favour.

**47. HEALTH SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Children are referred for early intervention services at different ages; and

**WHEREAS** Waitlists for developmental assessments are growing, so diagnosis is received after the age of qualification for many intervention services; and

**WHEREAS** Children are discharged from early intervention services in August before kindergarten, regardless of length of time receiving services and regardless of how many goals/outcomes have been met; and

**WHEREAS** children would benefit from ongoing early intervention services into their kindergarten year, to meet specified outcomes (i.e., assessment / transition / other goals are met).

**THEREFORE BE IT RESOLVED** that HSA lobby the provincial government to revisit language around early intervention so that discharge from early intervention services can be postponed till midway through the kindergarten year in order to adequately support the transition into schooling; and

**BE IT FURTHER RESOLVED** That HSA lobby the provincial government to increase funding to early intervention services such that they may provide these continued services.

**Submitted by:** Fraser Valley Development Centre

Committee recommendation: In favour.

**48. LABOUR RELATIONS (Covers 49)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA seeks to advance member rights, safety and dignity through enforcement of Collective Agreements, member education and the establishment of Union policies and procedures; and

**WHEREAS** HSA Labour Relations benefits from perspectives, information and analysis from the front-line workers; and

**WHEREAS** HSA currently lacks a formal process to recruit, train and employ members as Labour Relations professionals; and

**WHEREAS** HSA used to have a “Super Steward” program and other unions such as HEU, currently have a “Servicing Internship for Members” recruitment and training program.

**THEREFORE BE IT RESOLVED** that HSA establish, within the next 6 months, a formal internship program for members; and

**BE IT FURTHER RESOLVED** that HSA actively recruit, train, and hire HSA members as interns to facilitate development of skills / experience required to seek regular employment as HSA Labour Relations professionals.

**Submitted by:** BC Cancer - Vancouver

Committee recommendation: Opposed.

**49. LABOUR RELATIONS (Covered by 48)**

**WHEREAS** HSA seeks to advance member rights, safety and dignity through enforcement of Collective Agreements, member education and the establishment of Union policies and procedures; and

**WHEREAS** HSA is committed to diversity, equity and inclusion - including hiring of workers who have lived experience of systemic discrimination and/or oppression; and

**WHEREAS** HSA is striving to increase the recruitment, engagement and participation of Young Workers in positions of Union leadership and representation; and

**WHEREAS** HSA currently lacks a formal process to recruit, train and employ members as Labour Relations professionals in addition to hiring from outside the union.

**THEREFORE BE IT RESOLVED** HSA establish, within the next 6 months, a Servicing Internship for members similar to the Hospital Employees' Union (HEU) "Servicing Internship for Members" recruitment and training program; and

**BE IT FURTHER RESOLVED** HSA actively recruit, train and hire HSA members as Interns to facilitate development of skills / experience required to seek regular employment as HSA Labour Relations professionals.

**Submitted by:** Children's & Women's Hospital

**50. LABOUR RELATIONS**

**Carried:** \_\_ **Defeated:** \_\_

**WHEREAS** HSA unionized staff are hired to negotiate for its members during bargaining; and

**WHEREAS** HSA advocates for transparency and equality; and

**WHEREAS** Wage increases for HSA unionized staff greater than that negotiated for HSA members creates a financial disadvantage for HSA members.

**THEREFORE BE IT RESOLVED** That HSA staff do not get a pay increase that is higher than what is negotiated at bargaining for HSA members.

**Submitted by:** Vancouver General Hospital

Committee recommendation: Opposed.



**51. LABOUR RELATIONS**

Carried: \_\_ Defeated: \_\_

**WHEREAS** CERNER CST is being rolled out across Provincial Health Care as the Charting system across the whole province; and

**WHEREAS** it has proven to be very cumbersome, creating lots of excess work, excessive patient waitlists, missed patient appointments, and generalized stress for its users; and

**WHEREAS** sufficient time has passed and training and experience has accumulated in facilities where it has been introduced that an accurate measure can be taken of its effectiveness.

**THEREFORE BE IT RESOLVED** that HSA lobby Health Authorities and the Ministry to address the problems inherent in CERNER CST.

**Submitted by:** BC Cancer - Vancouver

Committee recommendation: Opposed.

**52. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA Members describe a lack of public awareness/appreciation of our Union and work; and

**WHEREAS** HSA Members do not have a way to increase our visibility and express our Union identify at our worksite and in our communities; and

**WHEREAS** The Trade Union movement utilizes union-branded clothing (t-shirts, hoodies, vests, jackets, toques and hats) and other materials to demonstrate Union membership, solidarity and convey information regarding political and/or social justice campaigns.

**THEREFORE BE IT RESOLVED** that HSA will establish an on-line store, similar to the Hospital Employees Union “Boutique”, where HSA Members can purchase Union-branded sustainably sourced clothing and other materials at low cost.

**Submitted by:** Children’s & Women’s Hospital

Committee recommendation: Opposed.

**53. MEMBER SERVICES (Covers 54)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** member participation in collective agreement ratification votes is vital; and

**WHEREAS** HSA has demonstrated successful use of electronic voting methods in the past; and

**WHEREAS** attending a physical location to vote can act as a barrier to member participation.

**THEREFORE BE IT RESOLVED** that HSA host future collective agreement voting sessions in a digital format.

**Submitted by:** BC Cancer Kelowna

Committee recommendation: In favour.

**54. MEMBER SERVICES (Covered by 53)**

**WHEREAS** member participation in collective agreement ratification votes is vital; and

**WHEREAS** HSA has demonstrated successful use of electronic voting methods; and

**WHEREAS** attending a physical location to vote can act as a barrier to member participation.

**THEREFORE BE IT RESOLVED** that HSA holds all future collective agreement voting session in a virtual format.

**Submitted by:** Children’s and Women’s Hospital

**55. MEMBER SERVICES**

**Carried:** \_\_\_ **Defeated:** \_\_\_

**WHEREAS** A union exists to work for its’ members and provide adequate support; and

**WHEREAS** Health Sciences Association has dedicated staff to provide adequate and timely support to members of Health Sciences Association; and

**WHEREAS** Members of Health Sciences Association often feel there is ineffective and slow communication – for example, emails go unanswered for weeks; and

**WHEREAS** The compounding effect of the above-stated preamble means that members often feel unsupported by our union Health Sciences Association.

**THEREFORE BE IT RESOLVED** Health Sciences Association will review its policies and standard operating procedures to ensure timely, transparent and adequate communications are provided to members that Health Sciences Association represents.

**Submitted by:** CMHA BC

Committee recommendation: In favour.

**56. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Members often face long delays in the classifications process; and

**WHEREAS** Delays in classification cause anguish and resentment; and

**WHEREAS** Members have left the organization without back pay or formal classification.

**THEREFORE BE IT RESOLVED** Health Sciences Association will strive to be more transparent with members about the classification process, especially with members who are awaiting classification decisions; and

**BE IT FURTHER RESOLVED** Health Sciences Association will provide formal clarity to members, especially those who are awaiting classification decisions about what the process entail, and a COMMITMENT TO REGULAR COMMUNICATION THROUGHOUT THE PROCESS; and

**BE IT FINALLY RESOLVED that** Health Sciences Association will complete job evaluation and classification, where necessary, within 3 months of when such a request is made.

**Submitted by:** CMHA BC

Committee recommendation: In favour as amended.

**57. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** A significant proportion of members are disengaged with the union which leads to them not knowing their rights, how to get support, and decreases the strength of the union when it comes time for contract negotiations and job action; and

**WHEREAS** Steward teams are overwhelmed having to do steward work on top of very full workloads, and could use the extra support; and

**WHEREAS** Other unions create opportunities for members to take on temporary roles with their unions.

**THEREFORE BE IT RESOLVED** HSA continue to PROVIDE PAID TIME OFF FOR MEMBERS TO PARTICIPATE IN THE HSA CORE MEMBER ENGAGEMENT TEAM ~~create temporary positions at HSA~~ throughout the year for members to do engagement work and strengthen steward teams and engagement at chapters.

**Submitted by:** BC Cancer Abbotsford

Committee recommendation: In favour as amended.

**58. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** scholarships and bursaries are focused on part-time and full-time courses and programs in post secondary institutes; and

**WHEREAS** there are many shorter term courses and programs more applicable to Community Health and Social Service workers.

**THEREFORE BE IT RESOLVED** that HSA allocate 10 short term certificate and program scholarships and bursaries of a maximum dollar amount of \$500.00 yearly.

**Submitted by:** Vancouver Island Mental Health Society

Committee recommendation: In favour.

**59. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the Health Sciences Association (“HSA”) offers members and their families’ annual scholarships and bursaries based on financial need and academic merit; and

**WHEREAS** There are more applicants who qualify than awards available.

**THEREFORE BE IT RESOLVED** That Health Sciences Association (“HSA”) scholarships and bursaries be henceforth awarded on a lottery basis for any and all applicants who meet the defined criteria for the scholarship or bursary.

**Submitted by:** Royal Jubilee Hospital

Committee recommendation: Opposed.

**60. MEMBER SERVICES**

Carried: \_\_ Defeated: \_\_

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

**THEREFORE BE IT RESOLVED** HSA take leadership around hosting and organizing special events throughout the year that engage members around health and wellness. For example, 30 day mindfulness challenges, hosting a yoga event, psychological wellness workshops.

**Submitted by:** Burnaby Hospital

Committee recommendation: Opposed.

**61. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Before January 1, 2022, more than one million workers in B.C. did not have access to paid sick leave; mostly those in low-wage jobs who are often women or racialized workers. Many people have felt obligations to go to work even while sick; and

**WHEREAS** BC has recently legislated 5 days paid sick leave for workers, which is a great start. But more days would be better.

**THEREFORE BE IT RESOLVED** that HSA CONTINUE TO lobby for an increase to 10 paid sick days per year.

**Submitted by:** Richmond Hospital

Committee recommendation: In favour as amended.

**62. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** British Columbians require affordable, effective medications for all health conditions; and

**WHEREAS** many seniors living in British Columbia struggle to pay for prescribed medications.

**THEREFORE BE IT RESOLVED** that HSA lobby THROUGH NUPGE AND BC FED the provincial and federal ministries of health to provide universal Pharmacare, eliminating the income-based deductible that causes hardship for many British Columbians.

**Submitted by:** BC Cancer Kelowna

Committee recommendation: In favour as amended.

**63. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** 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 5 months (4 for RPNs).

**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, and report back to members with progress.

**Submitted by:** Burnaby Hospital

Committee Recommendation: In favour.

**64. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** The wait-time for wheelchair-accessible BC Housing units is still unacceptably long (e.g. Families in Surrey waiting 4+ years); and

**WHEREAS** Many families with kids with special needs are not able to find affordable and wheelchair-accessible homes.

**THEREFORE BE IT RESOLVED** that HSA advocate and lobby the Ministry of Municipal Affairs and Housing and other related Ministries (e.g. MCFD and Min. of Social Development and Poverty Reduction) to review and increase BC Housing rental stock of wheelchair-accessible units to allow timely and equitable access everywhere in BC.

**Submitted by:** Centre for Child Development

Committee recommendation: In favour.

**COMPOSITE 2 – POLITICAL ACTION (Covers 65, 66, 67)**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** There is a well-documented housing crisis in many areas of British Columbia which is affecting staffing of remote and rural community hospitals due to housing being unavailable or financially unattainable; and

**WHEREAS** Property values have increased from 18 to 24 per cent in major Canadian urban centres since the onset of the COVID-19 pandemic; and

**WHEREAS** Housing prices continue to rise, and the idea of home ownership has become unreachable for many HSA members; and

**WHEREAS** Marginalized and vulnerable adults, including seniors and persons with disabilities, are disproportionately impacted by increasing housing and rent prices; and

**WHEREAS** Providing access to affordable housing is the responsibility of both the provincial and federal governments.

**THEREFORE BE IT RESOLVED** That the HSA work through the BC Federation of Labour and NUPGE to lobby the municipal, provincial, federal levels of government to follow through on campaign promises to make housing more affordable; and

**BE IT FURTHER RESOLVED** that HSA work through the BC Federation of Labour and National Union of Public and General Employees (NUPGE) to advocate for all levels of government to take measurable action to increase the supply of affordable housing across our province and country.

**Submitted by:** Resolutions Committee.

Committee recommendation: In favour.



**65. POLITICAL ACTION (Covered by Composite 2)**

**WHEREAS** Housing prices have continuously been increasing year over year, the idea of home ownership has become unreachable to many of our members. The hope for our children to be able to afford a home in or near the communities they grew up in seems unlikely; and

**WHEREAS** Property values have increased even more so during the pandemic, especially in major Canadian urban communities (18-24% in fact); and

**WHEREAS** At election time different levels of government (the federal government most recently) make promises on what they will do to make housing more affordable (a moratorium on foreign buyers for example). Unfortunately, the Federal government has not proceeded with acting upon those promises.

**THEREFORE BE IT RESOLVED** That the HSA lobby provincial and federal levels of government to follow through on policies that will make housing more affordable for HSA members and their families.

**Submitted by:** Queen's Park Care Centre

**66. POLITICAL ACTION (Covered by Composite 2)**

**WHEREAS** Providing access to housing is the responsibility of both the provincial and federal governments; and

**WHEREAS** There is a well-documented housing crisis in many areas of British Columbia which is affecting staffing of remote and rural community hospitals due to housing being unavailable or financially unattainable due to vacation resorts; and

**WHEREAS** Families are unable to access and/or afford suitable housing in a community where they have the offer of employment.

**THEREFORE BE IT RESOLVED** that HSA work with the National Union of Public and General Employees and the BC Federation of Labour to advocate for the funding and creation of more affordable housing.

**Submitted by:** Queen Victoria Hospital

**67. POLITICAL ACTION (Covered by Composite 2)**

**WHEREAS** Housing affordability and supply is a longstanding issue for British Columbians; and

**WHEREAS** Marginalized and vulnerable adults, including seniors and persons with disabilities are disproportionately impacted by increasing housing and rent prices.

**THEREFORE BE IT RESOLVED** That HSA lobby provincial and municipal governments to take measurable action to increase the supply of affordable housing across our province.

**Submitted by:** Richmond Mental Health

**68. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Homelessness is a growing and urgent problem in BC communities especially among marginalized populations; and

**WHEREAS** Homeless individuals experience numerous health issues including higher mortality rates and mental health issues. The rates of substance use, dependency disorders and chronic pain are significantly higher among the homeless population; and

**WHEREAS** providing access to affordable housing is the responsibility of both provincial and federal governments.

**THEREFORE BE IT RESOLVED** that HSA work with BC FEDERATION OF LABOUR ~~National Union of Public and General Employees~~, to advocate to the Ministry of the Attorney General and Responsible for Housing, BC Housing and Ministries of Social Development and Poverty Reduction (SDPR) and Citizens' Services to identify homeless individuals and assist with increasing access to affordable housing.

**Submitted by:** Mount Saint Joseph Hospital

Committee recommendation: In favour as amended.

**69. POLITICAL ACTION**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** childcare is a concern for women and HSA members. HSA supports the \$10 a day childcare plan. There is a lack of qualified Early Childhood Educators and Supported Child Development professionals to support the increased spaces initiated by the BC Government.

**THEREFORE BE IT RESOLVED** That the Health Sciences Association (“HSA”) continue to lobby the government to expand its childcare plan to universal access \$10 per day childcare for all childcare spaces in BC; and

**BE IT FURTHER RESOLVED** that HSA continue to lobby the government to expand its childcare plan to include more advanced education seats for early childhood educators to fill the increased staffing needs.

**Submitted by:** Board of Directors – Women’s Committee

Committee recommendation: In favour.

**70. POLITICAL ACTION**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** the need for childcare (before and after school) is vital to the labour force and HSA members. There is a lack of early childhood educators to provide care to children within current early years programs; and

**WHEREAS** HSA supports the \$10 a day childcare plan and works in solidarity with other BCFED affiliated unions.

**THEREFORE BE IT RESOLVED** That HSA through the BC Federation of Labour lobby the provincial government to adopt the CUPE Seamless Childcare Plan which places qualified Education Assistants within school based before and after school programs.

**Submitted by:** Board of Directors – Women’s Committee

Committee recommendation: In favour.

## POLITICAL ACTION

### 71. POLITICAL ACTION

Carried: \_\_ Defeated: \_\_

**WHEREAS** adoptive parents are not eligible for an equivalent amount of parental leave to birthing parents.

**THEREFORE BE IT RESOLVED** that HSA lobby the federal government to improve parental leave allowance for adoptive parents of a dependent child WILL LOBBY GOVERNMENT THROUGH ITS PROVINCIAL AND FEDERAL AFFILIATES TO IMPROVE PARENTAL LEAVE FOR ALL PARENTS.

**Submitted by:** BC Cancer Kelowna

Committee recommendation: In favour as amended.

### 72. POLITICAL ACTION

Carried: \_\_ Defeated: \_\_

**WHEREAS** systemic racism within policing results in surveillance, criminalization, victimization and killing of Black, Indigenous and People of Colour (“BIPOC”) in Canada; and

**WHEREAS** colonial history and structure of policing in Canada results in disproportionate arrest, incarceration and death of Indigenous people - particularly Indigenous women and girls - who organize to protect their culture, land and water; and

**WHEREAS** police lack training, skill and resources required to appropriately respond and assist people in crisis; and

**WHEREAS** progressive alternatives (i.e., strategies to eliminate poverty/homelessness and establish community/peer-led resources to address mental illness, substance use and reduce violence) are required rather than excessively funding and deploying police.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) publicly endorse Defunding the Police; and

**BE IT FURTHER RESOLVED** that HSA provide members with the opportunity to learn about and connect with BIPOC grassroots organizations actively organizing to defund policing and organize alternatives in Canada.

**Submitted by:** Children’s & Women’s Hospital

Committee recommendation: Opposed.

**73. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Colonialism and capitalism has done irreparable harm to our collective well-being and the well-being of this planet; and

**WHEREAS** Health Sciences Association represents members driven to provide care for people; and

**WHEREAS** Health Sciences Association is dedicated to advocating for and exploring ways to mitigate further climate degradation and harm to our planet; and

**WHEREAS** Colonialism and capitalism have established carceral institutions to protect the interests of the state, industry and capital over the collective interests of this planet, and the living beings that call this planet home.

**THEREFORE BE IT RESOLVED** Health Sciences Association will advocate for alternatives to policing, imprisonment and criminalization of people; and

**BE IT FURTHER RESOLVED** Health Sciences Association will oppose resource extraction and the policing units/departments, which protect industry and capitalist interests over the interest and survival of our planet.

**Submitted by:** CMHA BC

Committee Recommendation: Opposed.

**74. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Free parking for healthcare workers during the pandemic was much desired at some sites, but caused significant parking issues at other sites; and

**WHEREAS** Transit fees for those that commute over multiple zones can be quite substantial.

**THEREFORE BE IT RESOLVED** that HSA, THROUGH THE BC FED AND NUPGE, lobby ALL LEVELS OF government to include tax write off exemptions for healthcare workers for travel expenses (parking, transit, etc.).

**Submitted by:** Richmond Hospital

Committee recommendation: In favour as amended.

**75. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** transportation and infrastructure is the responsibility of the provincial government; and

**WHEREAS** all members of HSA should have the ability to travel safely in their own region and throughout the province.

**THEREFORE BE IT RESOLVED** HSA work with the BC Ministry of Transportation and Infrastructure to finish the safety work to widen and twin Highway 1 from Kamloops to Calgary.

**Submitted by:** Queen Victoria Hospital

Committee recommendation: Opposed.

**76. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** burnout rates in essential work professions are high; and

**WHEREAS** workers in BC deserve better work life balance; and

**WHEREAS** a 2021 publication on a trial in Iceland showed that a shortened work week improved worker wellbeing and similar to improved productivity and service provision; and

**WHEREAS** shortening the work week will take a coordinated effort with staff recruitment and retention and so must be in collaboration with the government prior to bringing it to the bargaining table; and

**WHEREAS** John Horgan said that a 4-day work week is “not off the table”.

**THEREFORE BE IT RESOLVED** that HSA begin to lobby the government on a 30-32 hour work weeks for the same pay.

**Submitted by:** BC Cancer – Vancouver

Committee recommendation: In favour.

**77. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** The serious problem of climate change due to carbon emissions from human activity are well established as fact; and

**WHEREAS** Mitigation of climate change calls for a worldwide collective effort and solidarity among organizations including governments, unions, and other groups in order to act collectively; and

**WHEREAS** Certain geographical communities, professions, and groups stand to lose economic prosperity and employment more than others.

**THEREFORE BE IT RESOLVED** That the Health Sciences Association (HSA) formally endorse the call for a Fossil-Fuel Non-Proliferation Treaty that calls for: an end to all new exploration and production of coal, oil and gas; a phase-out of existing production of fossil fuels in line with the 1.5C global climate goal; and a fast-track of real solutions and a just transition for every worker, community, and country; and

**BE IT FURTHER RESOLVED** That the HSA directly lobby the provincial government to take action in line with this treaty.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**77A. POLITICAL ACTION**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Childcare services for both daycare and school age children (before/after care) in BC is very limited with long waitlists; and

**WHEREAS** healthcare workers often have extended workdays or instances in emergencies where they are asked to stay for OT or to finish procedures; and

**WHEREAS** there is extremely limited childcare available for unexpected school/daycare closures (e.g. snow days).

**THEREFORE BE IT RESOLVED** that HSA lobby the government to create more overall childcare spots for both daycare age and school age before/after care, and to create childcare that has flexibility for shift work; and

**BE IT FURTHER RESOLVED** that HSA lobby the government to reserve Childcare spots close to place of employment for essential care workers.

**Submitted by:** University Hospital of Northern British Columbia

Committee recommendation: In favour.



**78. STEWARD RESOURCES (Covers 79, 80) Carried: \_\_ Defeated: \_\_**

**WHEREAS** stewards perform steward work on personal computers.

**THEREFORE BE IT RESOLVED** that HSA provide stewards access to loaned electronic devices for performing steward duties.

**Submitted by:** BC Cancer Kelowna

Committee recommendation: In favour.

**79. STEWARD RESOURCES (Covered by 78)**

**WHEREAS** Chief stewards are expected to fill out grievances online and steward courses are online.

**THEREFORE BE IT RESOLVED** that HSA provide laptops to stewards.

**Submitted by:** BC Cancer - Surrey

**79. STEWARD RESOURCES (Covered by 78)**

**WHEREAS** We're moving towards more electronic formats, e.g. steward portal for grievances, virtual meetings for chapter meetings, meetings with employer, meetings with HSA staff; and

**WHEREAS** It is difficult to video conference on cell phones.

**THEREFORE BE IT RESOLVED** HSA provide stewards with laptops to do steward work.

**Submitted by:** BC Cancer Abbotsford

## STEWARD RESOURCES

### 80. STEWARD RESOURCES

Carried: \_\_ Defeated: \_\_

**WHEREAS** stewards meet with members often in a virtual format; and

**WHEREAS** not having access to an account for hosting virtual meetings can be a barrier to member engagement.

**THEREFORE BE IT RESOLVED** that at least 2 stewards at each site be granted access to a WebEx account.

**Submitted by:** Children's & Women's Hospital

Committee recommendation: In favour.

### 81. STEWARD RESOURCES

Carried: \_\_ Defeated: \_\_

**WHEREAS** stewards are often asking the same questions, and are challenged with the same contract interpretations.

**THEREFORE BE IT RESOLVED** that HSA develop EXPLORE a simple, searchable forum that can be used for research, communication and engagement between HSA stewards and HSA staff.

**Submitted by:** Nanaimo Regional General Hospital.

Committee recommendation: In favour as amended.

**82. STEWARD RESOURCES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA labour relations officers cover large portfolios with increasing workloads; and  
Whereas: Staff assignments and grievance conduct can change often; and

**WHEREAS** Local stewards and members cannot always be sure who holds conduct of a grievance file; and

**WHEREAS** Knowledge of the many details and history of a grievance are necessary for an LRO to provide appropriate and timely support to members.

**THEREFORE BE IT RESOLVED** When grievance conduct or coverage changes, the incoming LRO must schedule an open grievance information meeting with the steward within 3 weeks of taking over a file.

**Submitted by:** Kootenay Lake Hospital

Committee recommendation: In favour.

**COMPOSITE 3 - GOVERNANCE (Covers 32, 84, 85)**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** members attending Convention do the important work of providing direction for the affairs of the Union; and

**WHEREAS** all time doing the work of the union should be paid time; and

**WHEREAS** when Convention is scheduled on a weekend day, it cuts into time off work for those members who work week days; and

**WHEREAS** when Convention is scheduled on a Saturday, members who work week days can not claim banked time; and

**WHEREAS** members are already facing shortages at work and some are working extra. Union work in addition to working extra makes it difficult to maintain a work-life balance.

**THEREFORE BE IT RESOLVED** that HSA schedules its annual convention to fall during the week; i.e. Monday to Friday; and

**BE IT FURTHER RESOLVED** that if HSA's annual convention is held on Saturday, all delegates are entitled to wage replacement or banked union time for attending.

**Submitted by:** Resolutions Committee

Committee recommendation: Opposed.

**84. GOVERNANCE (Covered by Composite 3)**

**WHEREAS** attending convention requires members to perform the important work of guiding the union for the following year; and

**WHEREAS** convention has been scheduled on a day where many members will not be compensated for this work.

**THEREFORE BE IT RESOLVED** that HSA holds convention during Monday-Friday, or compensates members for attending on the weekend.

**Submitted by:** BC Cancer Kelowna

**85. GOVERNANCE (Covered by Composite 3)**

**WHEREAS** The work of the union on Saturday is unpaid work. If we are expected to do the business of the union we should be compensated for all of convention.

**THEREFORE BE IT RESOLVED** Convention delegates should be compensated for all three days of convention.

**Submitted by:** BC Cancer Surrey

**86. GOVERNANCE (Covers 87)**

**Carried:** \_\_\_ **Defeated:** \_\_\_

**WHEREAS** HSA spends thousands of dollars per year investigating article 15 complaints; and

**WHEREAS** Article 15 complaints are often filed by board members against other board members; and

**WHEREAS** It is an inappropriate use of member dues to spend thousands of dollars annually to resolve conflicts between board members.

**THEREFORE BE IT RESOLVED** That HSA will explore alternative methods of conflict resolution to resolve board member conflict and report their findings, recommendations, AND ANY ACTIONS TAKEN ~~and recommendations~~ back to convention 2023.

**Submitted by:** Richmond Mental Health

Committee recommendation: In favour as amended.

**87. GOVERNANCE (Covered by 86)**

**WHEREAS** the Union spends thousands of dollars per year on investigating Article 15 Complaints; and

**WHEREAS** Article 15 Complaints are often filed by Board members against other Board members; and

**WHEREAS** it can take a long time to resolve article 15 complaints.

**THEREFORE BE IT RESOLVED** that HSA explore a process to resolve conflict between Board members before escalation to filing Article 15 complaints.

**Submitted by:** BC Cancer - Vancouver

**88. GOVERNANCE (Covers 89)**

**Carried:** \_\_ **Defeated:** \_\_

**WHEREAS** chapters need time to have fulsome discussions on bargaining proposals and convention resolutions; and

**WHEREAS** there is minimal time to arrange chapter meetings and engage members in this work once deadlines are announced.

**THEREFORE BE IT RESOLVED** that HSA provide ~~at minimum 60 days notice~~ AS MUCH NOTICE AS POSSIBLE for submission of bargaining proposals and convention resolutions.

**Submitted by:** BC Cancer Kelowna

Committee Recommendation: In favour as amended.

**89. GOVERNANCE (Covered by 88)**

**WHEREAS** Stewards need time to help members understand what resolutions, bargaining proposals, conventions, and bargaining means, and stewards need time to book conference rooms, and schedule meetings; and

**WHEREAS** There are staff shortages in healthcare and more notice allows members to give more notice to supervisors to arrange coverage and makes it more likely that more members are able to attend.

**THEREFORE BE IT RESOLVED** HSA give members at least 60 days' notice before resolution and bargaining proposal deadlines and conferences.

**Submitted by:** BC Cancer Abbotsford

**90. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** The president of the union has impact on all members, not just those who are able to attend convention; and

**WHEREAS** all members should have a say; and

**WHEREAS** we're facing chronic shortages in healthcare. Members shouldn't have their voices silenced because they weren't able to get their union leave approved to attend convention.

**THEREFORE BE IT RESOLVED** each member should get a vote in the election of the HSA president.

**Submitted by:** BC Cancer Abbotsford

Committee recommendation: Opposed.

**91. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA is a democratic union; and

**WHEREAS** the board of directors is elected in a democratic process; and

**WHEREAS** a hallmark of democracy is being able to hold your elected officials accountable to decisions and actions made; and

**WHEREAS** the primary forums in which members can publicly engage with the board of directors and president are the convention and regional meetings; and

**WHEREAS** convention has historically had a full agenda with no time for members to ask questions and hold our board of directors accountable; and

**WHEREAS** regional meetings are the only opportunity to hold your individual regional director accountable, but not all board members attend all regional meetings.

**THEREFORE BE IT RESOLVED** that HSA create opportunities (i.e.) ~~holds town hall meetings in which HSA members can publicly discuss ideas and concerns with the board if they so choose.~~  
CAN INTERACT WITH THE BOARD TO DISCUSS IDEAS OR CONCERNS.

**Submitted by:** BC Cancer Kelowna

Committee Recommendation: In favour as amended.



**92. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** the Health Sciences Association (“HSA”) is a democratic union; and

**WHEREAS** convention is the ultimate governing body of the Union with the power to guide the administrative, executive and constitutional processes of the HSA each year; and

**WHEREAS** participation (voice and vote) is limited to a select number of delegates from each region representing a small percentage of the total HSA membership; and

**WHEREAS** the majority of HSA members have no opportunity to participate in Convention, evaluate its process nor hold elected representatives and excluded union management accountable for their work; and

**WHEREAS** Union publications such as *The Report* and the HSA website have not accurately reported contentious debates nor the dysfunction characterizing our leadership.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) disseminate results of the formal evaluation of Convention by delegates to all HSA members via email, publication on the HSA website and in *The Report*.

**Submitted by:** Children’s & Women’s Hospital

Committee recommendation: Opposed.

**93. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA maintains an Equality & Social Action fund to make significant monetary contributions towards the promotion of social and economic justice, labour solidarity, protection of human rights, a healthy environment and universal health care; and

**WHEREAS** The Committee on Equality & Social Action assesses all requests for donations on a case-by-case basis; and

**WHEREAS** agencies or facilities with an HSA certification are not eligible for HSA Equality & Social Action funding; including but not limited to Share Society, Hospital Foundations etc.

**THEREFORE BE IT RESOLVED** that in order to make these funds more inclusive and available to all worthy organizations that promote social and economic justice, labour solidarity, protection of human rights, a healthy environment and universal health care; that Agencies or facilities with an HSA certification be eligible for The Equality & Social Action fund.

**Submitted by:** Eagle Ridge Hospital

Committee recommendation: Opposed.

**94. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** union members submit resolutions to HSABC on an annual basis without knowledge of the status of past resolutions; and

**WHEREAS** some of these issues are never resolved and/or it is unclear if there has been progress; and

**WHEREAS** resolutions can be repetitive, without a mechanism to view long term trends.

**THEREFORE BE IT RESOLVED** that HSABC formalize a practice for reporting back to members on the progress of resolutions prior to the next scheduled Chapter resolutions meetings; and

**BE IT FURTHER RESOLVED** that HSABC develop a system of consolidating resolutions over time, providing information to members on long term projects and trends.

**Submitted by:** Queen Alexandra Center for Children’s Health

Committee recommendation: In favour.

**95. GOVERNANCE**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** providing equal access to Convention for all members of HSA is important for equal and fair representation; and

**WHEREAS** BC is a large province with multiple factors to limit travel to the lower mainland; and

**WHEREAS** The cost of travel, food and accommodations is large when members are coming from all parts of BC.

**THEREFORE BE IT RESOLVED** HSA EXPLORE THE FEASIBILITY ~~work on~~ OF PROVIDING ~~creating~~ a platform to allow both in-person and virtual attendance to Convention every year.

**Submitted by:** Queen Victoria Hospital

Committee recommendation: In favour as amended.

**96. GOVERNANCE**

Carried: \_\_\_ Defeated: \_\_\_

**WHEREAS** HSA has successfully held 2 virtual conventions using a secure electronic voting platform; and

**WHEREAS** Resolutions committee members are tasked with writing comprehensive rationales supporting their committee recommendations; and

**WHEREAS** There is routinely insufficient time at convention for delegates to debate and vote on all submitted resolutions.

**THEREFORE BE IT RESOLVED** That HSA make resolutions committee rationales for any outstanding resolutions available to convention delegates; and

**BE IT FURTHER RESOLVED** That HSA allow convention delegates to electronically vote on any outstanding resolutions within an agreed upon timeline following the adjournment of convention.

**Submitted by:** Richmond Mental Health

Committee recommendation: Opposed.

**97. GOVERNANCE (Covers 96)**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Regional Directors are elected from a region to bring the experiences and viewpoints of the members of that region to the HSA Board of Directors; and

**WHEREAS** attendance at Board meetings is critical to carry out the duties of the Regional Director and fulfil the work directed by convention resolutions.

**THEREFORE BE IT RESOLVED** that Regional Director attendance be published on the HSA website AFTER EACH BOARD MEETING ~~in real time~~; and

**BE IT FINALLY RESOLVED** that starting with the 2023 Director elections, the attendance records of Board members eligible for re-election be provided AS PART OF THE ELECTION PROFILE INFORMATION FOR EACH INCUMBENT OR ANY CANDIDATE WHO HAS PREVIOUSLY BEEN AN HSA BOARD MEMBER running for that election to the members of the region where the election is being held immediately prior to the election period.

**Submitted by:** Surrey Memorial Hospital

Committee recommendation: In favour as amended.

**98. GOVERNANCE (Covered by 97)**

**WHEREAS** Regional Directors are elected from a region to bring the experiences and viewpoints of the members of that region to the HSA Board of Directors; and

**WHEREAS** attendance at Board meetings is critical to carry out the duties of the Regional Director and fulfil the work directed by convention resolutions.

**THEREFORE BE IT RESOLVED** that Regional Director attendance be published on the HSA website in real time; and

**BE IT FURTHER RESOLVED** that starting with the 2023 Director elections, the attendance records of Board members eligible for re-election be provided to the members of the region where the election is being held immediately prior to the election period.

**Submitted by:** The Child Development Centre Prince George.

**99. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** vacation requests are due by December for the following calendar year; and

**WHEREAS** altering vacation leaves can be very difficult depending on operational needs of the department; and

**WHEREAS** HSA members should not be prevented from attending Convention due to insufficient notice to organize their schedules including planned vacation leave.

**THEREFORE BE IT RESOLVED** HSA selects a Convention date and announces it to members by October 31st of the previous calendar year.

**Submitted by:** Vancouver General Hospital

Committee recommendation: In favour.

**100. GOVERNANCE**

Carried: \_\_ Defeated: \_\_

**WHEREAS** delegates to convention are elected by their fellow chapter members; and

**WHEREAS** many HSA members are in highly specialized fields with small department sizes; and

**WHEREAS** HSA members are frequently denied union leave due to operational needs because of lack of coverage; and

**WHEREAS** not all grievances in response to union leave denial can be resolved in time for Convention; and

**WHEREAS** HSA cannot guarantee a successful remedy during the grievance process; and

**WHEREAS** many HSA members, particularly at tertiary sites, are unable to request the time off to attend Convention; and

**WHEREAS** all HSA members have the same rights; and

**WHEREAS** all HSA members should be able to contribute to decisions regarding the processes and conduct of the union; and

**WHEREAS** equality is core value of HSA.

**THEREFORE BE IT RESOLVED** if an HSA member registers for Convention and is denied Union Leave, this member will be able to vote by proxy on resolutions.

**Submitted by:** Vancouver General Hospital

Committee recommendation: Opposed.

**COMPOSITE 4 - HUMAN RESOURCES (Covers 101, 102, 103, 104, 105, 106, 107)** Carried: \_\_ Defeated: \_\_

**WHEREAS** HSA represents over 20,000 professionals working in the health care and community social services sectors including, but not limited to, acute and community health care, mental health, community social services, long term care, and early childhood services across British Columbia; and

**WHEREAS** there are longstanding critical shortages in many professions represented by Health Sciences Association (“HSA”) in the healthcare and community social services sectors; and

**WHEREAS** The Covid-19 pandemic and poisoned drug supply crisis has further increased stressors on the system, including impact on the psychological health of health care and community social service workers, and

**WHEREAS** the provincial government is growing delivery of health care services through expansion of BC Cancer services, acute care hospitals, urgent and primary care centres, mental health, and child care services; and

**WHEREAS** employers across the sectors are struggling to recruit, hire, and retain qualified health care and community social service workers.

**THEREFORE BE IT RESOLVED** that HSA, in addition to working to negotiate collective agreement remedies to address recruitment and retention, lobby the provincial government to take action to address the labour shortages in acute and community health and community social services by:

- a) advocating for more professions represented by HSA to be added to the BC Loan Forgiveness Program for underserved communities.
- b) incentivizing careers in health care and community social services by providing tuition subsidies for post secondary education and training for students who remain in BC upon graduation.
- c) lobbying the provincial Ministry of Advanced Education and Skills Training, Ministry of Health, and Ministry of Labour, and Ministry of Jobs, Economic Recovery and Innovation to work with the federal government and regulatory colleges to facilitate expedited credentialization of health care workers with training and certification obtained in jurisdictions outside of Canada.

## HUMAN RESOURCES

d) expanding training opportunities within the province for health science professions serving health care and community social services; and

**BE IT FURTHER RESOLVED** that HSA continue to promote all HSA member professions in public awareness campaigns.

**Submitted by:** Resolutions Committee

Committee recommendation: In favour.

### 101. HUMAN RESOURCES (Covered by Composite 4)

**WHEREAS** There is a significant shortage of registered dietitian services in the Cariboo and Northern British Columbia; and

**WHEREAS** This is a common situation for many Health Science Professions in rural and Northern communities where there is a constant struggle for recruitment and retention; and

**WHEREAS** Many of these professions are left out of the BC Loan Forgiveness Program (Student Aid BC).

**THEREFORE BE IT RESOLVED** that HSA advocate for more HSA professions facing shortages to be added to the BC Loan Forgiveness Program for Northern and rural communities.

**Submitted by:** 100 Mile House Hospital

### 102. HUMAN RESOURCES (covered by Composite 4)

**WHEREAS** there are severe staffing shortages and workload issues.

**THEREFORE BE IT RESOLVED** that HSA lobby the government to incentivize careers in healthcare by making post-secondary education and training subsidized in those fields, provided recipients remain in BC.

**Submitted by:** BC Cancer - Vancouver



### 103. HUMAN RESOURCES (Covered by Composite 4)

**WHEREAS** there is a shortage of staff across healthcare sectors; and

**WHEREAS** many immigrants are highly trained healthcare workers.

**THEREFORE BE IT RESOLVED** that HSA lobby the government to make it easier for people who are trained abroad in healthcare to be able to work in their respective field in the Canadian healthcare system.

**Submitted by:** BC Cancer - Vancouver

### 104. HUMAN RESOURCES (Covered by Composite 4)

**WHEREAS** BC Cancer intends to grow significantly with the construction of additional Cancer Centres; and

**WHEREAS** these centres will need to hire new radiation therapists to perform cancer treatments at these centres; and

**WHEREAS** there is currently a shortage of radiation therapists within the province.

**THEREFORE BE IT RESOLVED** that HSA lobby the ministries of health and advanced education to expand training opportunities for Radiation Therapists within the province.

**Submitted by:** BC Cancer Kelowna

### **105. HUMAN RESOURCES (Covered by Composite 4)**

**WHEREAS** HSA promotes the many disciplines within health through lobbying, media, job fairs, school visits and literature; and

**WHEREAS** the focus tends to be on acute care professions and the needs within community professions continues to grow; and

**WHEREAS** quality childcare is an issue for our members.

**THEREFORE BE IT RESOLVED** that HSA continue to promote all HSA professions including Early Childhood Educators and Early Intervention Specialists.

**Submitted by:** Board of Directors (Women's Committee)

### **106. HUMAN RESOURCES (Covered by Composite 4)**

**WHEREAS** there are longstanding critical shortages in many professions represented by Health Sciences Association ("HSA") in the healthcare and community sectors; and

**WHEREAS** The Covid-19 pandemic has further increased stressors on the system, with increased workload, staff and people leaving the workplace; and

**WHEREAS** different professions and areas of the province are having difficulty recruiting and retaining qualified Health Science and Early Childhood Professionals.

**THEREFORE BE IT RESOLVED** That Health Sciences Association ("HSA") continue to explore strategies for working with employers in the healthcare and social services sectors to address professional shortages; and

**BE IT FURTHER RESOLVED** That HSA continue to lobby the provincial government to address recruitment and retention challenges in these sectors, including increasing access to training, loan forgiveness, and ensuring concrete steps are taken at the local level to ensure optimal staffing is in place to deliver necessary health care and social services to all British Columbians.

**Submitted by:** Fraser Valley Child Development Centre

**107. HUMAN RESOURCES (Covered by Composite 4)**

**WHEREAS** Community Health and Social Services are struggling to recruit, hire and retain qualified workers.

**THEREFORE BE IT RESOLVED** that HSA lobby the government to continue to fund educational seats in Mental Health Workers certificate and diploma programs in order to recruit, hire and retain workers.

**Submitted by:** Vancouver Island Mental Health Society

**108. HUMAN RESOURCES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** With increase in workload/caseload at affiliate sites, there have not been organizational changes to meet the need for more FTE in support-staff positions, leaving staff members to fill gaps wherever necessary; this has meant that resources are being used inappropriately (i.e., non-admin staff are unable to appropriately meet the needs of their patients/clients due to time being spent on admin work because there are departmental gaps); and

**WHEREAS** Staff shortages have led organizations to fail to maximize the skills and resources available to them.

**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 increases in FTE for support staff at multidisciplinary centres such as Child Development Centres.

**Submitted by:** Fraser Valley Child Development Centre

Committee recommendation: In favour.

**109. HUMAN RESOURCES**

Carried: \_\_ Defeated: \_\_

**WHEREAS** Health Sciences Association's membership includes a variety of health care workers; and

**WHEREAS** Health Sciences Association supports education and the promotion of recruitment for membership; and

**WHEREAS** Students in Grade 11 and 12 are required to participate in career planning in order to graduate from high school, and there is a lack of information available in schools about the variety of health care roles.

**THEREFORE BE IT RESOLVED** that Health Sciences Association examine how to inform career counsellors at the high schools and career planning centers about the various health care careers available; and

**BE IT FURTHER RESOLVED** that Health Sciences association dedicate resources to high school career counsellors in order to highlight the variety of Health care careers available in Health Sciences Association.

**Submitted by:** St. Paul's Hospital

Committee recommendation: In favour.







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



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