

2015 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



ON THE COVER

Tracy Ross, physiotherapist

CONTENTS

EXECUTIVE REPORTS

- 8 A SECURE FOUNDATION FOR THE CHALLENGES AHEAD
Report from Val Avery, President
- 16 STEADY PROGRESS, AND STRONG SUPPORT FOR MEMBERS IN NEED
Report from Jeanne Meyers, Executive Director, Legal Services and Labour Relations

ELECTIONS

- 26 DERRICK HOYT
- 27 VAL AVERY
- 28 JOSEPH SEBASTIAN

FINANCES

- 32 REPORT FROM THE FINANCE COMMITTEE
- 34 FINANCIAL STATEMENTS

RESOLUTIONS

- 54 REPORT FROM THE RESOLUTIONS COMMITTEE
- 56 CONSTITUTION
- 58 COMMUNICATIONS
- 60 ENVIRONMENT
- 61 EQUALITY AND SOCIAL ACTION
- 62 FINANCE
- 63 GOVERNANCE
- 65 HEALTH HUMAN RESOURCES
- 66 HEALTH SERVICES
- 70 LABOUR RELATIONS
- 71 MEMBER SERVICES
- 73 OCCUPATIONAL HEALTH AND SAFETY
- 74 POLITICAL ACTION

COMMITTEE REPORTS

- 80 EQUALITY AND SOCIAL ACTION
- 82 EDUCATION
- 84 OCCUPATIONAL HEALTH AND SAFETY
- 86 POLITICAL ACTION
- 88 WOMEN

DRAFT AGENDA CONVENTION 2015

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

THURSDAY, April 30 PRE-CONVENTION PLENARY AND MEETINGS

9:00 am	Registration
12:00 noon	New Delegates Luncheon
1:00 pm	Plenary Session
4:00 pm	Regional Meetings
5:00 – 7:00 pm	Regional Meeting Dinners
7:15 pm	CESA and Women's Committees Presentation: 'Up for Debate'

FRIDAY, May 1 CONVENTION SESSIONS

8:00 am	Registration
8:30 am	Call to Order
	Credentials Report
	Diversity Awareness and Anti-Harassment Statement
	Adoption of Rules of Order
	Adoption of Agenda
	Adoption of Minutes of 2014 Convention
9:00 am	President's Report
9:30 am	Elections Committee Report
	Resolutions Committee
	Finance Committee Report
	Resolutions Committee
11:00 am	Guest Speaker
12:00 noon	Lunch

1:30 pm	Guest Speaker
2:00 pm	Women's Committee Report Resolutions Committee
3:00 pm	Guest Speaker
3:15 pm	Occupational Health and Safety Committee Report Presentation of David Bland Award Resolutions Committee
5:00 pm	Adjournment
6:00 pm	Reception
7:00 pm	Convention Banquet and Entertainment

SATURDAY, May 2 CONVENTION SESSIONS

8:30 am	Call to Order Credentials Report Election of President Committee for Equality and Social Action Report Resolutions Committee Education Committee Report Resolutions Committee
11:15 am	Elections (Trials Committee)
12:00 noon	Lunch
1:30 pm	Guest Speaker Election Results Political Action Committee Report Resolutions Committee Good and Welfare
4:00 pm	Convention Adjournment





Erica Kang, dietitian

EXECUTIVE REPORTS

REPORT OF THE PRESIDENT

A secure foundation for the challenges ahead

When I reported out to members in last year's annual report, I reflected on the challenges the union and our members faced in 2013 and the early part of 2014.

With 2014 came five-year collective agreement extensions for the majority of HSA members, a successful defence against the raiding of our Registered Psychiatric Nurse members, and a sense of renewal and new beginnings.

This was the year that we completed construction of a new union headquarters in New Westminster and consulted extensively with members on the development of a strategic plan to guide our way into the future.

With the mandate given to me through election as your president, I have worked to represent HSA and the interests of our members at the government decision-making level, in the labour movement, and throughout the health and social services sectors.

The members of your Board of Directors are encour-

aged to meet with members, and to develop a good understanding of the issues and challenges that you deal with at work in order that the leadership of your union can govern in your best interests.

It is important that your leadership has a good understanding of your needs as we move forward delivering the resources and support members need in their day to day work.

As I reported out last year, a priority for your Board of Directors was to take advantage of the end of constant bargaining to take stock of where we are as a union, and how we work towards achieving the best results for our members. As your president, I take my role seriously. I know from my own experience working for 30 years in hospitals as a physiotherapist that to be a member of an effective team, first and foremost you need team members who are all working toward the same goal. To help us focus on that goal, your Board of Directors undertook a thorough strategic planning process, and will present the results of that process to convention. We listened to members, and took our direction from you. We have a common

In our work in developing the strategic plan, front and centre in my mind, and for the board and staff, was the critical role our stewards play. These are the women and men who step forward to volunteer their time, energy, compassion, and skills to support members in the workplace

goal and it is up to the governors of your union to keep us on track to serve your needs.

The strategic plan we have developed is the road map that will guide us for several years, ensuring that we stay true to our mission: that HSA is a union that has a collective voice, proudly advancing and defending members' rights and interests in our workplaces, communities, and society.

At the upcoming convention plenary, we will present a strategic plan that sets the course for our work in five distinct areas: service, engagement, rights, relationships, and resources. It will give your leadership a guide to follow as we continue our work on behalf of our members, and will give you, the members, a clear guide to hold your union accountable.



Val Avery

In our work in developing the strategic plan, front and centre in my mind, and for the board and staff, was the critical role our stewards play. These are the women and men who step forward to volunteer their time, energy, compassion, and skills to support members in the workplace. These are the active members who appreciate the value that being a union member brings to working in our jobs. They are the leaders in your workplaces who will stand up and advocate for you when employers are unreasonable, when they are testing the limits of our collective agreements, and when you identify issues that jeopardize your right to

a safe and healthy workplace.

They are the network we all count on to ensure all members – whether new to their jobs, or in the final years of their career – have access to the resources their union is here to provide.

But being an active union member isn't just about defending and upholding your contract rights. It's also about being part of a broader social movement that promotes a better society for us all. As the Canadian Labour Congress says:

“Our goals are simple – what we wish for ourselves we desire for all.

That includes decent wages, healthy and safe workplaces, fair labour laws, equality rights, dignity in retirement, a sustainable environment and respect for basic human rights – here in Canada and around the world.

We believe that unions are a positive force for democratic social change – and that by working together we can improve Canada for everyone.”

It is with all these roles in mind that your Board of Directors and committees support the work and interests of our stewards. We do this through regular education for stewards, support for chapter activities, scholarships, and opportunities for participation in the movement.

Critical elements of the strategic plan include focusing on what we do in the coming five years – as a union – to support union members, and to support the activists who are the face of the union in your workplaces and communities.

A major project for HSA over the past three years has been the construction of a new union headquar-

In three years, your Board of Directors has overseen a doubling of the union's assets without sacrificing services to members, or levying additional union dues to pay for it. The significance of having a strong asset base is that in the event we face a crisis – like a prolonged strike or mass layoffs – we have assets to fall back on to see us through such calamitous situations.

ters – culminating in our move-in January 5 of this year. The office provides ample meeting space for our members, reducing the need for hotel facilities for local regional meetings and larger events. Designed with members' needs in mind, it offers excellent facilities for steward education, including technology to improve the learning experience.

The building in New Westminster is a significant asset for our members. Through prudent financial management, we have increased the union's total

assets by \$14.4 million over three years. In less than a year, the value of the land has doubled – increasing by \$1.1 million to \$2.3 million, based on a February market evaluation.

I can't stress enough the benefit this means for members. In three years, your Board of Directors has overseen a doubling of the union's assets without sacrificing services to members, or levying additional union dues to pay for it. The significance of having a strong asset base is that in the event we face a crisis – like a prolonged strike or mass layoffs – we have assets to fall back on to see us through such calamitous situations.

It is an insurance policy that we have been building without dipping into our day to day operations budget to bolster. In fact, we have continued to see growth in services to members – with the addition of labour relations and legal staff and expanded services to support members with collective agreement grievances, those with complex cases concerning disability management and accommodation issues, and those involved in actions involving professional colleges. We have also worked on increasing education opportunities for union stewards, as well as on focusing on improving the effectiveness of union representation in joint occupational health and safety committees at worksites across the province.

As health care and social service workers, HSA members deal every day with patients, clients, and families in crisis. Most of us have witnessed violence in our jobs. We start to think it's normal and that we just have to accept it. But we don't.

HSA members know full well the difficulties involved in providing care for patients or clients while also having to manage their own personal safety. There is always a professional desire and expectation to provide the highest standard of care possible, but this

Far too many HSA members have become victims of violence. That is why in December 2014 I called on the provincial Minister of Health, Terry Lake, to hold a summit on violence prevention in health care, which has now been scheduled for early April.

is becoming increasingly difficult due to inadequate protections against violence and aggression.

Far too many HSA members have become victims of violence. They are physically and verbally attacked in residential facilities, in hospitals, including emergency rooms and in psychiatric units, and in clients' homes. The death in 2005 of David Bland, an HSA vocational rehabilitation counselor in Richmond, at the hands of a former patient is still on the minds of many of our members.

Many of the gaps in safety protocols that gave rise to that tragic incident still exist today.

That is why in December 2014 I called on the provincial Minister of Health, Terry Lake, to hold a summit

on violence prevention in health care, which has now been scheduled for early April. At that summit, HSA has a place at the table, and will discuss the gaps that exist. I have been reaching out to other players in the health care sector, and I am encouraged by the commitment to a real desire to develop a concrete way forward to address the issue. I will have more to report out at our annual convention in May.

The response to HSA's call for a summit is a testament to the work we have been doing with a government relations strategy building from our successful Constituency Liaison project.

The Constituency Liaison program pairs HSA members with government and opposition MLAs to develop relationships that serve to educate decision-makers about the role and needs of HSA members in the health care and social services systems in BC.

When the program started out several years ago, awareness about our members' work, and HSA's profile, was very low among those decision-makers. Now, when our members meet with their assigned MLAs, they know about HSA, and about the role our members play on the health care and social services teams. The relationships we are building have helped to position HSA with government to have our issues heard. As we said when we started down this path, it was a long term strategy and we expected it to pay dividends.

That has proven to be true, and in just the last month we can point to two concrete and significant developments that support our continued maturation of this relationship.

The first is the favourable response, including an invitation to participate as a partner in the summit on violence prevention, and the second is an announcement in March about the expansion of the BC Loan

Forgiveness Program, which is growing to include more health occupations, including ultrasonography and medical laboratory technologists. It's a good start, and we will continue to work on this issue to support the critical services HSA members bring to the modern health care team.

This government relations work complements our continued advocacy on behalf of members on several fronts. The report from Jeanne Meyers, Executive Director of Legal Services and Labour Relations elsewhere in this annual report details the work of our professional staff in advocating for and supporting members' collective agreement rights in grievances, arbitrations, disability management issues including WorkSafe BC claims, and professional college hearings. She also reports out on progress on continuing negotiations arising out of collective bargaining – specifically the Joint Health Sciences Benefits Trust.

The legal services and labour relations work is also enhanced by the work of our Strategic Communications and Membership Development department, which is responsible for communications internally as well as to the public; support for grassroots political action to promote the issues important to HSA and its members, including the defence of public health care in Canada; the delivery of education to activists to help them be effective advocates for members in their workplaces and their communities; support for stewards working to increase the union's visibility at worksites; and promotion and advocacy on occupational health and safety issues important to members.

As a union of professionals, we have many partners we work with on an ongoing basis. I meet regularly with representatives of professional associations, and the union supports their efforts in various ways, including through sponsorship and participation in events and conferences.

This year we launched a “guest tweeter” social media program, where we handed HSA’s Twitter account over to individual members for a week to spread the word about their contribution to the health and wellbeing of their patients.

The reports of HSA’s committees, also detailed in this annual report, keep members abreast of the advocacy your union does through the Political Action Committee to promote a continued commitment to the delivery of public health care and social services, as well as the support of broader trade union goals and principles through the work of the Committee for Equality and Social Action and the Women’s Committee, and the work of the Occupational Health and Safety and Education Committees to support active members taking on steward roles in their workplaces. I encourage you to review these reports, as well as the resolutions to be considered by delegates to the annual convention in May, which will help determine the tasks for your union’s work for the coming year.

This year we launched a “guest tweeter” social media program, where we handed HSA’s Twitter account over to individual members for a week to spread the

word about their contribution to the health and wellbeing of their patients. Here are a few sample tweets:

Kids’ primary #occupation is #play – which means my #job as a #paediatric #occupational-therapist is about #fun! #OT is #meaningful
Guest tweeter Stephanie Glegg,
occupational therapist

Oct26-Nov1 is Respiratory Therapy week. Mark it with a visit to unique Chinatown pop-up event Oct27-28 #RTpopup
Guest tweeter Lily Cheung,
respiratory therapist

My youngest pt was 2 hrs old and oldest client 108 yrs though most #VGHICU pts are between 18 & 90 yrs #HSASW
Guest tweeter Sarah Chapple,
social worker

#Hospital #pharmacists do more than count pills; We’re with MDs & care team when #medication decisions are made
Guest tweeter Dean Elbe,
pharmacist

The guest tweeter project is just one of the ways we continue to promote the work of our members in a rapidly changing world where people get their information from an increasing array of sources.

In the fall, we highlighted the critical roles that health science professionals play as part of the modern health care team in a series of radio and online ads that creatively walked people through the experience of patients in different situations, and the importance of a connected health care team that is with them from diagnosis, through treatment and rehabilitation. We are committed to continuing our focus on raising the profile of the members in health care and social

services who are such integral members of the teams providing the much needed services in B.C.

The fall was also a very busy and challenging period for our organizing and mobilizing staff, Registered Psychiatric Nurse members, and stewards. For the third year in a row, the BC Nurses Union aggressively pursued RPNs to leave HSA as their union.

Our team of staff and volunteer organizers worked tirelessly to encourage our members to stick with HSA. In HSA, RPNs pay the lowest union dues and receive exceptional services, including labour relations advocacy, a dedicated voice for RPNs at the bargaining table, and education opportunities.

Members were reminded that for years, BCNU has worked to discredit the RPN profession. That union has actively tried to eliminate RPN jobs, suppress RPN voices at the bargaining table, and argue that any nurse can fill a psychiatric position. They discount the specialized training and skills of RPNs.

In HSA, RPNs have a strong voice at the bargaining table. With two independent seats at the Nurses Bargaining Association bargaining table, HSA can speak for RPNs in a sea of RNs. HSA has only one agenda: to promote the collective agreement issues that matter to RPNs. HSA strives for recognition for specialized training, violence prevention, and mental health promotion.

For the third year running, HSA members have resisted the approaches of the BC Nurses' Union. Our members value the work we do promoting the specialized skills RPNs bring to the modern health care team, and have overwhelmingly chosen to stay with HSA. But the pressure has not let up, and we know already that next fall, when the government allows unions to "raid" each other, BCNU's organizers will again be aggressively pursuing our members to quit

the labour movement and join the BC Nurses' Union, which has been condemned by the BC Federation of Labour for its destructive and divisive campaign to take members from other unions to bolster their membership numbers, instead of working together with other health care workers and their unions to improve working conditions and support for patients and clients.

HSA is committed to continue to defend the rights of our members to be represented by a union that respects their profession, and the rest of BC's labour movement is behind us.

That support includes the support of BC Federation of Labour President Irene Lanzinger, who was elected in November 2014 as the federation's first-ever woman president, taking over from Jim Sinclair, who served as president of the Federation for 15 years. Jim was always a good friend to HSA, and a favourite speaker at our annual convention. I wish him well in his future endeavours, because I know that Jim is a keen advocate for working people who will not simply retire from his role as an effective and persistent activist on behalf of working people.

Joining Irene at the leadership level of the BC Federation of Labour is Aaron Ekman, a former staff representative with the BC Government and Services Employees' Union from Prince George who will serve as Secretary-Treasurer. I look forward to continuing to work with Irene and Aaron as the BC labour movement works together on issues and campaigns important to improving the working conditions for all BC workers.

Just as 2014 was a year of change at the BC Federation of Labour, so it was at the Canadian Labour Congress. Hassan Yussuf was elected president, taking over from Ken Georgetti, who had served as president for 15 years and previously served as presi-

dent of the BC Federation of Labour for 13 years.

I am pleased that HSA members attending convention will have an opportunity to get to know Hassan. He is committed to working together for fairness – in the workplace and Canadian society – on issues ranging from retirement security for all, to good jobs, to protecting public health care, and creating a national child care program. I am sure that these issues will be front and centre in the coming months as we approach a federal election.

I encourage all members to follow the continued work of your union at our website hsabc.org, and through our social media channels on Facebook and Twitter.

The work of convention delegates will be important in setting out our path for the coming year, and with a new strategic plan in place that keeps us loyal to the goals of our members. I look forward to the continued work and effectiveness of HSA in representing the 18,000 members of the health care and social services teams British Columbians rely on. 

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

Steady progress, and strong support for members in need

This year has been devoted to implementation of the collective agreements ratified at the end of 2013 and early 2014 and has proven to be an extremely busy year. After reviewing our labour relations systems to optimize grievance handling, we decided to return to the specialized servicing model which will maintain disability management and classifications in discrete departments with specialized staff. This structure enables the servicing labour relations officers to focus on all other areas of grievance administration. We have also seen changes in our staff. We wish our departing staff well, and are pleased to welcome new staff in both legal services and labour relations.

We faced further challenges, including jurisdictional encroachment (where HSA members were placed into different unions in the Health Science Professionals Bargaining Association) resulting from shifts in staffing from acute to community-centred care, attempts by employers to move supervisory duties out of scope, and raids by the BC Nurses' Union. The raids to date have been largely unsuccessful thanks to the hard work of HSA stewards and activists working with our dedicated communications, organizing, labour relations, and legal teams.

The task of structuring and implementing the Joint Health Sciences Benefit Trust (JHSBT) has been very successful to date and has afforded the HSPBA unions a look inside the administrative structure of the benefits providers for the first time. We are confident in our ability to manage the trust successfully on a go forward basis.

A. BARGAINING

As of the date of this report the only members whose contract has not been negotiated are the registered psychiatric nurses, covered by the Nurses' Bargaining Association collective agreement. No meetings are currently scheduled and it is unclear what strategy the lead union – BCNU – may have to conclude a collective agreement. As a member of the bargaining association, HSA is entitled to representation at the bargaining table, and is represented by an experienced RPN in Larry Bryan of Haro Park Lodge, as well as Randy Noonan, a very experienced and effective staff negotiator. RPN members were canvassed in advance of the expiry of the collective agreement, and we will ensure their concerns are vocally represented at the bargaining table.

HSA Workers' Compensation advocates conducted 68 appeals in 2014 and succeeded on 53 for an overall win rate of 77.9 per cent.

B. DISABILITY MANAGEMENT

Long Term Disability (LTD) Appeals

HSA long term disability labour relations officers conducted 27 LTD appeals in 2014. Of those 19 (or 70.3 per cent) were won at reconsideration by Great West Life. Those appeals that were unsuccessful on reconsideration were forwarded to Claims Review Committee hearings. Of those, we were successful on two appeals, and two decisions remain outstanding.

During the past year the union successfully restored LTD benefits to an employee disabled while on maternity leave and restored benefits in several cases of mismanagement by employers, ranging from inaccurate/misleading job descriptions to weak disability management and rehabilitation planning.

Workers' Compensation Board (WCB) Appeals

HSA Workers' Compensation (WorkSafeBC) advocates conducted 68 appeals in 2014 and succeeded on



Jeanne Meyers

53 for an overall win rate of 77.9 per cent. Of those, 29 succeeded at the first level of appeal, the WorkSafeBC Review Division. The remaining 39 appeals were decided at the final level of appeal, the Workers Compensation Appeal Tribunal (WCAT). Of those, HSA succeeded on 24, representing a win rate of 61.5 per cent, which is substantially greater than WCAT's overall rate of allowing appeals at 38.22 per cent. During the past year we have had more than one claim where the return to the member could well exceed \$1 million in wage loss and health benefits.

Our EDMP representatives are terrific in dealing with members' disability management files on the frontline, and when files are not manageable at the workplace level they are passed onto the HSA office for more intense and complex file management.

Duty to Accommodate (DTA) and Return to Work (RTW) Files - Complex

We have welcomed Adam Picotte to the department as our new labour relations officer working with duty to accommodate files. He will join Aaron Wilson in managing a growing caseload, made more challenging by the number of files now being generated through the Enhanced Disability Management Program (EDMP). Our EDMP representatives are terrific in dealing with members' disability management files on the frontline, and when files are not manageable at the workplace level they are passed onto the HSA office for more intense and complex file management. Since the EDMP program was started after

being negotiated into the HSPBA, Nurses' Bargaining Association, and Community Bargaining Association collective agreements, we have seen a steady increase in the number of these files – with the number of DTA/RTW files being opened doubling over the past year. The EDMP programs took effect November 2013 for HSPBA, December 2012 for NBA, and March 2014 for CBA and are now in full swing. The DTA/RTW LROs will be ensuring appropriate management of approximately 200 files every month throughout 2015.

C. LEGAL

It has been an extremely busy year for the HSA legal department with many changes. We saw the retirement of Greg Mullaly and welcomed back Stephen Hutchison as in-house counsel. Jessica Derynck's in-house counsel position changed from temporary to permanent. In addition, in early 2015, Randy Noonan transferred into the legal department from labour relations, bringing our complement of staff lawyers to 3.8 FTEs. Tonie Beharrell heads the department as the Membership Services Coordinator. The legal department is supported by a full time paralegal and a full time legal administrative assistant, and is an efficient and active department. In 2014, we opened 65 new files, 10 of which involved discipline and discharge issues. We have also represented six members in matters before their professional colleges. The department has settled several outstanding grievances, which have resulted in significant monetary restitution for affected members.

Much of our legal staff resources have been spent defending the BCNU raid applications. The BCNU filed raid applications at 16 sites. Three applications were withdrawn as they were for incorrect bargaining units (already represented by the BCNU or the UPN) and one application was dismissed because the BCNU did not have the threshold support required.

Of the 12 applications that went forward, the BCNU

In total, approximately 700 HSA RPNs were threatened by the continued BCNU raid campaign in 2014. Through the efforts and commitment of HSA members and staff, only a small percentage of them changed unions, and HSA is committed to continuing to speak up for and represent the interests of RPNs.

was successful at four locations and HSA has lost 15 RPNs. However the BCNU raid applications were unsuccessful at four sites and HSA retained 20 of our RPN members as a result. Four raid applications remain outstanding. HSA has filed unfair labour practice complaints as a result of BCNU's aggressive, intrusive, and unsafe organizing activity.

In total, approximately 700 HSA RPNs were threatened by the continued BCNU raid campaign in 2014. Through the efforts and commitment of HSA members and staff, only a small percentage of them changed unions, and HSA is committed to continuing to speak up for and represent the interests of RPNs.

D. ISSUES IN LABOUR RELATIONS SERVICING

During the past year our labour relations officers handled 820 active grievance files and spent many hours advising stewards and members on matters which did not result in active grievances being filed. Of those 820 active files, 790 settled to the satisfaction of the member and the union.

Notable successes in the field include:

1. protecting and, in some cases, expanding red-circling protection
2. workload issues which resulted in increased staffing. Note: we encourage all members to keep records and bring workload concerns forward.
3. effective resolution of issues for disabled employees with the support of the disability management department
4. negotiating settlements that enable a fresh start where the employment relationship has broken down
5. reinstatement where termination for "non-culpable" reasons was not justified
6. assisting our members who were remaining on the job but "struggling at work" due to disability to maneuver through the attendance management program in place throughout Vancouver Coastal Health Authority
7. helping our members in both the HSPBA and NBA receive proper adjustment and reimbursement under the Pharmacare Tie-In
8. working to find fair resolutions to disciplinary matters where members' professional colleges' investigations have been triggered
9. finding strategies to secure resolution where the employer's human resources representatives are obstreperous
10. negotiating paid steward time and improving office resources at employer expense at more facilities

A focus for the labour relations staff in 2014 – and for many members – was the handling of 1200 grievances filed over employers' implementation of the 37.5 hour work week negotiated in the 2010-2012 collective agreement. Following the April 2014 decision many grievances on process issues were resolved. Many issues related to layoffs and reduction were also dealt with. However the Health Employers Association of BC and HSPBA remained fundamentally deadlocked over what the arbitrators meant by stating that seniority was a "consideration". HEABC has interpreted this to imply that all grievances about a reduction in hours are now dismissed. HSPBA did not agree with that interpretation.

On October 30 the arbitrators issued a clarification on the issue of reduced hours for part-time workers: unless there is also an issue of process, the employers are allowed to reduce part-time hours and the grievances will not succeed where the reduction in hours is the only issue at hand. Despite stating in the April 2014 decision that seniority was a "consideration", the arbitrators accepted HEABC's argument that the process did not require employers to consider seniority as part of the process. HSPBA did not anticipate that a collaborative approach to changing schedules would reduce hours for part-timers, but the arbitrators have ruled against the union's position.

Since that decision HSPBA has been working to get resolution wherever possible, and reviewing all grievances based on reduction of hours to see if there are grounds to continue to advance those grievances.

We have finished reviewing many of our files. Many members who have grievances that fall strictly into the categories 1, 2, 3 or 5 (reduction of hours) already will have received letters from HSA indicating that we intend to withdraw the grievances as ordered by arbitrators Bell and Ready.

For those grievances involving process violations, we have two mediation/arbitration days scheduled for June 11 and 12. These will address issues at Vancouver Coastal Health Authority and BC Cancer Agency. If the arbitrators are not able to help the parties reach a resolution on these grievances, they will issue a binding decision determining if VCHA violated the agreement.

E. CLASSIFICATIONS

In 2014 228 new files were opened in classifications. During the same period 309 files were resolved, most through negotiated settlement or expedited hearing. We continue to work to reduce our backlogged files and are seeing the expedited processes assist in that regard. Following a referral to arbitration, much more attention is paid to the file by HEABC representatives as the parties work to develop a joint statement of agreed facts. This activity often leads to a resolution of the grievance prior to hearing, as happened with 13 cases, some involving multiple grievors.

In one lengthy case referred to full arbitration, HSA successfully argued for a higher salary structure for the position of anesthesia assistant at two facilities. HSA and HEABC subsequently negotiated a memorandum of understanding at that higher salary structure to apply across the industry. Ultimately, some 75 members received substantial salary increases and retroactive pay with the implementation of that memorandum of understanding. The proceedings brought a seven-year long series of grievances to conclusion, benefitting members who had filed grievances as well as those who had not filed an individual grievance.

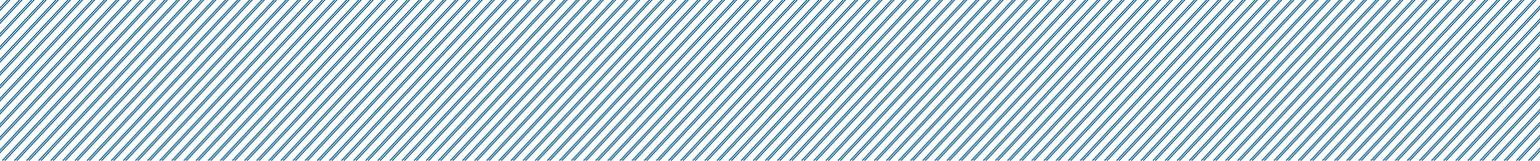
F. JOINT HEALTH SCIENCES BENEFIT TRUST

The on-going work to establish the Joint Health Sciences Benefit Trust (JHSBT) negotiated in the HSPBA collective agreement saw steady progress over the last year.

Under the direction of the HSPBA, the JHSBT working group worked methodically through a work plan interviewing all service providers to the current health and welfare plan. Assisted by a team of legal, actuarial and benefit specialists, the Working Group is seeking a level of transparency and disclosure that protects the long term interests of HSPBA members. This work will continue throughout 2015 as many questions have yet to be answered to our satisfaction.

The working group is also very close to concluding negotiations on the JHSBT trust agreement. This document will guide the work of the JHSBT into the future and spells out the authorities and roles of trustees and their respective trust sponsors. Under the terms of the trust agreement, the sponsoring “parties” – HSPBA and HEABC – retain control of benefit design at all times. This will ensure that significant revisions to the health and welfare benefits are unlikely.

The next phase for the working group will focus on the many administrative issues involved in migrating data from the existing health and welfare plan to the new JHSBT which will “go live” in April 2016. This process will involve member (and dependent) re-enrollment and issuance of new pay-direct cards; a necessary and important task to ensure the JHSBT begins with clean data. Members can expect this process to commence sometime in the fall. 





Sarah Chapple, social worker

ELECTIONS

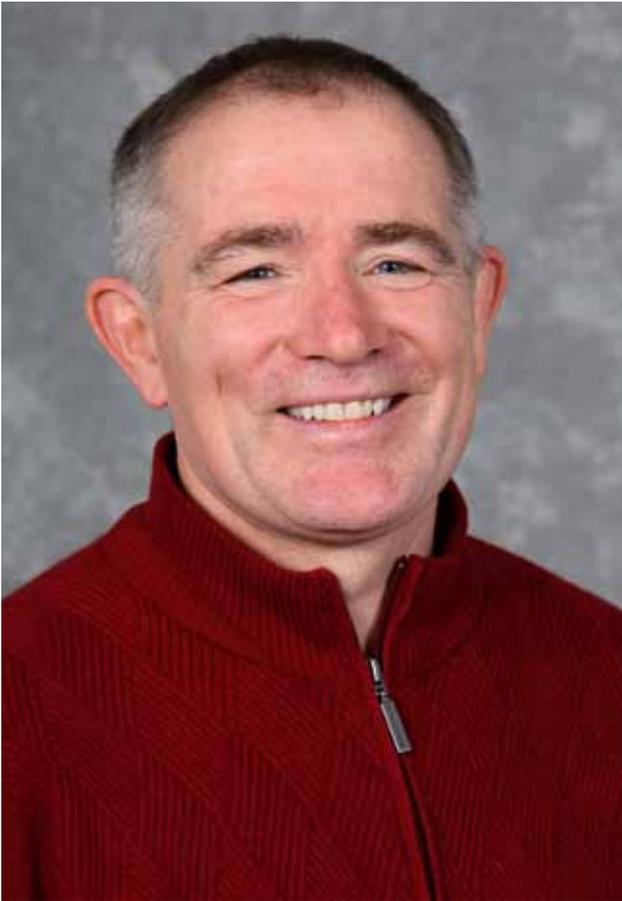


PRESIDENTIAL ELECTION 2015

Members are encouraged to seek nomination and to run for the position of president. Nominations are open until the balloting procedure commences at the convention.

The Annual Report prints statements and photographs of candidates submitted prior to the March 2 deadline publicized in January.

Statements and photos provided by the candidates are presented on the following pages in random order as determined by draw.



PRESIDENTIAL ELECTION 2015

Derrick Hoyt

My name is Derrick Hoyt and I am a 28 year member of HSA and a current Regional Director. I am running for president because I am concerned with changes that affect HSA's path.

The HSA staff has been a fundamental part of the transformation from an association governed by its Board to a union led by its employees. The transformation initially made it easier for staff to advocate for HSA, but resulted in the erosion of democracy.

Over the last 20 years, board meetings evolved from frequent, often long and informative to infrequent

and short. This has resulted in tight agendas with little time for debate or consideration of issues. The timeframe necessitates unquestioning trust in the executive council and important decisions regarding direction, wage increases, and collective agreements for our staff are being made without adequate debate and discussion. Directors adjusted to the imposed time constraints and as their roles became diminished fewer meetings are required: little information; little discussion; little need for a Board. Likewise, the minutes from the meetings reflect these changes, being in point form and short in volume, instead of complete and informative.

Less governance and a new building may lead to better working conditions for HSA's employees, but it does not ensure the members' dues are being appropriately spent. The better part of a million dollars is given to affiliates including the BC Federation of Labour. It is important that we ensure that these funds are used responsibly and that these organizations follow constitutions that reflect our values. At the BCFED convention, HSA leadership permitted delegates to trade credentials and decided to register dozens of our staff (both union and non-union) to vote on your behalf. These actions were condoned because "others in the FED do it". Personally, I am against participating in these types of activities and I am opposed to supporting such ideology. I do not wish to financially contribute to any organization that accepts this type of behaviour.

A well-spoken leader, groomed from within, may tell you what you want to hear, but not necessarily do what is best. A change in direction requires a change in leadership – leadership that is accountable, outspoken and answerable to the general membership.

Stewards need the time and the tools to serve the members. Let's plan to invest in our stewards. Let's plan to make HSA relevant to you. Strategically, let's plan for a new president. 

ourhsa@shaw.ca



PRESIDENTIAL ELECTION 2015

Val Avery

Welcome to delegates of the 44th annual HSA convention.

I'm Val Avery, a physiotherapist from the Royal Jubilee Hospital in Victoria. My career has spanned thirty years and many areas of an acute care tertiary hospital. While working on the front lines of health care, and also taking on the role of an HSA steward, I interacted with many HSA members and developed understanding of and respect for their professional disciplines.

In 2008 Region 2 members elected me to the HSA

Board of Directors and the following year I was elected by the Directors as Vice-President, a position I held until becoming President in 2013. Last year the delegates to convention elected me as President and I have been proud to represent the interests of HSA members during the past year.

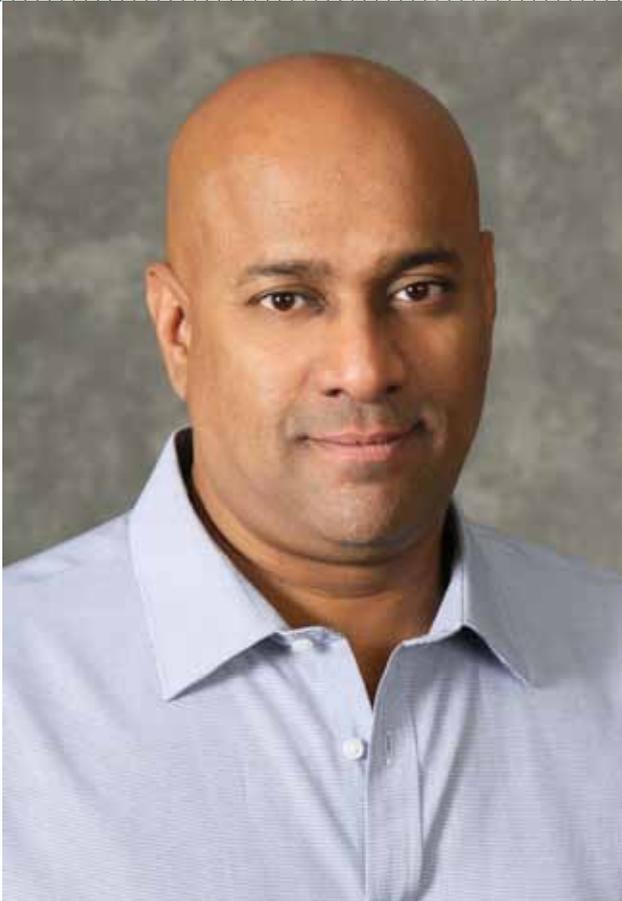
It has been a year of steady work to try and position HSA for a strong future. We completed the construction of our new offices, on time and within budget, and moved in during the Christmas holidays. Our staff now has a workplace that will allow them greater efficiency, and the members have a place where they can comfortably meet and receive training.

At convention last year I committed to listening to the voices of the membership and to that end have been working with senior staff and the Board, to incorporate the input you have provided, through survey and workshops, to outline a five year Strategic Plan for HSA, which you will receive at this convention. I have also directed a review of all policies for the union to ensure that they support current member needs.

It has been a year of working on initiatives with other unions in BC as well as across the country, and supporting the professional associations of our varied disciplines. And, the work goes on, meeting with provincial government ministers to discuss and push for action on the issues impacting our professions; I have offered them the knowledge and expertise of our members to collaborate to improve the delivery of health care and social services.

It has been my pleasure over the past year to visit HSA members, in community care settings and hospital worksites across the province. I would be pleased to continue to represent you and the vital services you provide to the people of B.C. I respectfully ask for your vote to re-elect me as President of HSA. 

Thank you,
Val



PRESIDENTIAL ELECTION 2015

Joseph Sebastian

To my Fellow Members of HSABC.

My name is Joseph Sebastian and I am taking this opportunity to announce my candidacy to be your Union President. I have been a Medical Radiation Technologist for over 17 years and a VGH union steward for over 12 years. I made the decision to run for president again this year based on a continued growing sentiment that the goals of the union leaders are increasingly disconnected from the needs of its members.

I have now been a Board Director since April 2014

and have been made aware of the conduct of the union's leadership team:

1. I have learned of the past decision to put our interests towards the purchase of land and construction of over a 19 million dollar head office, while at the same time injured workers on LTD were being financially distressed.
2. At the time of pushing through a five-year contract with barely a 30 per cent approval of its members, it had also been stated that there was approximately a three million dollar LTD liability, but in actuality it was found out to be a multi-million dollar surplus.
3. The increasing number of members who have voiced their concerns over lack of timely support of everyday frontline issues such as workplace harassment, bullying, poor working conditions, disregard of basic seniority and respect of the members.

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

Ask yourselves if this is actually the case?

Furthermore, we must allow more than the approximately 2 per cent of members to vote for their president, so that we can have a more representative democracy.

I'm asking for your support because we must strengthen our union to act in the best interest of its members. I will work to make HSABC a more transparent and inclusive union. Please visit my Facebook page (JosephSebastian2014) for more information, as it was created last year as the issues I voiced then still remain the same. 

Respectfully,
Joseph Sebastian
Region 4 Director



Karim Kanji, radiation therapist

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



Your Resolutions Committee (L-R) Anne Davis (Region 2 Director), Naomi Andrade (Region 5 MAL), Janice Clements (Region 1 MAL), Adesh Kahlon (Region 3 MAL), Nancy Banks (Region 9 MAL), Erna Erwin (Region 4 MAL), Penny Regier (Region 7 MAL), Deborah Harmon (Region 10 chief steward), Rebecca Maurer (staff), Janice Morrison (chair and Vice President), Karen Hamilton (Region 2 MAL), Rosemary DeYagher (staff), Dean Avender (Region 8 MAL)

The HSA constitution states (Article 7, Section 4(a)): “Members of the union may bring matters before a Convention for consideration by means of resolutions submitted to, and approved by, their Chapter. These resolutions may include proposed Constitutional changes or policy matters.” The Board of Directors may also put resolutions forward. It is the mandate of the resolutions committee to make recommendations to the convention on all resolutions.

The Resolutions Committee is comprised of the vice president (who chairs the committee), one member at large from each region, who is elected at their regional meeting to serve on this committee, and one additional member of the Board of Directors. This year was the first time the committee was comprised of members

from all bargaining units. We had registered psychiatric nurses, community, private and social services representation as well as health science members. I believe this added to a very well-rounded perspective and discussion.

This year the deadline for resolutions to be received in the HSA office was February 13, 2015. The committee met on February 19 and 20 to review all submissions. Of the 69 resolutions submitted by the deadline, 63 were accepted, four were rejected as they pertained to bargaining issues and two were withdrawn as they had been submitted last year and had passed with full support of the delegates. No resolutions were received after the deadline. Letters of notification were sent to the chapters whose resolutions were not accepted.

When resolutions are received they are reviewed for:

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

After initial review the resolutions are categorized according to their subject matter, for example; education, finance, or political action. When considering similar resolutions the committee may choose to amalgamate resolutions, create a substitute resolution or amend a resolution, being mindful in all cases to not change the intent of the original resolution.

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

- is the intent of the resolution clear?
- is the request something HSA can reasonably accomplish?
- what are the overall implications of the resolution?
- what are the financial implications of the resolution?
- does the resolution support current policy and strategic direction?

The Resolutions Committee takes its work on behalf of the membership very seriously. There is considerable debate on each resolution. Where needed, further research is done, and in some cases the submitting chapter is contacted for clarification. Once all factors have been considered and all committee members have had opportunity to speak, the question is called. Committee members then vote to recommend “concurrence” or “non-concurrence” on the given resolution. A straight majority vote establishes the recommendation that will go forward to the conven-

tion delegates. The last step is to write a rationale which supports the recommendation of the committee and which will be read to the delegates at convention.

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

I would like to thank the members of the committee for their thoughtful deliberations on the resolutions in advance of the convention and for the time they will give during the course of the convention to ensure that the work of the union is carried out efficiently. On behalf of the committee I would also like to acknowledge and thank Rebecca Maurer for her assistance in facilitating the discussions of the committee and to Rosemary DeYagher for her expert organizational skills. 

*Respectfully submitted,
Janice Morrison, Chair*

Resolutions

1. CONSTITUTION

WHEREAS: Spots for Convention may be full at one site in a region; and

WHEREAS: Members would like to attend Convention; and

THEREFORE BE IT RESOLVED: If there are open spots within the region, the member from a site that is full can attend Convention at a site with vacant spaces.

SUBMITTED BY: Saanich Peninsula Hospital
Committee Recommendation:

Non-Concurrence

Carried

Defeated

2. CONSTITUTION

WHEREAS: In today's working environment it is important that the leader of our union be aware of all union issues and interactions with other players.

THEREFORE BE IT RESOLVED: That anyone running for President of the Health Sciences Association of B.C. must have served at least one term on the Board of Directors, within the last five

years, before being eligible to run for the position of President.

SUBMITTED BY: Abbotsford Regional Hospital
Committee Recommendation:

Non-Concurrence

Carried

Defeated

3. CONSTITUTION

WHEREAS: Conventions form the basis of the Union's decision-making process and Convention resolutions frequently require longer than one year to fully implement; and

WHEREAS: Countless members from around the province never have the opportunity to attend a Convention in Vancouver because of limited access, thereby limiting member engagement provincially; and

WHEREAS: Funds saved from adopting a biennial Convention could be dedicated to other initiatives benefitting all members throughout the province, not just elected activists.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) establish a biennial Convention in 2017; and

CONSTITUTION

BE IT FURTHER RESOLVED: That the surplus funds realized in each intervening year be reallocated to priorities as determined through a survey of the entire membership, for services such as, but not limited to, regional conferences, enhancement of the Professional Development Fund, offsetting dues increases and similar member services.

SUBMITTED BY: BC Centre for Ability

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

4. CONSTITUTION

WHEREAS: Members have voiced that the current nomination information for determining the suitability of Regional Director is insufficient,

WHEREAS: Members have voiced that the nomination biography, used for the mail-in ballot election process for Regional Directors is insufficient to assist members in making an informed decision,

THEREFORE BE IT RESOLVED: That Article 10, Section 3(c) (Nominations of Regional Directors) of the Health Sciences Association of BC (HSA) Constitution be updated to include a video media clip that would showcase how the person speaks.

SUBMITTED BY: Vancouver General Hospital

Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

5. CONSTITUTION

WHEREAS: Article 9, Section 2(d) of the Health Sciences Association of BC (HSA) Constitution states that nominations may be delivered to the Chair of

the Elections Committee until final call for nomination during Convention; and

WHEREAS: Members feel that the current Presidential nomination election process is too opportunistic and should be more orderly; and

WHEREAS: Members feel that candidates should declare themselves in advance of Convention, in keeping with association, municipal, provincial, or federal election processes.

THEREFORE BE IT RESOLVED: That Article 9, Section 2(d) (Nomination of President) of the Health Sciences Association of BC (HSA) Constitution be amended, requiring candidates to declare at least a week prior to Convention.

SUBMITTED BY: Vancouver General Hospital

Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

6. CONSTITUTION

WHEREAS: The current steward term as per Article 12, Section 2(a) of the Health Sciences Association of BC (HSA) Constitution is one-year; and

WHEREAS: Other election positions such as Regional Director and Presidents are 2-year terms; and

WHEREAS: In larger chapters there is often competition for paid steward roles; and

WHEREAS: The learning curve for chief stewards is more than 1 year as per literature.

THEREFORE BE IT RESOLVED: That Article 12, Section 2(a) of the Health Sciences Association of BC (HSA) Constitution be revised to 2 years to re-

RESOLUTIONS - CONSTITUTION

flect the learning curve and efforts put into running an election in larger chapters, and for steward office stability and productivity.

SUBMITTED BY: Vancouver General Hospital
Committee Recommendation:

Non-concurrence

Carried

Defeated

7. CONSTITUTION

WHEREAS: Health Sciences Association of BC (HSA) has a mix of election processes currently, with one member one vote for the board members (Regional Directors) and Convention delegates voting for President; and

WHEREAS: Not every member has the opportunity to attend Convention and exercise his or her right under Article 6, Section 1 of the HSA Constitution that each member has the right to participate in the democratic process; and

WHEREAS: The Union is always looking for ways to increase member engagement.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) Constitution be changed to mandate the election for President of HSA be conducted in a one member, one vote fashion; and

BE IT FURTHER RESOLVED: That a committee of Board members and general members be formed to construct the new process by which the President of HSA is elected, ensuring that members have enough information to make an informed decision in this matter.

BE IT FINALLY RESOLVED: That this new process and procedures be in place and operational before

the next call for nominations for HSA President in 2017.

SUBMITTED BY: Royal Inland Hospital

Committee Recommendation:

Non-concurrence

Carried

Defeated

8. COMMUNICATIONS (Covers 9)

WHEREAS: Health Sciences Association of BC (HSA) has been actively trying to create public awareness for several years through multiple avenues; and

WHEREAS: TV commercials are becoming less effective with the increasingly high use of PVRs; and

WHEREAS: TV commercial airtime is very costly.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) consider alternate methods other than TV commercial airtime to create public awareness of HSA and the professions we represent; and

BE IT FURTHER RESOLVED: That a portion of the money from the TV advertisement campaign fund be put towards rewards for a large scale video contest, that could be considered as an option to spread public awareness, especially to the younger generation we are attempting to reach out to; and

BE IT FINALLY RESOLVED: That advertising on YouTube and other social media outlets is considered over conventional TV airtime.

SUBMITTED BY: GR Baker Memorial Hospital

Committee Recommendation:

Non-concurrence

Carried

Defeated

9. COMMUNICATIONS (Covered by 8)

WHEREAS: Health Sciences Association of BC (HSA) members are still struggling to make themselves recognizable to the public; and

WHEREAS: The Canadian Labour Congress had a well-received group of commercial/TV ads in the past year.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) seek out an advertising company that would produce a similar quality of videos for YOUTUBE/TV that would promote HSA professionals using a “catchy” tune and clear and concise message.

(Reference Canadian Society of Med Lab Science – they have an excellent “knowing matters” video).

SUBMITTED BY: 100 Mile District Hospital
 Committee Recommendation: (covered by 8)
 Carried
 Defeated

10. COMMUNICATIONS

WHEREAS: Some members of the general public do not have a positive view of unions as relayed through the media; and

WHEREAS: There are organized campaigns against unions; and

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) investigate ways to more effectively improve the public’s perception of unions in general.

SUBMITTED BY: BC Cancer Agency – Vancouver Cancer Centre
 Committee Recommendation:
 Concurrence
 Carried
 Defeated

11. COMMUNICATIONS

WHEREAS: BC Nurses’ Union (BCNU) is actively raiding Health Sciences Association of BC (HSA) Registered Psychiatric Nurse (RPN) members; and

WHEREAS: Many BCNU and HSA members, as well as the general public are unaware of these actions.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) go to the media to speak to this issue.

SUBMITTED BY: Royal Inland Hospital
 Committee Recommendation:
 Non-concurrence
 Carried
 Defeated

12. COMMUNICATIONS

WHEREAS: All members of the Health Sciences Association of BC (HSA) have had to deal with increased workloads; and

WHEREAS: Many members don’t want to take the time to read the electronic version of the Report; and

WHEREAS: Many members would read it if it was still paper based.

THEREFORE BE IT RESOLVED: That the paper based version of the Report be reinstated **FOR**

RESOLUTIONS - COMMUNICATION

STEWARDS AND MEMBERS WHO REQUEST IT IN HARD COPY.

SUBMITTED BY: Royal Inland Hospital

Committee Recommendation:

Concurrence as amended

_____ Carried

_____ Defeated

13. COMMUNICATIONS

WHEREAS: For members who are working in hospital and health care settings; and

WHEREAS: The work done by nurses and doctors has high public recognition and government support;

WHEREAS: The BC Nurses' Union (BCNU) has continued to actively raid both Hospital Employees' Union and the Health Sciences Association of BC.

THEREFORE BE IT RESOLVED: That the Union and Board of Directors continue to dedicate funds toward ongoing advertising and promotion of the important work done by Health Sciences Association of BC **MEMBERS**.

SUBMITTED BY: St. Paul's Hospital

Committee Recommendation:

Concurrence as amended

_____ Carried

_____ Defeated

14. COMMUNICATIONS

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) take immediate action to ensure that any member's personal and public information as defined under the Personal Information Protection Act (PIPA) and the Personal Information Protection and Electronic Document Act (PIPED) and any other relevant legisla-

tion be only available to members behind a password protected feature of the HSA site and any Chapter sites so as not to allow the general public to gain access to an HSA member's place of work and work contact information; and

BE IT FURTHER RESOLVED: That HSA ensures that public information collected will only be used for the purpose of servicing the membership unless written consent is obtained by the member whose public information is being used by HSA; and

BE IT FURTHER RESOLVED: That HSA's Privacy Officer who has the primary responsibility of safeguarding personal information, implementing applicable procedures and responding to inquiries and complaints do likewise for public information of members; and

BE IT FINALLY RESOLVED: That HSA's Privacy Policy be updated to reflect this resolution.

SUBMITTED BY: Surrey Memorial Hospital

Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

15. ENVIRONMENT

WHEREAS: Global warming is a scientific reality; and

WHEREAS: Global warming impacts our environment and ultimately our health; and

WHEREAS: Addressing climate change requires government and industry cooperation, and the government has been slow to show leadership in establishing and meeting targets for greenhouse gas emissions; and

WHEREAS: Societal change often results from grass

EQUALITY AND SOCIAL ACTION

roots advocacy and consciousness raising campaigns.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) continue to educate members via the HSA Report on grass roots initiatives on environmental issues, including, but not limited to, highlighting Our Horizon's gas pump nozzle warning labels.

SUBMITTED BY: Nanaimo Regional General Hospital
Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

16. EQUALITY AND SOCIAL ACTION

WHEREAS: There has not been a federal leaders' debate of issues identified by women for 30 years; and

WHEREAS: Women continue to earn on average 20% less than their male peers and are more likely to be poor; and

WHEREAS: Since 1980 over a thousand aboriginal women have been murdered and each day more than 8,000 women and children seek protection in shelters; and

WHEREAS: Up for Debate Alliance is calling for all political parties to make meaningful commitments to improve women's lives, including working to end violence against women and women's economic inequality and to promote women's leadership; and

WHEREAS: Up for Debate is calling for leaders' debates on women's issues.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) will support the goals of Up for Debate, including development of a kit that members can use leading up to the federal election.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

17. EQUALITY AND SOCIAL ACTION

WHEREAS: Over 1100 aboriginal women have gone missing or have been murdered over the last 30 years; and

WHEREAS: Walking With Our Sisters is an art exhibition and a memorial that is travelling across Canada to remember and honour these women; and

WHEREAS: Walking With Our Sisters will be in Comox in the summer of 2015 where a number of Health Sciences Association of BC (HSA) members from several worksites are volunteering to help plan and staff the memorial;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) will inform members on Vancouver Island about Walking with Our Sisters and will profile the involvement of HSA members; and

BE IT FINALLY RESOLVED: That HSA will speak out about the issue of missing and murdered women when there are opportunities to do so.

SUBMITTED BY: Comox Valley Transition Society
Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

18. EQUALITY AND SOCIAL ACTION

WHEREAS: Health Sciences Association of BC (HSA) members at previous conventions have sup-

RESOLUTIONS - FINANCE

ported the right of every child and family to have access to high quality, affordable child care within their own community, including early learning opportunities and support for children with special needs; and

WHEREAS: Such a universal child care system is essential for promoting women's equality and social justice; and

WHEREAS: The development of such a comprehensive and affordable community based, non-profit child care system requires stable, adequate government funding; and

WHEREAS: Such a system should be available across Canada, should receive federal funding and have national standards;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) use the federal election as an opportunity to promote universal childcare; and

BE IT FURTHER RESOLVED: That HSA support the Canadian Labour Congress in calling for all national parties to support high quality, affordable child care.

SUBMITTED BY: Board of Directors
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

19. FINANCE

WHEREAS: Under Article 7, Section 2 (c) of the Health Sciences Association of British Columbia (HSA) Constitution, the Board of Directors recommends the appointment of the union's auditor to the Annual Convention which appoints the same;

THEREFORE BE IT RESOLVED: That Meyers Norris Penny LLP be confirmed as the union's auditor until the year 2016 Annual Convention.

SUBMITTED BY: Board of Directors
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

20. FINANCE

WHEREAS: Health Sciences Association of BC (HSA) members who do not reside in the Vancouver area may not be comfortable sharing a room with a stranger; and

WHEREAS: They may choose to bring a spouse or family member to accompany them to events held in the Vancouver area and may not choose to stay at the venue hotel specified by HSA.

THEREFORE BE IT RESOLVED: That members be allowed to choose their desired accommodation and be reimbursed providing the cost is equal to or less than the cost of accommodation at the venue sponsored by the Health Sciences Association of BC (HSA).

BE IT FURTHER RESOLVED: That out of town delegates be allowed their own hotel room should they so desire.

SUBMITTED BY: Sunshine Coast Chapter
Committee Recommendation:
Non-concurrence
_____ Carried
_____ Defeated

21. FINANCE

WHEREAS: Health Sciences Association of BC

(HSA) has the lowest dues among all the healthcare unions; and

WHEREAS: HSA has not had a dues increase in over a decade; and

WHEREAS: HSA is always facing new and costly challenges (RPN raid, lower mainland lab restructuring) that put a strain on an already stretched budget; and

WHEREAS: Members want increased member servicing.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) member dues be increased from 1.6% to 1.65%.

SUBMITTED BY: Bulkley Valley District Hospital
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

22. FINANCE

WHEREAS: The policy on Member Reimbursement for Expenses sections 3.4 to 3.6 states when accommodation is necessary HSA arranges and pays for shared twin accommodation with the option for single accommodation for medical or other extraordinary reasons; and

WHEREAS: If single accommodation is not approved the difference between twin and single is billed to the member. This can have the following negative outcomes:

- Member safety;
- Limit attendance and engagement by members where:
- Paying for accommodation is a financial burden

- Uncomfortable sharing a room with a stranger or casual acquaintance.

THEREFORE BE IT RESOLVED: That the first option offered to members be single paid accommodation; and

BE IT FURTHER RESOLVED: That the second option offered to members be encouraging double occupancy with share request.

SUBMITTED BY: Bulkley Valley District Hospital
Committee Recommendation:
Non-concurrence
_____ Carried
_____ Defeated

23. GOVERNANCE

WHEREAS: The office of President of the Health Sciences Association of BC (HSA) is important, and it falls solely on delegates to make an informed decision on who to vote for; and

WHEREAS: The last presidential elections Q and A period was stopped with people still at the mikes wanting to ask questions; and

WHEREAS: The debate was stopped at a specific time to allow for a video of something to be shown during plenary.

THEREFORE BE IT RESOLVED: That the presidential Q and A or “Debate” be allowed to continue as long as people want to ask questions.

BE IT FURTHER RESOLVED: That a maximum of two hours be allowed for this, but members are

RESOLUTIONS - GOVERNANCE

made aware of the time limit beforehand.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

24. GOVERNANCE

WHEREAS: The consolidated site stewards do not feel adequately supported; and

WHEREAS: The consolidated site stewards cannot run for Chief Stewards at many sites,

THEREFORE BE IT RESOLVED: That a “Consolidated Steward Forum” be formed to discuss issues and possible solutions to better support consolidated steward members.

SUBMITTED BY: Vancouver General Hospital
Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

25. GOVERNANCE

WHEREAS: There are often more resolutions than can be dealt with at Convention year after year,

THEREFORE BE IT RESOLVED: That Convention business be given higher priority than guest speakers.

SUBMITTED BY: Vancouver General Hospital
Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

26. GOVERNANCE

WHEREAS: Bargaining issues are not allowed to be brought to the floor of Convention for open discussion; and

WHEREAS: The bargaining process is fluid and subject to change in its timing, at the whim of government; and

WHEREAS: Health Sciences Association of BC (HSA) entered into bargaining early and had concluded negotiations before they were scheduled to have the bargaining convention where membership brought their issues forward.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC must have a bargaining convention prior to the conclusion of the bargaining process.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

27. GOVERNANCE

WHEREAS: Convention is the main platform for members to make their opinions known; and

WHEREAS: Sometimes discussions on a topic tend to drag on with basically the same opinion being expressed multiple times by different members.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) adopt the use of Pro and Con microphones at Convention; and

BE IT FURTHER RESOLVED: That members be called on to speak in an alternating pattern from said microphones.

HEALTH HUMAN RESOURCES

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:
Non-concurrence
 Carried
 Defeated

28. HEALTH HUMAN RESOURCES

WHEREAS: Psychologists have been very difficult to recruit and retain in the BC Autism Assessment Network, with psychology services often contracted out; and

WHEREAS: Physicians are replacing psychologists in autism diagnostic clinics, thereby taking jobs from Health Science Association of BC (HSA) members and increasing the overall cost of the service.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) initiate discussions with employers to explore strategies to address recruitment and retention issues for psychologists in autism diagnostic clinics throughout the province.

SUBMITTED BY: Queen Alexandra Centre for Children's Health
Committee Recommendation:
Concurrence
 Carried
 Defeated

29. HEALTH HUMAN RESOURCES (Covers 30)

WHEREAS: The work performed within the ever growing scope of practice of Respiratory Therapists in BC has led to a greater role and responsibility of the Respiratory Therapist; and

WHEREAS: Competency in skills learned through practical experience via educational requirements for graduation are not compulsory for RTs to maintain thereafter; and

WHEREAS: Lack of competency in skills put patient lives at risk; and

WHEREAS: Many disciplines within Health Sciences Association of BC (HSA) including Laboratory Technologists, Medical Radiation Technologists and Respiratory Therapists remain unregulated;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) **CONTINUE TO** lobby the provincial government to implement a provincial licensing body to regulate **UNREGULATED** professions for the safety of patients.

SUBMITTED BY: Royal Jubilee Hospital
Committee Recommendation:
Concurrence as amended
 Carried
 Defeated

30. HEALTH HUMAN RESOURCES (Covered by 29)

WHEREAS: The work performed within the ever growing scope of practice of Respiratory Therapists in BC continues to put patients' lives at risk; and

WHEREAS: Competency in skills learned through practical experience via educational requirements for graduation are not compulsory to maintain thereafter; and

WHEREAS: Many disciplines within Health Sciences Association of BC (HSA) including Laboratory Technologists, Medical Radiation Technologists and Respiratory Therapists remain unregulated.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the provincial government to implement a provincial licensing

RESOLUTIONS - HEALTH HUMAN RESOURCES

body to regulate these professions for the safety of patients.

SUBMITTED BY: Victoria General Hospital

Committee Recommendation:

_____ Carried

_____ Defeated

31. HEALTH HUMAN RESOURCES

WHEREAS: Behavioural Interventionists are the primary source of one-to-one intervention in autistic individuals; and

WHEREAS: There is currently no set standards for the job title of Behavioural Interventionist; and

WHEREAS: There is potential for vast differences in professional ability;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) promote the creation of a set of criteria for the term Behavioural Interventionist.

SUBMITTED BY: Fraser Valley

Child Development Centre

Committee Recommendation:

Non-concurrence

_____ Carried

_____ Defeated

32. HEALTH HUMAN RESOURCES

WHEREAS: There is a significant and growing shortage of health professionals in BC and across Canada; and

WHEREAS: A vast majority of these health professionals will retire from the workforce in the next five years; and

THEREFORE BE IT RESOLVED: That the Health

Sciences Association of BC (HSA) **LOBBY FOR** peer mentoring programs to coach new graduates in learning the worksite culture and inner workings faster than the standard training and/or orientation period.

BE IT FURTHER RESOLVED: That HSA **CONTINUE TO** lobby the provincial government for adequate funding and staffing to enable the sharing of accumulated knowledge and thereby reducing the impact when the mentoring employee leaves.

SUBMITTED BY: Kootenay Lake Hospital

Committee Recommendation:

Concurrence as amended

_____ Carried

_____ Defeated

33. HEALTH SERVICES

WHEREAS: The average length of life has been extended by a decade; and

WHEREAS: There is a higher demand for residential care homes throughout the province; and

WHEREAS: All allied health sciences are seriously lacking or non-existent, particularly in rural and remote residences; and

WHEREAS: Residents in these homes are entitled to equal access to quality of life care;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby government for equal standards of care in all residential care homes.

HEALTH SERVICES

SUBMITTED BY: University Hospital of Northern British Columbia

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

34. HEALTH SERVICES (Covers 35, 36 and 37)

WHEREAS: The Convention on the Rights of the Child recognizes that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children; and

WHEREAS: A mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community; and

WHEREAS: Many early intervention services for children have extensive waitlists due to lack of resources, and the current practice is restricting accessibility therefore denying children their rights.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the Ministry of Children & Family Development to uphold the Rights of the Child by providing adequate and sustainable financial resources that ensure attainable, reliable services, accessible to all children with developmental challenges in a timely manner to maximize their optimal development.

SUBMITTED BY: Starbright Children's Development Centre

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

35. HEALTH SERVICES (Covered by 34)

WHEREAS: Research shows that early intervention services provided at an adequate level have a lifelong impact on children's ability to function in society; and

WHEREAS: Early intervention services are inadequately and inequitably funded across BC and many children never receive services because of long waiting lists.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the government to designate early intervention services as critical and fund them adequately and equitably.

SUBMITTED BY: North Okanagan Neurological Association of BC

Committee Recommendation: (covered by 34)

_____ Carried

_____ Defeated

36. HEALTH SERVICES (Covered by 34)

WHEREAS: Early intervention caseloads are increasing; and

WHEREAS: Front line Health Sciences Association of BC (HSA) therapy staff have been reduced over the past three years due to budget constraints; and

WHEREAS: Research has shown that investing time and money in early intervention for children is cost effective in the long term; and

WHEREAS: There are established standards regarding best practices for pediatric therapists that allow for adequate service delivery.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) will lobby appropriate government agencies to increase funding as

RESOLUTIONS - HEALTH SERVICES

demands increase over time.

SUBMITTED BY: Queen Alexandra Centre
for Children's Health
Committee Recommendation: (covered by 34)
_____ Carried
_____ Defeated

37. HEALTH SERVICES (Covered by 34)

WHEREAS: There is a trend away from universal health care provision in favour of diagnosis specific funding and services for children with special needs; and

WHEREAS: Many children present with significant functional impairments yet lack a specific diagnosis; and

WHEREAS: This creates an unfair distribution of services for children who require them.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the government for more funding for children who experience significant functional impairments which limit their participation and inclusion in activities.

SUBMITTED BY: Queen Alexandra Centre
for Children's Health
Committee Recommendation: (covered by 34)
_____ Carried
_____ Defeated

38. HEALTH SERVICES

WHEREAS: The Supported Child Development Program (SCDP) assists families with children with extra support needs to access developmental opportunities for their children; and

WHEREAS: Budget constraints and SCDP policy

decisions have resulted in inequitable access to these services.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) advocate and lobby the Ministry for Children and Family Development (MCFD) for increased funding to allow for equitable access to Supported Child Development Program (SCDP) services; and

BE IT FURTHER RESOLVED: That HSA also lobby relevant health authorities and other governing agencies to review policy decisions regarding eligibility decisions for the SCDP.

SUBMITTED BY: Queen Alexandra Centre
for Children's Health
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

39. HEALTH SERVICES (Covers 40)

WHEREAS: Many Health Sciences Association of BC (HSA) members work for agencies funded through Ministry for Children & Family Development (MCFD); and

WHEREAS: The Health Science Professional Bargaining Association (HSPBA) contract is negotiated between HSA and the Ministry of Health; and

WHEREAS: MCFD has not funded the negotiated contract (eg increase to 37.5 hr/wk for 1.0 FTE) causing serious hardship to community agencies;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the government for improved inter-ministry collaboration and communication on matters such as community based health services that both **THE MINISTRY OF**

CHILDREN AND FAMILY DEVELOPMENT AND THE MINISTRY OF HEALTH are involved in;

BE IT FINALLY RESOLVED: That HSA lobby the government to honour the negotiated HSPBA collective agreement and fund it regardless of what Ministry the program is under.

SUBMITTED BY: Centre for Child Development, Surrey
Committee Recommendation:

Concurrence as amended

Carried

Defeated

40. HEALTH SERVICES (Covered by 39)

WHEREAS: Early intervention in autism is correlated with better outcomes in research; and

WHEREAS: Funding has not kept pace with the program and consulting costs; and

WHEREAS: Programs are routinely forced to do more with less;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) continue to promote increases in funding when there are approved wage increases, benefit increases etc.

SUBMITTED BY: Fraser Valley
Child Development Centre
Committee Recommendation: (covered by 39)

Carried

Defeated

41. HEALTH SERVICES

WHEREAS: The focus of the Health Authorities is to keep seniors and persons with disabilities (PWDs) at home aging in place; and

WHEREAS: In order for many seniors and PWDs

to live at home safely adequate home supports are required; and

WHEREAS: Adequate home supports include more than bathing and dressing, ie Instrumental Activities of Daily Living (IADLs) supports, such as shopping, cleaning, meal management and banking etc., in order for seniors and PWDs to remain at home safely; and

WHEREAS: These people do not always have family and friends to provide these services.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the provincial government and the Health Authorities to review their present policies with respect to homecare services and re-instate Instrumental Activities of Daily Living (IADL) support services.

SUBMITTED BY: Holy Family Hospital
Committee Recommendation:

Concurrence

Carried

Defeated

42. HEALTH SERVICES

WHEREAS: There is a high demand for beds in acute care which may translate to an early discharge; and

WHEREAS: The Early Supported Discharge Programs have been closed down in Vancouver and Richmond; and

WHEREAS: There are already limited outpatient rehabilitation services available and these services have long waitlists; and

WHEREAS: People being discharged early may be at high risk for deterioration and re-admission to acute care without further treatment.

RESOLUTIONS - HEALTH SERVICES

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby the provincial government to provide adequate and appropriate outpatient rehabilitation services post acute care hospital for those patients deemed by the acute care healthcare team to require immediate on-going treatment.

SUBMITTED BY: Holy Family Hospital
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

43. HEALTH SERVICES

WHEREAS: Patients who require a higher level of care (i.e. residential care) as identified by the healthcare team are sent home first from acute and rehabilitation hospitals; and

WHEREAS: When patients return home they may not receive sufficient assistance and this can be extremely stressful and burdensome for both caregivers and patients; and

WHEREAS: Returning to the previous home environment may result in an increased safety risk for the patient and return visits to the emergency room or acute care.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby the health authorities and the provincial government to review the policies associated with returning to home and ensuring that policies are fair, equitable and standard across healthcare settings; and

BE IT FURTHER RESOLVED: That HSA work with advocacy groups and government to appropriately support people in their home environment in a safe and consistent way.

SUBMITTED BY: Holy Family Hospital
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

44. LABOUR RELATIONS

WHEREAS: Health Sciences Association of BC (“HSA”) members work and live in the ten regions across the province and all Labour Relations Officers (“LROs”) are stationed in the lower mainland; and

WHEREAS: Each health area has distinct issues and concerns; and

WHEREAS: LROs are unable to develop close working relationships with the health authorities due to travel barriers.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”), in future planning, consider basing one or more Labour Relations Officers outside the lower mainland, i.e. Kamloops and/or Kelowna and Prince George.

BE IT FURTHER RESOLVED: That LROs based outside the lower mainland utilize technology to communicate with staff in Vancouver.

SUBMITTED BY: 100 Mile District Hospital
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

45. LABOUR RELATIONS

WHEREAS: The BC Nurses’ Union (BCNU) is actively raiding Health Sciences Association of BC (HSA) Registered Psychiatric Nurse (RPN) members; and

MEMBER SERVICES

WHEREAS: This places BCNU outside of the house of labour; and

WHEREAS: BCNU has yet to settle a contract as of this date and may resort to strike activity to force the government into a better contract;

THEREFORE BE IT RESOLVED: That Board of Directors of Health Sciences Association of BC (HSA) declare that a picket line manned by BC Nurses' Union be declared an unsanctioned picket line; and

BE IT FURTHER RESOLVED: That HSA members be allowed to cross the picket line and not be forced to endure any loss of wages for missed days of work.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:
Non-concurrence
 Carried
 Defeated

46. MEMBER SERVICES

WHEREAS: The purpose of the Union is to provide support to members at their worksites; and

WHEREAS: The chief and local stewards are often lacking the tools they need to do their steward work in an efficient and confidential manner; and

THEREFORE BE IT RESOLVED: That each site have access annually to the equivalent of \$2 per member to address the site's office and communication needs.

SUBMITTED BY: Nanaimo Regional General Hospital
Committee Recommendation:
Non-concurrence
 Carried
 Defeated

47. MEMBER SERVICES

WHEREAS: The local stewards provide the foundation for the union; and

WHEREAS: It is difficult to provide effective and adequate service to members without access to suitable worksites and up-to-date tools.

THEREFORE BE IT RESOLVED: That chief stewards are provided with the tools necessary to facilitate efficient, effective and confidential communication.

SUBMITTED BY: Nanaimo Regional General Hospital
Committee Recommendation:
Non-concurrence
 Carried
 Defeated

48. MEMBER SERVICES

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) Board of Directors create "Chapter Resources Committee" for each of the ten regions to oversee the negotiated procurement of steward resources from the employer, such as office space, paid steward time, and office equipment; and

BE IT FURTHER RESOLVED: That where such resources are not presently nor likely to be supported in the future by the employer that the funding be available to each Regional Committee at the rate of \$1.50 per member, per year to procure resources to create either a virtual or maintain an existing brick and mortar office; and

BE IT FURTHER RESOLVED: That each Regional Committee be composed of the Regional Director, LROs, and Chief Steward from every Chapter within the Region. The Regional Committee to meet at

RESOLUTIONS - MEMBER SERVICES

Regional Convention and HSA Board to maintain oversight of funding as well as include Regional Committee's issues at their quarterly meetings.

BE IT FINALLY RESOLVED: Each Regional Committee to establish guidelines unique to their Chapter.

SUBMITTED BY: Royal Jubilee Hospital
Committee Recommendation:

Non-concurrence
 Carried
 Defeated

49. MEMBER SERVICES

WHEREAS: General steward and chief steward service time is at an all-time high with union business and grievance processing; and

WHEREAS: Most correspondence required in the business of grievance processing and communication is of the technology nature; and

WHEREAS: Contact with general and chief stewards relies solely on the provision of tools supplied by the employer such as computers, telephones, facsimile, scanners, and email; and

WHEREAS: These tools are not readily available to stewards in a private and secure manner; and

WHEREAS: The total cost per year to provide and maintain the aforementioned items in today's market should not exceed 2,500.00 per year;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) provide a laptop with portable internet capability, cell phone, scanner and printer for the use in grievance processing and communication in chapters servicing a defined

sized member group of 49 members or more.

SUBMITTED BY: Victoria General Hospital
Committee Recommendation:

Non-concurrence
 Carried
 Defeated

50. MEMBER SERVICES

WHEREAS: Grievances take a long time to resolve; and

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) **CONTINUE TO** pursue options for working with the employer to expedite the resolution of grievances.

SUBMITTED BY: BC Cancer Agency - Vancouver
Cancer Centre

Committee Recommendation:

Concurrence as amended
 Carried
 Defeated

51. MEMBER SERVICES

WHEREAS: The current model of labour practices have been around for a long time and conceivably have room for improvement; and

WHEREAS: There are resources available that Health Sciences Association of BC (HSA) has not accessed; and

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) partner with the Simon Fraser University Labour Study program to look at expediting grievance resolution, increase member involvement in the union and look at

OCCUPATIONAL HEALTH AND SAFETY

improving bargaining structures and practices.

SUBMITTED BY: BC Cancer Agency – Vancouver
Cancer Centre

Committee Recommendation:

Non-concurrence

Carried

Defeated

52. MEMBER SERVICES

WHEREAS: Labour Relations Officers (LROs) are valued employees of Health Sciences Association of BC (HSA); and

WHEREAS: LROs play a vital role in resolving issues and assisting members; and

WHEREAS: Some members are unable to access an LRO in a reasonable amount of time due to the LRO's workload.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) review the budget and consider getting more Labour Relations Officers (LROs) to assist members.

SUBMITTED BY: BC Cancer Agency – Vancouver
Cancer Centre

Committee Recommendation:

Concurrence

Carried

Defeated

53. MEMBER SERVICES

WHEREAS: Union business is often face-to-face; and

WHEREAS: Travel and accommodation is expensive and has detrimental environmental impact

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) make every effort

to use current technology such as Webex or conference calls when face-to-face meetings are not necessary.

SUBMITTED BY: Bulkley Valley District Hospital
Committee Recommendation:

Concurrence

Carried

Defeated

54. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: WorkSafeBC statistics for a five-year average (2009-2013) show that 46% of claims in health care are due to overexertion or musculoskeletal injuries (MSI); and

WHEREAS: Health care workers in 2013 had over 8,800 time-loss claims resulting in the loss of 300,000 days of work; and

WHEREAS: The employer must adhere to WorkSafeBC occupational Health and Safety Regulation “Ergonomic (MSI) Requirements” Sections 4.46 to 4.53 in eliminating or in minimizing the risk of MSI to workers.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA), **IN CONSULTATION WITH OTHER HEALTHCARE UNIONS AND PROFESSIONAL ASSOCIATIONS**, lobby the provincial government **TO AMEND THE WORKERS' COMPENSATION ACT TO MANDATE EMPLOYERS TO HAVE A WRITTEN MSI PROGRAM** (the “Program”); and

BE IT FURTHER RESOLVED: That the Program include qualified professionals who can identify risk factors and risk prevention steps; and

BE IT FINALLY RESOLVED: That these professionals be able to visit worksites to educate workers about MSI-related injuries and to ensure that work-

RESOLUTIONS - OCCUPATIONAL HEALTH AND SAFETY

ers are aware of available treatment.

SUBMITTED BY: Kootenay Lake Hospital
Committee Recommendation:

Concurrence as amended

Carried

Defeated

55. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Researchers have linked sitting for long periods of time with health concerns including obesity, increased blood pressure, high blood sugar, abnormal cholesterol levels as well as an increase in the risk of death from cardiovascular disease and cancer; and

WHEREAS: Some **HEALTH SCIENCES ASSOCIATION OF BC (HSA) MEMBERS** are required to sit at their workstations for more than six hours per day in the performance of their daily work duties, resulting in the deterioration of their health; and

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) **LOBBY** the employer **TO PROACTIVELY** assess and provide standard 'stand up desks' for workers who spend the majority of their time at sit-down work stations.

SUBMITTED BY: Kootenay Lake Hospital
Committee Recommendation:

Concurrence as amended

Carried

Defeated

56. POLITICAL ACTION (Covers 57)

WHEREAS: Public healthcare allows us to take care of each other with universal access that is based on need not on ability to pay; and

WHEREAS: Health Sciences Association of BC (HSA) is a major funder of the BC Health Coal-

tion – an organization that defends public healthcare for all and that is currently intervening in Dr. Brian Day's constitutional challenge for our Medicare laws;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) continue to support the efforts of the BC Health Coalition in defending public healthcare;

BE IT FURTHER RESOLVED: That HSA continue to support the BC Health Coalition intervening in the constitutional challenge to Medicare as this case proceeds to trial in the BC Supreme Court (expected start date March 2015).

SUBMITTED BY: Centre for Child Development, Surrey
Committee Recommendation:

Concurrence

Carried

Defeated

57. POLITICAL ACTION (Covered by 56)

WHEREAS: Dr. Brian Day's for-profit surgical and specialist referral clinics are challenging the constitutionality of BC's Medicare legislation in the courts, and this could lead to American-style, 2-tier health care in Canada; and

WHEREAS: This trial is scheduled to commence in BC Supreme Court on March 2, 2015, and run until at least mid-October; and

WHEREAS: Participating in a trial of this length and complexity requires extensive resources; and

WHEREAS: Public support for Medicare will be an important factor in this case;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) continue to strongly support the BC Health Coalition-led pro-Medicare group that is intervening to protect public health care

POLITICAL ACTION

in Brian Day's constitutional challenge to Medicare; and

BE IT FURTHER RESOLVED: That HSA encourage and support members to engage in the Coalition's campaign to build public support for Medicare during the trial.

SUBMITTED BY: Board of Directors
Committee Recommendation: (covered by 56)
_____ Carried
_____ Defeated

58. POLITICAL ACTION

WHEREAS: Employment Insurance **SICK LEAVE** benefits are limited to 15 weeks; and

WHEREAS: Financial stress impacts people who are hit by serious illness and some treatment regimens and illnesses last longer than 15 weeks.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) lobby **THE FEDERAL GOVERNMENT THROUGH THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES TO INCREASE** Employment Insurance sick leave benefits.

SUBMITTED BY: BC Cancer Agency - Vancouver Cancer Centre
Committee Recommendation:
Concurrence as amended
_____ Carried
_____ Defeated

59. POLITICAL ACTION

WHEREAS: BC's labour movement played an essential role in motivating BC's provincial government to make the most recent significant increase to BC's provincial minimum wage to \$10 per hour; and

WHEREAS: BC's current minimum wage of \$10.25

per hour is one of the lowest in Canada, while BC's cost of living is one of the highest in the country, leaving full-time minimum wage workers living below the poverty line; and

WHEREAS: Increasing the minimum wage is one of the most effective ways to reduce income inequality;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) support the BC Federation of Labour's "Fight for \$15" campaign to increase BC's minimum wage to \$15 per hour.

SUBMITTED BY: Board of Directors
Committee Recommendation:
Concurrence
_____ Carried
_____ Defeated

60. POLITICAL ACTION

WHEREAS: Metro Vancouver currently experiences significant traffic congestion, and many areas have inadequate public transit services; and

WHEREAS: These problems will become steadily worse as an additional 1 million residents move into the region by 2040; and

WHEREAS: Metro Vancouver residents are currently voting on whether or not to approve funding for essential transit and transportation improvements;

THEREFORE BE IT RESOLVED: That HSA encourage HSA members to vote yes in the Metro Vancouver plebiscite to approve a 0.5% Congestion Improvement Tax to fund essential transit and transportation improvements in Metro Vancouver; and

BE IT FURTHER RESOLVED: That HSA support

RESOLUTIONS - POLITICAL ACTION

the BC Federation of Labour's participation in the Better Transit and Transportation Coalition, which is promoting the "Yes Vote" in this plebiscite.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

61. POLITICAL ACTION

WHEREAS: Health Sciences Association of BC (HSA) members at previous conventions have called on the federal government to negotiate a Health Accord that provides adequate funding for healthcare, and to create needed healthcare programs like national pharmacare, community care and mental health programs; and

WHEREAS: The 2015 federal election will be a turning point for public healthcare in Canada, determining whether we'll have a federal government that will support a healthcare system based on need rather than ability to pay; and

WHEREAS: The BC Health Coalition is encouraging voters to vote for candidates who support public healthcare;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) support the BC Health Coalition's (BCHC) campaign to elect a federal government with a strong mandate to protect and improve public healthcare; and

BE IT FURTHER RESOLVED: That HSA encourage our members to sign the BCHC's pledge to vote for candidates who will strengthen public healthcare, and support members who want to work on

the BCHC campaign.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

_____ Carried

_____ Defeated

62. POLITICAL ACTION

WHEREAS: Health Sciences Association of BC (HSA) is affiliated to the Canadian Labour Congress (CLC) through our national union, the National Union of Public and General Employees (NUPGE); and

WHEREAS: The CLC is promoting the following five priority areas in the 2015 federal election, all of which have been endorsed by HSA members at previous conventions:

1. a strong federal role in strengthening public healthcare, including a new Health Accord and a national pharmacare plan;
2. retirement security, including doubling Canada Pension Plan benefits;
3. a universal child care system that provides high-quality, affordable child care to all families;
4. good jobs; and
5. labour rights;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) support the Canadian Labour Congress (CLC) federal election campaign that encourages members to support candidates and parties who support public health care, universal childcare, retirement security, good jobs and labour rights; and

BE IT FURTHER RESOLVED: That HSA support

our members to engage in the CLC's member-to-member campaign promoting these five issues.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

63. POLITICAL ACTION

WHEREAS: Families are created through a variety of means including adoption, birth, surrogacy and single fathers; and

WHEREAS: Early experiences in a family are vital for creating a strong attachment and the adjustment to the parent role takes time; and

WHEREAS: There is currently insufficient financial support during parental leave for any new parent who is not a birth mother; and

THEREFORE BE IT RESOLVED: That all families should receive **EQUAL** parental leave when a new member is added; and

BE IT FURTHER RESOLVED: That Health Sciences Association of BC (HSA) lobby to increase parental leave support for fathers, adoptive parents, families using surrogates and same sex couples in order to provide **EQUAL** financial benefits for all families.

SUBMITTED BY: Fraser Valley Child

Development, Mission

Committee Recommendation:

Concurrence as amended

Carried

Defeated

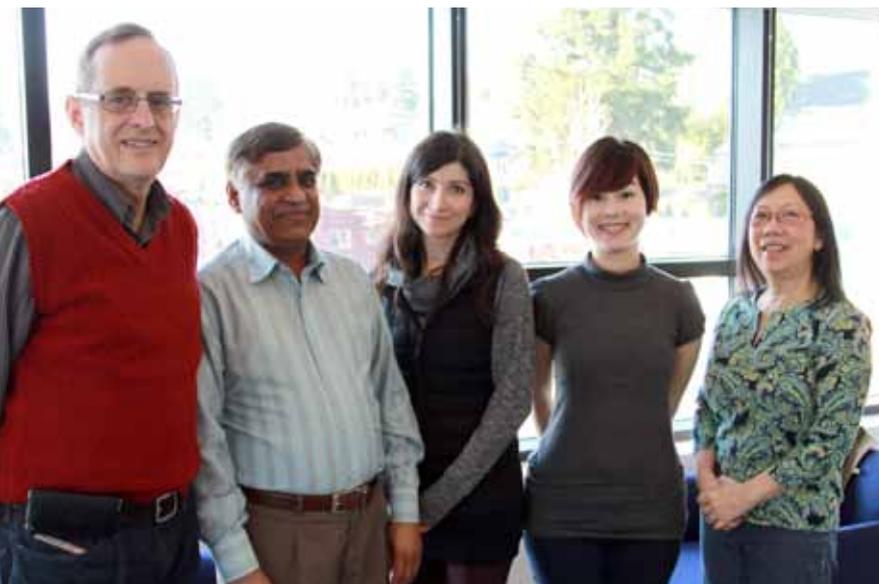




Abigail Ologani, Tanya Maksymiwi, Amanda Farrand,
registered psychiatric nurses

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



(L-R) Bruce MacDonald, Ramzan Anjum, Nicole Strong, Erin Seatter, Anita Bardal

Your committee:

Bruce MacDonald
(Chair and Director, Region 3)
Anita Bardal
(Region 6 Director)
Nicole Strong
(Member at Large, Region 8)
Erin Seatter
(Member at Large, Region 5)
Ramzan Anjum
(Member at Large, Region 5)
Bill Hannah (Staff)

Last year the Board of Directors recommended suspending the Committee on Equality and Social Action and its funding of community groups for one year due to budgetary constraints. At our 2014 convention, after some good discussion and debate, the delegates voted to reinstate CESA funding, and so the committee was able to continue its work. We were fortunate that HSA's investments and member dues turned out to provide more income than anticipated – enough to fund the committee at its prescribed level without compromising other union activities.

The mission of CESA is to provide guidance to HSA regarding issues of equality and social action. During the first half of the “HSA year” (convention through the end of the year), CESA focuses on administering donations to community groups whose work falls within the mandate of the committee – providing services promoting equality and justice within their communities. The second part of the year focuses on CESA's activities at the HSA annual convention.

Highlights of the year's activities:

- “speed dating” interviews for recipient organizations of the Equality and Social Action fund
- planning, along with the Women's Committee, a panel night at convention
- convention basket raffle and staff basket auction

THE EQUALITY AND SOCIAL ACTION FUND

The nicknamed “speed dating” presentations from the fund applicants occurred on October 14, followed the next day by committee consideration and decisions about funding. This year the committee met with almost two dozen fund applicants, in person and via teleconference. As with previous rounds, the need was greater than the funds available, and the decision about funding was, as always, difficult. \$120,000 in funding was requested, and only approximately \$85,000 was available. The box on the facing

page shows this year's donations.

“Speed dating” day provides all committee members with a great deal of appreciation for the work being done by these community groups in an age of government neglect. Many of these groups have seen their public funding decreased or eliminated, and they rely more than ever on contributions from groups such as HSA. It is always moving to hear stories of the people being served: women fleeing domestic violence; men dealing with histories of sexual abuse; individuals and groups fighting hunger through groups like Protein for People; advocates for disabled people; and groups providing legal services for disadvantaged women.

PANEL NIGHT AT CONVENTION

CESA and the Women's committee are jointly hosting a panel after the regional dinners on Thursday April 30th. This year's panel will focus on Up for Debate, an initiative to promote a debate on women's issues as part of the upcoming federal election. There has not been an election debate specifically on women's issues in over 30 years. Up for Debate is focusing on three issues: income inequality; domestic violence; and the threats to universal public health.

BASKET RAFFLE AND STAFF BASKET AUCTION

CESA conducts a basket raffle and staff basket auction at convention. Funds raised are donated to a social justice group or cause. This year's recipient will be Camp Jubilee, which sponsors and gives underprivileged children a chance to go to summer camp. This year's baskets are provided by the convention delegations from our odd-numbered regions.

THANK YOU AND KUDOS

This year several of the committee members were new, and it was helpful to have the mentorship and past experience of Anita Bardal to guide us. All

PROJECTS FUNDED BY CESA IN 2014

Canada Without Poverty	\$1,000.00
World Peace Forum	\$1,000.00
CoDevelopment Canada	\$14,000.00
Disability Alliance (formerly BC Coalition of People with Disabilities)	\$2,192.00
Downtown Eastside Women's Centre	\$6,000.00
Protein for People	\$4,500.00
Nelson/West Kootenay Women's Association	\$4,500.00
Check Your Head: The Youth Global Education Network	\$5,000.00
West Coast LEAF	\$6,000.00
Richmond Women's Resource Centre	\$0.00
South Okanagan Victim Assistance Society (SOVAS)	\$5,000.00
Vancouver Co-op Radio (CFRO)	\$7,500.00
Camp Jubilee	\$2,500.00
Next Up	\$5,000.00
SEEDS	\$3,000.00
Living Positive Resource Centre	\$0.00
Partners in the Horn of Africa	\$3,000.00
Project Somos	\$3,000.00
Sierra Club	\$2,000.00
Women Against Violence Against Women Rape Crisis Centre	\$2,500.00
Penticton and Area Access Society	\$2,793.00
Nanaimo Women's Resources Society	\$4,500.00
TOTAL	\$84,985

members of the committee contributed to our lively discussions and decisions, and I want to thank those members, and my board colleague Anita, for their valuable contributions. I would especially like to thank Bill Hannah and Pattie McCormack, our HSA staff supports, who were invaluable in keeping us on target and organized for our meetings. 

*Respectfully submitted,
Bruce MacDonald, Chair*

EDUCATION COMMITTEE



(L-R) Leila Lolua, Anita Bardal, Nancy Hay, Breahn Coulson, Mandi Ayers, Edie Elias, Bill Hannah

Your committee:

Anita Bardal
(Chair and Region 6 Director)
Mandi Ayers
(Director, Region 10)
Nancy Hay
(Member at Large, Region 6)
Breahn Coulson
(Member at Large, Region 7)
Edie Elias
(Member at Large, Region 9)
Leila Lolua (Staff)
Bill Hannah (Staff)

HSA's Education Committee oversees the administration of HSA's education programs, scholarships, and bursaries. It also identifies educational needs and makes recommendations to the Board of Directors regarding workshops, policies and programs consistent with the goals and objectives of HSA.

MEMBER AND STEWARD EDUCATION

HSA delivers a variety of member training courses through educational workshops, regional meeting workshops, chapter meeting workshops and external education related to labour relations. Labour council delegate training is available for HSA members who participate in their district labour councils. This helps to ensure our member activists have the knowledge to represent HSA effectively. This past year HSA trained 12 members to be labour council delegates.

Have you wondered if one voice can make a differ-

ence? How about many voices with similar concerns across the province? Members involved in the Constituency Liaison program know their voices are making a difference by helping educate their local MLAs about HSA and issues important to our members' interests. Through personal contact our MLAs are becoming aware that HSA members have their fingers on the pulse of public healthcare and social services. This year 79 people were involved in training and events in support of the Constituency Liaison program.

HSA education scholarships offer members the chance to participate in external labour-related education at the Canadian Labour Congress Winter School and the Summer Institute for Union Women. Last year four members attended the Summer Institute for Union Women and there were 14 members at our very popular training session for International Women's Day.

Six members were successful in their application to attend Winter School this year. The recipients of this year's scholarships were able to take courses on parliamentary procedure and public speaking, women in leadership, women's health and safety, and critical incident stress. Remember that wage replacement and costs are provided to enable members to participate.

HSA stewards play an important role in advocating for members' rights in their workplace and through mobilizing interest in their HSA chapters. As activists they help you to better understand your collective agreements and WorkSafe regulations. Your worksite is stronger and healthier when everyone knows their rights.

Stewards are often your first line of HSA contact and they also can help you discover ways to become involved with the union as HSA members – whether it be representing your profession through HSA activities or finding avenues to advocate for better public healthcare.

Regular training sessions are held to give stewards the knowledge, skill and tools to best represent the interests of HSA members. Steward education includes core courses such as basic steward training and occupational health and safety. This past year 114 members were trained as general and OHS stewards. Contact your chief steward to learn more about the steward team at your site and how you can join them.

FINANCIAL AID AND AWARDS

HSA offers scholarships and bursaries for full-time and part-time post-secondary study in a public education facility. Applications for these awards are open to all HSA members or their children under 25. HSA also offers two \$1000 aboriginal bursaries for BC students entering post-secondary education in an HSA-related field. If you know of any aboriginal students

in your community, encourage them to apply.

This year 147 applications were received for scholarships and bursaries. As always, the committee was impressed by the quality of applicants. It was a challenging task narrowing it down to 30 recipients as all applicants were deserving.

For up-to-date information on HSA Education workshops, and also HSA Scholarships and Bursaries – visit hsabc.org/member-benefits.

THE YEAR IN REVIEW

Pre-convention workshops were well-subscribed and attended by 113 delegates last year. Members attended workshops on building leadership through diversity, public speaking and contract interpretation.

HSA also hosted a plenary on the morning of the convention to discuss the member engagement component of the CLC Together Fairness Works campaign. Members learned some tips for finding other members and connecting with their interests.

Workshops were held in conjunction with the fall regional meetings around the province. The 2014 topics were strategic planning and handling grievances using different approaches. 170 members participated in these regional workshops.

Education provides our members, activists and stewards with the knowledge and skills to advocate in their workplaces, in the public and in the political realm. Turning your knowledge into action is key to supporting and strengthening our union's presence. 

Respectfully submitted,
Anita Bardal, Chair

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



(L-R) Joyce Pielou, Allen Peters, Sheila Anderson, Joseph Sebastian, David Durning

Your committee:

Allen Peters
(Chair and Region 8 Director)
Joseph Sebastian
(Director, Region 4)
Lara Lachance
(Member at Large, Region 3)
Sheila Anderson
(Member at Large, Region 10)
Joyce Pielou
(Member at Large, Region 1)
David Durning (Staff)

HSA's Occupational Health and Safety Committee works closely with the Occupational Health and Safety staff to monitor matters pertaining to the occupational health and safety of all HSA members in our workplaces throughout the province. The committee reports and makes recommendations directly to the board through the chair of the committee and meets four times a year.

The past year was another busy one with a Provincial OHS Conference in June, a membership wide mental health survey in the fall and employers, government and WorkSafeBC all presenting numerous challenges.

HIGHLIGHTS

1. The union has committed significant time and energy to the newly formed Provincial Joint Occupational Health, Safety and Violence Prevention Steering Committee which is

overseeing two major initiatives. One involves a complete review and updating of the BC Health Sector Violence Prevention Curriculum and its delivery systems and the other is the design and building of a province wide OHS and Violence Prevention Resource Centre. This joint union/ employer initiative is the result of negotiated agreements under the Health Science Professionals, Nurses, Community and Facilities Bargaining Associations collective agreements. Additional health, safety, and violence prevention projects will be launched in the coming year – each under the co-ordination of union/ employer working groups.

2. In response to last year's Ebola outbreak, the union canvassed our members in sites designated to receive suspected or confirmed Ebola cases and unfortunately found that health authorities were not adequately prepared. Our concerns were presented to the office of the Public Health Officer

and the Ministry of Health who eventually established an Ebola Advisory Group with representation from health care unions including HSA.

3. The health authorities' application to Work-SafeBC for a variance on the requirement for annual fit testing of N95 respirators to every two years was not successful after opposition from the HSA and other health care unions. The requirement for annual fit testing remains in place.
4. The HSA membership database was modified early in 2014 to identify more than 450 Joint Occupational Health and Safety Committee representatives, to better track where our resources are and to promote improved communication with those representatives.
5. More than 100 OHS and Enhanced Disability Management Program stewards participated in HSA's Occupational Health and Safety Conference in June, 2014. Keynote speaker Joti Samra introduced the new national standard on psychological health and safety in the workplace and the Guarding Minds at Work Toolkit for surveying and responding to workplace mental health issues. Al Bieksa, Director of Return to Work Programming at BC Federation of Labour, presented on the linkages between return to work programs and ensuring safe workplaces. Participants rotated through a series of workshops covering workplace inspections, incident investigations and the recommendation process.
6. A membership-wide Guarding Minds at Work survey was conducted in the fall of 2014 with more than 1000 members responding. Survey results will help guide the development of broad-based strategies for taking on the significant issue of workplace mental illness and injury. Several HSA workplaces have engaged in follow-up mental health surveys and will be the focus of targeted activities in the coming year.

7. HSA was one of the sponsors of the 2015 Canadian Mental Health Association Bottom Line Conference in Vancouver in February and assisted in bringing stories of workplace mental injury to an audience of more than 350 participants from across Canada. Work is underway to plan the 2016 Bottom Line Conference.
8. In response to a series of high profile violent incidents involving health care workers in various locations and facilities, HSA president Val Avery called for a provincial summit on violence prevention for the health care sector. The Minister agreed to proceed with such a summit and plans were underway to organize a one day event with a wide range of participants in early April.

The committee would like to thank the stewards and members of HSA who continue to draw attention to the issues of health and safety in our work-sites. Thank you also to the board for your recognition and continued support of the committee and the work we do.

In the year ahead we need to be prepared to take on the challenges of continuing to build our steward network strength. Each and every member deserves to work in a safe and healthy work environment and return home safe each and every day. We must be part of the process and have an equal seat at every table we sit at and that is best achieved when we have full and informed representation. 

*Respectfully submitted,
Allen Peters, Chair*

POLITICAL ACTION COMMITTEE



(L-R) Anne Davis, Fatemah Ghanipour, Neelam Mann, Anita Bardal, Brenda Kuntz

Your committee:

Anne Davis
(Chair and Region 1 Director)
Anita Bardal
(Director, Region 6)
Fatemah Ghanipour
(Member at Large, Region 3)
Brenda Kuntz
(Member at Large, Region 6)
Neelam Mann
(Member at Large, Region 7)
Carol Riviere (Staff)

The Political Action Committee (PAC) supports the involvement of HSA members in the electoral process and approved grassroots political activities, as well as enhancing the skills of our members in the political arena. The PAC oversees the Political Action Fund and supports the work of constituency liaisons, labour council delegates and grassroots activists. The committee reports directly to the Board of Directors at each board meeting, and to the membership at the annual convention.

The committee met four times between June 2014 and late March 2015. The November 2014 municipal elections were a priority in the first part of the committee's year. The committee reviewed applications for financial support from HSA's Political Action Fund, and was pleased to be able to provide support for a number of HSA members who were running for office. The PAC congratulates our members who were successful in being elected, and extends appreciation to all members

who participated in the elections.

Building on direction given by members at a previous convention, the PAC once again asked labour councils across the province to provide the criteria they use for endorsing candidates for local government. We only sent lists of labour council endorsed candidates to our members where there had been a reasonable endorsement process. HSA has taken a leadership role in this area, which has encouraged a number of labour councils to adopt a more formal and transparent process.

The PAC continues to provide support to labour council delegates and provided a workshop for them in April 2015. This was an opportunity for new and more experienced delegates to exchange information and ideas. A number of new delegates were elected by their chapters this year.

The constituency liaison program continues to be an

Under the new rules for federal elections, members will not be able to access the Political Action Fund when running for office or working on campaigns, but the PAC will be exploring allowable activities.

effective means of communication with MLAs and a model for other unions. Plans are being developed for a constituency liaison workshop later this year.

The PAC, through our union's Board of Directors, submitted five resolutions to the B.C. Federation of Labour biennial convention in November 2014: making the Conservative government's support for anti-union measures and abdication of responsibility for health care vote-determining issues in the next federal election; supporting the BC Health Coalition's position in the private clinics case; continuing to support improvements to the Canada Pension Plan, and; supporting an increase in the minimum wage to \$15 per hour.

HSA continues to support the activities of the BC Health Coalition and its role in the private clinics case. We provide support to HSA member Edith MacHattie to serve as a part-time labour co-chair to the coalition. We are grateful to Edith for her great work with the coalition and in publicizing the importance, and gathering support for, the fight to protect universal health care.

A highlight of 2014 was NUPGE's Fairness Express (big green bus) tour around B.C. Members of the PAC recruited HSA members from around the province to meet the bus in their communities and spend a day with HSA and BCGEU members, engaging in conversations with passers-by about income inequality, quality public services and fair taxation. This

was a fun way to talk with the general public about issues that matter to our members and seems to have been a great experience for all involved. HSA's participation was led by staff member Leila Lolua, who spent several days on the road helping make the BC tour a success.

The PAC wishes to extend thanks to all our members who have engaged in political and/or grassroots activity over the past year, whether as constituency liaisons, labour council delegates, candidates for political office, campaign workers, activists in protecting health care, or in any number of other ways. It makes a difference and is appreciated.

Looking ahead, a focus for the coming year will be the federal election. Under the new rules for federal elections, members will not be able to access the Political Action Fund when running for office or working on campaigns, but the PAC will be exploring allowable activities to see if there are places where our members can be involved in raising awareness about federal issues such as the Health Accord, health care privatization and anti-union legislation. 

*Respectfully submitted,
Anne Davis, Chair*

WOMEN'S COMMITTEE



(L-R) Madhu Maharaj, Mandi Ayers, Marcela Navarro, Anne Davis, Leila Lolua

Your committee:

Anne Davis
(Chair and Region 1 Director)
Mandi Ayers
(Director, Region 10)
Marcela Navarro
(Member at Large, Region 2)
Madhu Maharaj
(Member at Large, Region 4)
Nu Lu
(Member at Large, Region 4)
Leila Lolua (Staff)

The Women's Committee was established at convention in 2011 with a mandate to explore barriers to women's participation in our union and to develop strategies for overcoming those barriers, thus strengthening our union's capacity and developing leadership among women activists. The committee met three times during the year.

In planning activities, the committee continued to consider the findings from the Women's Committee survey of 2013, to which 1040 women from our union responded. The committee also continued to rely on the research of Michelle Kaminski and Elaine Yakura, specifically their paper: "Women's Union Leadership: Closing the Gender Gap" which describes four stages of the development of women's leadership within unions.

The committee also looked at the Canadian Labour Congress document, "Can Work Be Safe When Home Isn't: Initial Findings of a Pan Canadian Sur-

vey on Domestic Violence and the Workplace." One third of respondents to the survey had experienced domestic violence, 35.4 per cent had a co-worker who they believed was experiencing (or had experienced) domestic violence, and 11.8 per cent had a co-worker who they believed was abusive towards their partner.

The committee appreciates the work carried out by our union's Occupational Health and Safety Committee this year in promoting the survey and highlighting the need for local OHS Committees to have domestic violence policies in all workplaces.

The committee is pleased to note that our union, through the BC Federation of Labour, supports the "Be More Than A Bystander" campaign, which is carried out by the Ending Violence Association of BC and the BC Lions. Unions have an important leadership role to play in ending violence against women. At the February meeting of the committee, Ellen Woodsworth from Women Transforming Cities was

Thirty years ago, the leaders of Canada's federal political parties had a nationally televised debate on issues identified by women. There hasn't been another similar debate since that time, yet many of the issues impacting women's equality at that time are still unresolved.

a guest speaker. She talked to us about the "Up For Debate" campaign. Our national union, the National Union of Public and General Employees, is one of approximately 140 unions and other organizations belonging to the "Up For Debate" coalition.

Thirty years ago, the leaders of Canada's federal political parties had a nationally televised debate on issues identified by women. There hasn't been another similar debate since that time, yet many of the issues impacting women's equality at that time are still unresolved. "Up For Debate" is asking each of the federal party leaders to commit to a nationally televised debate and to commit to meaningful actions to improve women's lives. Specifically, the campaign is calling for action in three areas: ending violence against women, taking action to end women's economic inequality, and supporting women's leadership.

The committee made the decision to make "Up For Debate" the focus of our annual two day International Women's Day workshop in early March. The workshop was attended by 25 women from different areas of the province and from a variety of worksites. As the workshop was once again oversubscribed, there is clearly a continuing appetite for this kind of union education.

Speakers and topics for discussion covered a wide range but were all related to the three themes of "Up For Debate". As well as several guest speakers, a number of topics were presented by HSA members. These

included a report by HSA president Val Avery on the "Be More Than A Bystander" campaign, a report by Terri Russell on a national child care strategy, a presentation by Tracy Myers on member engagement, and a report by Laura Dupont on her successful campaign for municipal office.

The committee sent out information on December 6, the National Day of Remembrance and Action on Violence Against Women.

The committee chair continued to represent HSA on the NUPGE Advisory Committee on Women's Issues and on the B.C. Federation of Labour Women's Rights Committee (WRC). In February, a number of HSA members from transition houses and child development centres joined the committee for a workshop sponsored by the WRC and the Canadian Labour Congress on the topic of member to member engagement on women's issues leading up to the federal election.

In closing, the committee wishes to thank staff member Leila Lolua, who has been a huge source of support, and all the members of our union who have engaged with the committee in various ways. 

*Respectfully submitted,
Anne Davis, Chair*



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

President [webpres@hsabc.org]
Val Avery, Physiotherapist
Royal Jubilee Hospital

Region 1 [REGION01@hsabc.org]
Anne Davis, Program Coordinator
Comox Valley Transition Society

Region 2 [REGION02@hsabc.org]
Derrick Hoyt, Pathologist Assistant
Royal Jubilee Hospital

Region 3 [REGION03@hsabc.org]
Bruce MacDonald, Social Worker
Royal Columbian Hospital

Region 4 [REGION04@hsabc.org]
Joseph Sebastian
Medical Radiation Technologist
Vancouver General Hospital

Region 5 [REGION05@hsabc.org]
John Christopherson, Counsellor
Vancouver Cancer Centre

Region 6 [REGION06@hsabc.org]
Anita Bardal, Medical Radiation
Technologist, St. Paul's Hospital

Region 7 [REGION07@hsabc.org]
Marg Beddis, Dietitian (Secretary-Treasurer)
Surrey Memorial Hospital

Region 8 [REGION08@hsabc.org]
Allen Peters, Medical Imaging Technologist
Nicola Valley General Hospital, Merrit

Region 9 [REGION09@hsabc.org]
Janice Morrison (Vice President)
Physiotherapist, Kootenay Lake Hospital

Region 10 [REGION10@hsabc.org]
Mandi Ayers, Medical Laboratory Technologist
Bulkley Valley District Hospital

EXECUTIVE DIRECTORS

Jeanne Meyers, Labour Relations & Legal Services
Rebecca Maurer, Human Resources
and Operations

MANAGING EDITOR

Miriam Sobrino

EDITOR

David Bieber



(L-R) Anne Davis, Allen Peters, Janice Morrison, Bruce MacDonald, Anita Bardal, Derrick Hoyt, Val Avery, Joseph Sebastian, Marg Beddis, John Christopherson, Mandi Ayers



hsabc.org



Always printed on recycled
paper with vegetable-based ink





Don Ta, biomedical engineering technologist



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care