

# 2017 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION  
The union delivering modern health care



ON THE COVER  
Kathleen Lee, dietitian

# CONTENTS

## **EXECUTIVE REPORTS**

- 8 REPORT OF THE PRESIDENT
- 16 REPORT OF THE EXECUTIVE DIRECTOR, LEGAL SERVICES AND LABOUR RELATIONS

## **ELECTIONS**

- 28 KEVIN TOWHEY
- 29 DERRICK HOYT
- 30 JOSEPH SEBASTIAN
- 31 VAL AVERY

## **FINANCES**

- 34 REPORT FROM THE FINANCE COMMITTEE
- 38 FINANCIAL STATEMENTS

## **RESOLUTIONS**

- 52 REPORT FROM THE RESOLUTIONS COMMITTEE
- 54 COMMUNICATIONS
- 54 EDUCATION
- 56 EQUALITY AND SOCIAL ACTION
- 56 FINANCE
- 59 GENERAL
- 60 GOVERNANCE
- 62 HEALTH HUMAN RESOURCES
- 63 HEALTH SERVICES
- 65 LABOUR RELATIONS
- 67 MEMBER SERVICES
- 70 OCCUPATIONAL HEALTH AND SAFETY
- 72 POLITICAL ACTION

## **COMMITTEE REPORTS**

- 76 EQUALITY AND SOCIAL ACTION
- 78 EDUCATION
- 80 OCCUPATIONAL HEALTH AND SAFETY
- 82 POLITICAL ACTION
- 84 WOMEN

# DRAFT AGENDA CONVENTION 2017

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

## **THURSDAY, April 6    PRE-CONVENTION PLENARY AND MEETINGS**

9:00 am	Registration
12:00 noon	New Delegates Luncheon
1:00 pm	Plenary Session
4:00 – 5:00 pm	Regional Meetings
7:30 pm	PAC Presentation

## **FRIDAY, April 7    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 2016 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	Political Action Committee Report
	Resolutions Committee
3:00 pm	Guest Speaker
3:30 pm	Women's Committee Report
	Resolutions Committee
5:00 pm	Adjournment
6:00 pm	Reception
7:00 pm	Convention Banquet and Entertainment

**SATURDAY, April 8 CONVENTION SESSIONS**

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





John Hindle, respiratory therapist

## EXECUTIVE REPORTS

## REPORT OF THE PRESIDENT

After 15 years in power, the Liberal government has stopped listening to British Columbians – except around election time. They're hoping you will forget about their record of wage restraint, their failure to address poverty and seniors' issues, and their neglect of health care.

But doing the work that HSA members do, our members are profoundly aware of the impact of government's inaction.

### **GOVERNMENT INACTION HURTING BOTH PATIENTS AND PROFESSIONALS**

Early this year, Vancouver Island Health Authority reported there were 18,000 people waiting for diagnostic ultrasound tests. This at the same time that government was refusing to take seriously the critical shortage of ultrasonographers in BC by acting on well-researched and compelling evidence from health authorities and HSA that clearly point to a need for improved compensation for ultrasonographers.

The problems are not limited to a single profession.

HSA perfusionists in the Lower Mainland are reporting serious shortages that may result in children being sent to Alberta for medical attention. Physiotherapists, occupational therapists, speech language pathologists, medical radiation technologists and others face similar shortages, all growing worse by the day, and all undermining the quality care British Columbians deserve.

We will continue to speak out on shortages, the resulting effect on workload for our members, and the risk to patient care.

For our members working in community social services, funding is the number one concern. From year to year, these professionals, working with the most vulnerable British Columbians, don't know if the service and supports they have will survive government's funding decision-making. More and more, our members are forced to focus on private fundraising rather than providing service.

On both fronts your union is working to bring change – and that effort starts with our members.

After 15 years in power, the government is hoping you will forget about their record of wage restraint.

As we set the stage for opportunities to make lasting improvements for HSA members – the work that our members and the staff who serve you do is critical to achieve results.

That's why, after convention delegates approved an increase in dues last year, the union was able to put concerted effort and resources into engaging with members, and into addressing the issues important to you. After an extensive surveying and listening process, the Board of Directors approved initiatives your executive and senior management proposed for improved service to and engagement with members.

We have refocused and bolstered staffing to improve responsiveness and help develop stewards to amplify the union's effectiveness in worksites across the province. With dedicated staff assigned to support steward teams' work on behalf of our members, we have set our sights clearly on the five strategic priorities identified by members and your representatives on the Board of Directors:

- improving service to members



Val Avery

- enhancing member engagement
- defending and strengthening collective agreement and representational rights
- effectively managing our essential relationships
- matching organizational needs with resources

#### NEW TRUST TO PROTECT YOUR BENEFITS

An important accomplishment in the past year has been the tough negotiation for the transfer of health science professionals' benefits to a joint benefits trust, giving the union equal say in the administration of the benefits plan. Our negotiators have achieved

an agreement that protects members' benefit levels, and allows for flexibility to see improvements in the future.

#### **NEW EDUCATION PROGRAMS**

The education we offer to members is always well-subscribed, and we continue to adapt and develop to meet members' needs and demands. This year, education spanned from a new program focused on local leadership training, to the popular Social Justice and International Women's Day workshops, to extensive and targeted steward and occupational health and safety training, pension workshops for new and older members, and this year's education linked to fall regional meetings, which focused on the recommendations of the Truth and Reconciliation Commission. Members consistently provide feedback that HSA education is an important benefit of union membership that helps individual development on many levels.

#### **GET READY FOR BARGAINING**

In the lead-up to bargaining in 2018/2019 the union's focus – from members at your workplaces, through to stewards, staff, and the Board of Directors – will be on building the case for the issues important to you in order to make contract improvements at the bargaining table. It won't be easy. And we need to work together.

We have started that work by highlighting the effect of shortages in a high visibility digital advertising campaign, supported by television advertising in the winter, and a media relations campaign that has given me an opportunity to talk about the consequences of shortages on patient care. HSA has also been a leader in holding the government to account to ensure improved protection against violence in health care workplaces, and this year will launch important training and education programs on mental health first aid for our members.

We have been warning the government that years of wage austerity has made shortages and waitlists longer. Early results from the workload survey show that patients are paying the price for the government's continued inaction.

#### **WORKLOAD AND SHORTAGES GROWING**

Our workload campaign, which we launched in the fall after engaging thoroughly to hear the concerns of members, has put meat on the bones of an issue that members know to be true, but has been a challenge to quantify. We are continuing that work, and I encourage members to provide us with the evidence and the stories about the impact of shortages in your professions and your worksites – the backfills that go unfilled, the days you have to work alone, the days critical professionals just aren't available, the days you can't reach a practice leader.

Early returns from the evidence members are sharing are alarming. We have been warning the provincial government that years of wage austerity has made

shortages worse and waitlists longer. These results show that patients are paying the price for the government's continued inaction.

More than 1300 members have filled out a long form of the workload survey, with data indicating:

- 53 per cent say their department currently has a wait list, and 81 per cent of those say that wait list has increased over the last two years
- 58 per cent say their department currently has unfilled vacancies, and of those, 56 per cent have been vacant and unfilled for more than a year
- 79 per cent say they work more than their scheduled hours in the day, and of those 70 per cent say they do not claim overtime for this
- 71 per cent say the error rate has increased in their department
- 69 per cent say excessive workload has impaired their mental health
- 41 per cent say there has been an increase in accidents, injuries and illness at their worksite

In the coming months we will continue to work with members to collect your stories and your evidence to build the case at the bargaining table.

We have to. For the patients and clients we serve.

The Liberal government has made it clear by its actions – including its pre-election budget – that health care and social services will continue to suffer.

As noted by the Canadian Centre for Policy Alternatives, health spending in this year's budget is set to increase modestly, by about 1.5 per cent over projections in Budget 2016. Without this modest increase, the fall in health spending as a share of GDP would have been even sharper. But BC has long lagged behind the rest of the country in annual health investment increases, as well as in terms of health care funding per capita: BC fell from second out of ten provinces in 2001 to eighth out of ten by 2016.

BC has long lagged behind the rest of the country in annual health investment increases, as well as in terms of funding per capita. BC fell from second out of ten provinces in 2001 to eighth by 2016.

Elsewhere in this annual report, you will read about the work of the union in representing, defending, and enhancing members' collective agreement rights – through your experienced and effective professional staff, to the work and commitment of your union's committees. HSA's core function is to ensure members' collective agreement rights are respected. As a member of the broader community of the labour movement, we work with partners and allies to advance the principles that support those rights, the work that you do, and a society that respects all of our communities.

#### **SUPREME COURT BREAKTHROUGH**

At the national level we have some very clear examples over the past year of why our contributions and

the work of unions working collectively matters. In 2016, unions had some significant wins at the Supreme Court of Canada, influencing laws that are important to working people, not the least significant of which was HSA's own victory on behalf of breast cancer survivors, which saw the highest court in the country uphold a WorkSafe tribunal decision that said there was enough evidence to support a claim for compensation by members who all contracted breast cancer at the workplace.

Also this year, the Supreme Court of Canada made a landmark decision ordering the BC government to restore the contract provisions around class size and composition, including the number of specialists needed to care for children with special needs, which the BC Liberal government stripped from the collective agreement of thousands of teachers.

These significant wins build on three equally important 2015 court rulings upholding the right to strike and the right to collective bargaining.

#### **MAKING A DIFFERENCE ON NATIONAL ISSUES**

As a member of the Canadian Labour Congress (CLC) through HSA's national union, the National Union of Public and General Employees (NUPGE), our union dues go toward supporting these important legal precedents that affect all Canadians working to earn a living and make a better life for themselves and their families.

Issues that unions and their members across the country have worked on through local and national awareness and lobbying campaigns have seen movement. These are improvements that take years of continued work at all levels to effect change.

Today, we can point to efforts co-ordinated through the CLC and NUPGE that have in the past several months had a very real impact for our members,

including the first ever improvement in the Canada Pension Plan in its 50-year history.

CPP expansion has been a priority for Canada's unions for decades because fewer than 40 per cent of Canadian workers have access to a pension plan at work. The change announced this year will have direct benefits for working people. All Canadians will see an improvement in their CPP benefit level – it will increase from 25 per cent to 33.3 per cent of pensionable earnings. And there will be an increase in the yearly maximum pensionable earnings. The improvements will be phased in over the next nine years.

We also saw efforts to improve national retirement plans through a 10 per cent increase in the OAS/GIS, and a backing off of a plan to increase age of eligibility to 67 from 65. Again, pension issues that affect retired Canadians have been a priority for the labour movement across the country for decades, and working collectively, we have achieved improvements.

The most recent victory, thanks to the collective efforts of the labour movement and extended health care benefit providers, is the government's recent decision to back off on plans to tax health and dental benefits. When the government floated that possibility, the reaction from unions across the country was swift and decisive, and it showed we can make a difference.

Ongoing campaigns include the push for a universal drug program, a federal minimum wage of \$15 per hour, and opposition to Bill C-27, proposed legislation that enables crown corporations and federal private-sector employers to back out of defined-benefit pension commitments.

Bill C-27 was announced without consultation or advance notice, though it directly contradicts election promises to stabilize and improve retirement security. Currently, defined-benefit (DB) pensions provide

Today, we can point to efforts co-ordinated through the CLC and NUPGE that have in the past several months had a very real impact for our members, including the first ever improvement in the Canada Pension Plan in its 50-year history.

stability and security to employees because employers are legally obliged to fund employees' earned benefits. Already earned benefits are legally protected. Bill C-27 removes employers' legal requirements to fund plan benefits, which means that benefits could be reduced going forward or retroactively. Even people already retired could find their existing benefits affected, after paying in for their entire working lives.

NUPGE saw a change in leadership in 2016, with Larry Brown taking over the reins as president and Elisabeth Ballerman, former president of HSA Alberta, as secretary-treasurer. In the early days of their leadership, they have shown a commitment to issues important to our members, including fighting raid activity by the BC Nurses' Union, and supporting the continuing legal battle against privatization of health care.

In his acceptance speech, Larry committed to continuing NUPGE's struggle against rising income inequality, which he described as "the battle of our times." I have had the pleasure of working with Larry and Elisabeth on many issues in my time as HSA President, and am confident that their commitment to working people and their understanding of the issues our members face will serve us well at the national level.

Your Board of Directors participated in NUPGE's triennial convention in June, which set the course for continued work on behalf of our unions. Health care was a major topic, and delegates from across the country debated resolutions urging the government to increase and secure funding for the future, to move away from privatizing public services, and to expand on the health care services provided, including mental health services. Members adopted two policy papers on health care and mental health care that carried solid recommendations for provincial, territorial, and federal levels of government. In July, I was asked to represent NUPGE at the Council of the Federation – the premiers' meeting – to promote health care issues.

#### **SOLIDARITY ON PROVINCIAL ISSUES**

At the provincial level the BC Federation of Labour biennial convention in November was an opportunity for board members and members-at-large to meet with other trade unionists from around the province, and to commit to a labour campaign to focus on the issues that make a difference for British Columbians. The Better Can Happen Here campaign focuses on issues, including health care, education, transit, housing, equality, child, and seniors' care that have suffered under Liberal governments. The campaign is speaking to the issues that matter to working people – including a move to a \$15 minimum wage, affordable child care, and a jobs plan that works. Leading the campaign will be BC Federation of Labour President

Irene Lanzinger and Secretary-Treasurer Aaron Ekman, who were re-elected.

HSA delegates spoke up about the concerted efforts of the union's work resisting the poaching of HSA members by the BC Nurses' Union, and celebrated the union's defence of our members, thanks in large part to support from unions across the country, and efforts by other affiliates of the BC Federation of Labour which participated in the "Know a Nurse Campaign." That campaign appeals to working nurses to urge their leadership to focus on improving conditions for all workers, not just conduct an assault on other unions' dues to add to their coffers.

Addressing hundreds of other union members attending the convention, HSA members shared their experiences of being under attack by the predatory BC Nurses' union for more than five years. While they initially focused on licenced practical nurses in a prolonged campaign to move union members from the Hospital Employees' Union (HEU), they have since shifted their focus to HSA's registered psychiatric nurses, and have more recently started targeting health science professionals. In addition to causing workplace stress and confusion, the raiding campaign has the potential to have a longer term impact on the quality of health services, as nursing organizations in other jurisdictions seek to expand their scope of practice by taking on duties that are better delivered by specially trained health science professionals.

#### **ENGAGED MEMBERS BEATING BACK THE RAIDS**

As I and others have said time and time again, the focus on poaching already unionized members, instead of supporting working people who don't have the protection and benefits of being in a union, is detrimental for working people – and a drain on resources. Instead of spending energy, time, and money countering misinformation and supporting members struggling with the stress of workplace-based raiding, we should be working together to address the real is-

sues in our workplaces: shortages, workload, and the risk of violence – to mention just a few.

This past year, we were fortunate to have an amazing team of members and staff who worked to ensure HSA members understood their right to stay in their union, and were given the tools and confidence to stand up to aggressive organizers. The anti-raid task force arising from last year's convention resulted in a strong outreach and support campaign and a successful defence against continued BC Nurses' Union raiding. Most importantly, it also made possible the identification, development and engagement of a strong core of HSA members who have taken on the challenge to engage directly with members to help grow and strengthen our union.

HSA delegates to the BC Federation of Labour convention served as advocates for the concerns of our members by relating a number of issues brought forward at our own convention. In doing so, they've helped gain support and solidarity in our work opposing privatization of health care and for-profit privatization of health care and for-profit blood donation, demanding adequate funding for child development centres and affordable housing, and ensuring that all BC hospitals offer forensic examination services for women seeking treatment for sexual assault.

#### **LOOKING AHEAD**

The strength of the union movement comes from the work we do together to improve the lives of all working people.

I am proud to lead a union that has developed an important and valued voice at the national, provincial and local levels; a union that has earned a reputation for being constructive and effective in addressing and solving issues for members not only of our union, but for all working people.

As we look forward to all that 2017 holds – a provincial election, preparation for bargaining, and enhanced services and advocacy for members – I am committed to continue working with you, your Board of Directors, and our allies to keep HSA members' interests and concerns front and centre. 

*Respectfully submitted,  
Val Avery, President*

## REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

2016 was a year in which we celebrated many successes. HSA saw a victory at the Supreme Court of Canada and the finalization of agreements to implement a joint health benefits trust. Grievance backlogs in all areas were substantially reduced despite increases in the number of grievances and claims being filed. All departments worked together to block BC Nurses' Union poaching of our members. We continued to work to address violence in the workplace, and began an important campaign with members to take on the serious problems of excessive workload and unpaid overtime. In the coming year we will continue to build on those successes and campaigns.

### LEGAL

It has been an extremely busy year for the HSA legal department, with many changes. The legal department currently consists of five full-time lawyers. Tonia Beharrell heads the department as the Membership Services Coordinator (Legal Services). The legal department is supported by a full-time paralegal and 1.5 full-time equivalent (FTE) in legal administrative

support. Adam Picotte and Alka Kundi joined the legal department on a temporary basis as counsel.

In 2016, the legal department opened 153 new arbitration or member advocacy files and 11 Labour Relations Board files were assigned to the Legal Department – surpassing our numbers from 2015. 26 were related to leave provisions of the collective agreement. 15 were discipline-related files and we also represented seven members before their professional colleges. We are seeing a growing trend in expense-related grievances as our members find themselves out-of-pocket for work-related travel expenses as well as grievances related to call back and additional shifts.

61 files were concluded in 2015. The majority were resolved through settlement or mediation prior to arbitration. The successfully resolved files have resulted in over \$370,000.00 in wages, damages, reimbursements to leave banks, or education monies being recovered for our members. Two grievances were withdrawn at the request of the members.

Successfully resolved legal files have resulted in over \$370,000.00 in wages, damages, reimbursements to leave banks, or education monies being recovered for our members.



Jeanne Meyers

The legal department also works closely with the classifications labour relations officers and has assisted on several expedited classification arbitration files in an effort to resolve the backlog of individual classification disputes. Most of these matters have settled prior to arbitration, but we did receive two unfavourable decisions and one favourable decision. In addition to consultation with Classifications there is also a steady flow of collaboration and consultation between the Legal, Disability Management, and Servicing departments.

#### **HSA DEFENDS THE RIGHTS OF MEMBERS AT THE SUPREME COURT OF CANADA**

The HSA legal team had an impressive win before the Supreme Court of Canada this year. On June 24, HSA teamed with Hospital Employees Union (HEU) to take a matter forward seeking to secure WorkSafe BC benefits for members at Mission Memorial Hospital. The two HSA members, and one HEU member, all worked in the laboratory at Mission Memorial Hospital. All three contracted breast cancer, and an investigation identified a cancer cluster in the laboratory – where the incidence of breast cancer was eight times the rate of breast cancer in BC.

The members' claims for compensation for breast cancer as an occupational disease were initially denied in each case, but the BC Workers' Compensation Appeal Tribunal (WCAT) reconsidered the decisions, and allowed the claims. WCAT reviewed all of the evidence before it, including expert reports that did not rule out occupational factors as a contributor to the cancer. It found that it was "sufficient to conclude it was as likely as not that some workplace exposure was of causative significance." Fraser Health Authority, the employer, judicially reviewed the WCAT award, and the BC Supreme Court and BC Court of Appeal sided with Fraser Health Authority, stating there was no evidence of work causation.

HSA and HEU pushed on, convinced that the case was a strong one, and worthy of consideration by the Supreme Court of Canada. We are very proud of our legal team, and of our members who had the will to continue to fight. The case was taken forward jointly by HSA and HEU, with Tonie Beharrell and Randy Noonan acting for the HSA. In rendering its decision, the Supreme Court of Canada said:

"While the record on which that decision was based did not include confirmatory expert evidence, the Tribunal nonetheless relied upon other evidence which, viewed reasonably, was capable of supporting its finding of a causal link between the workers' breast cancers and workplace conditions."

The issue in this case was the role and authority of administrative tribunals like the WCAT, which have specialized expertise in their particular area, and whether the courts ought to be able to dismiss that expertise and re-weigh the evidence that was before the tribunal. The ruling affirms that if there is evidence that occupational factors are an element in workers' health, a tribunal has the authority to make that ruling and may approve workers' compensation coverage.

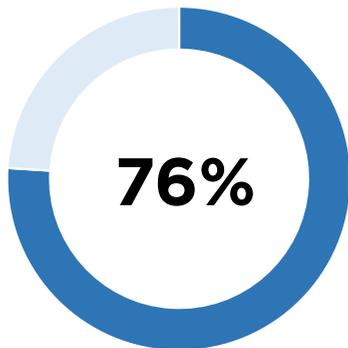
The Supreme Court of Canada decision brought to-

As a result of HSA's advocacy, we were successful in having a member's cancer diagnosis accepted as a workplace injury resulting in a full loss of earnings assessment award with an approximate lifetime value of over \$900,000.

gether the Disability Management and Legal Departments in a very important win, but there were many other ways in which the Disability Management Department served HSA members.

#### **DISABILITY MANAGEMENT**

There is no doubt that there is a trend toward a growing number of claims and disputes which flow from disability-related issues. Our commitment to fighting for our members in matters related to Worksafe BC (formerly Workers Compensation) has yielded very strong results for HSA members. Despite a steady increase in the number of claims in this area and other areas of the Disability Management Depart-



HSA Workers Compensation Board advocates conducted 114 appeals in 2016, succeeding on 87 for an overall ‘win’ rate of 76 per cent.

ment, there is a consistently positive win-loss ratio. In many cases, particularly where a claim for long term disability benefits needs to be fought, this work permits members to keep their homes and lives intact in the face of severe disability.

#### **WORKSAFE BC**

HSA Workers Compensation advocates conducted 114 appeals in 2016, succeeding on 87 for an overall ‘win’ rate of 76 per cent. Of those 87 wins, 41 succeeded at the first level of appeal, the WCB Review Division. The remaining 46 were decided at the final level of appeal, the Workers Compensation Appeal Tribunal (WCAT).

Our average win percentage at the Review Division level is 35.96 per cent (which is significantly higher than the Review Division ‘allow’ rate of 20.3 per cent). At the WCAT level our win percentage is 62.91 per cent (which is significantly higher than WCAT’s average ‘allow’ or ‘partial allow’ rate of 44 per cent).

#### **LONG TERM DISABILITY**

In 2016, HSA commenced 40 new appeal files, in addition to the appeal files which were already underway. Submissions were completed on 23 LTD appeals files and, of those, 20 were successfully overturned at the reconsideration level. Of the three files which were not successfully overturned at reconsideration, all were referred on the Claims Review Committee hearing level where we were successful on two appeals, with one loss.

We are able to provide some examples of the return and value to our members in the area of WorkSafe BC and LTD:

##### **WorkSafe BC**

- As a result of HSA’s advocacy, we were successful in having a member’s cancer diagnosis accepted as a workplace injury resulting in a full loss of earnings assessment award with an approximate lifetime value of over \$900,000.
- Following HSA representation at Review Division, another member’s acute diagnosis was accepted, also resulting in a full loss of earnings assessment award with an approximate lifetime value of almost \$800,000.

##### **LTD**

- A member’s LTD claim was denied in December 2011. Due to personal circumstances, this

member had to move very suddenly to a remote area in another province with her four children. Her employer terminated her on the basis that she failed to provide medical information to substantiate her illness. HSA established that this member's failure to communicate to her employer was due to her illness, and was successful in reinstating her employment. HSA continued to assist this member in substantiating her medical absence from the workplace. Once her employment status was restored, HSA pursued LTD benefits on this member's behalf. HSA had great difficulty in garnering timely medical information due to this member's remote location and her difficulty accessing treatment for both medical and geographic reasons.

- We appealed the denial of this member's claim on the basis of the medical in our possession, but Great West Life (GWL) upheld its decision. HSA persisted in following up with this member, advocating for appropriate treatment, and following up with her treatment providers, collecting supportive medical information. Finally, this member got an appropriate diagnosis, and in 2016 her claim was accepted retroactively to December 2010. Due to the nature of her illness, this member is unlikely to return to gainful employment. However, as a single parent of young children, she now has financial security and is receiving treatment appropriate to her diagnosis. Her LTD benefit value is estimated to be almost \$900,000. There is also the value of her pension (25 years of continued contributions while on an accepted LTD plan), and the value of continued access to her group extended health and welfare benefits for herself and her dependents.

## **GROWING CASE LOAD**

It is our view that the increased number of issues is explained only in part by demographics. A considerable number of members in the bargaining unit may

be nearing retirement age. Chronic shortages and workload pressures, exacerbated by the tendency of HSA members to put patients' and clients' needs first even where it means working unpaid overtime takes a toll over time. Yet at this point those problems have become so extreme that we see increased evidence of disability issues in all age ranges. The growth in caseload has required that we expand our resources to address a continuum of disability issues from accommodations and Worksafe BC claims through to LTD appeals.

## **LABOUR RELATIONS SERVICING**

We welcome Dani Demetlika as the new Membership Services Co-ordinator and Norah Miner as the Assistant Membership Services Co-ordinator. We are currently reviewing delivery in the Labour Relations Servicing area. It is often the case that members will have grievances which cross departmental lines and we are exploring ways to have a more centralized reporting to our members and their stewards. Where possible, and in a manner consistent with the strategic plan and other initiatives including the steward portal currently under development, the Labour Relations Servicing Department wishes to maximize interaction with HSA stewards.

The 15 professionals in the Labour Relations Servicing Department are highly skilled generalists. The Labour Relations Officers (LROs) receive files which may present initially as straightforward collective agreement administration issues, but may have an underlay of classification, human rights, or disability issues which need to be brought out in order to take a file to a successful conclusion. In addition to workload and scheduling issues, there has been a spike in denial of special leave and education leave. We have also seen a trend where employers resort to discipline far earlier and more aggressively than they have in the past. This may be at least partially responsible for an increase in harassment claims in the workplace between both members and their employers,

and between members.

The LROs may have facilities covered primarily by one of our four master agreements but must be conversant with all agreements in the health and social service sector. The language of our agreements, including that of our separate agreements, shares a commonality in many cases. Hence they share as well as commonality in interpretation. File management starts with understanding the language which may have been infringed and is then followed by careful fact-gathering and legal research as required. Our labour relations officers travel frequently but retain a home base at the New Westminster office which facilitates collegial case management and consultation with specialized staff. Settlement discussions ensue when the file is ready to take forward. The degree of preparation and analysis undertaken is essential to receiving a good result, as well as determining if a grievance may be too weak to take forward. Regardless of outcome the level of preparation is the same and is very extensive.

The hard work of our labour relations officers has yielded good results for our members. In 2016, 826 files were opened, and 753 were closed. The value of recovery to members in 2016 was considerable: close to \$930,000. We are pleased to report less than five per cent of the 753 files managed and closed by Labour Relations Servicing in 2016 resulted in a complete or mostly a loss.

The successes achieved by the LROs are thanks in part to the work of stewards working directly with members and Human Resources managers at the worksite. HSA continues to provide training on labour relations servicing for stewards to help develop the skills and support stewards need to be good and effective advocates for their peers in the workplace. Recognizing the need for stewards to have the tools and resources to provide such support, the Servicing department is working with the union's Information Technology department in its development of the

In 2016, 826 files were opened, and 753 were closed. The value of recovery to members in 2016 was considerable: close to \$930,000. We are pleased to report less than five per cent of the 753 files managed and closed by Labour Relations Servicing in 2016 resulted in a complete or mostly a loss.

steward portal. In addition, the contract interpretation manual, which helps stewards navigate the collective agreement and provide guidance for interactions with local HR departments, is being updated in 2017.

#### CLASSIFICATIONS

We welcome Sheila Vataiki, who accepted the position of Membership Services Co-ordinator in February 2017. We look forward to Sheila's wealth of knowledge and administrative skill, as well as considerable negotiating experience, to take this department through challenging times ahead. Derek Wong is the department's Classification Advocate

and Assistant Membership Services Co-ordinator. In his new position Derek will be available not only to classifications labour relations officers but also to labour relations officers in Servicing and Disability Management.

Under the interim leadership of Derek Wong in 2016, the Classifications Department made steady progress in settling and advancing matters to arbitration. Our existing classifications system has not fared well under consolidations and reorganizations. As the classifications structure continues to be flattened by the health authorities, the union has had to respond by an expansion of Grade Two positions. HSA members will see this push coming in 2017.

The ongoing work of the Classifications Department has resulted in substantial returns for members. In 2016 the Classifications Department received and reviewed 290 job descriptions. There were 183 classification grievance files opened and 291 files resolved. Many of these cases involve multiple grievors and/or incumbents.

The Expedited Arbitration Process for Classification negotiated in 2013 continues to be a most useful process for achieving positive classification outcomes for members. In 2016, 46 files that were referred to expedited arbitration were settled prior to hearing. Additionally, 27 files were settled through mediation on the day of hearing. Two matters were ultimately decided by expedited arbitration, both in the employer's favour.

Classifications files resolved in 2016 saw HSA members receiving lump sum and/or retroactive salary adjustment payments totalling over \$209,000. The pay rate increases achieved result in ongoing value of over \$251,000 per annum.

Classifications files resolved in 2016 saw HSA members receiving lump sum and/or retroactive salary adjustment payments totalling over \$209,000. The pay rate increases achieved result in ongoing value of over \$251,000 per annum.

## **BENEFIT TRUST MATTERS**

### **HSPBA**

In December 2016 and January 2017 there was a flurry of activity on the Joint Health Sciences Benefits Trust negotiation front. Key documents were signed off as the parties came close to impasse but we managed to work through the differences to achieve highly satisfactory outcomes to what has been a prolonged and difficult negotiation for both sides.

The Benefit Funding Formula Agreement was the most critical agreement. The employers were looking for a funding formula which would minimize their contribution and which presented a serious risk that their proposals would leave the Trust in a deficit position. We had no intention of agreeing to a funding formula which could lead to this result. The Health Science Professionals Bargaining Association hung on and pushed until we achieved a favourable funding agreement that minimizes the risk of a deficit.

The funding agreement, which includes lump-sum offsets, risk-sharing and capped administrative fees, gives us confidence that we will successfully manage the benefit plan through to the next round of bargaining, where any unforeseen deficiencies can be addressed. Additional agreements were concluded to ensure that costs are not downloaded on the JHSBT as processes unfold after April 1, 2017. These costs pertain to new contracts and/or services that trustees deem necessary for the efficient delivery of benefit to members, including new third party administration services/technologies and any costs associated with bringing such services on-line, and any additional costs associated with migrating data from current service and/or benefit providers.

By the time of Convention 2017 the transition will be underway and the next two years are viewed by the trustees as a transitional period. We are confident in saying that your benefits coverage will not be subject to any negative change and bargaining for the renewal collective agreement will provide the parties with the opportunity to address any funding issues that are identified during the transitional period. As the model we are working under is one which provides the potential for surplus accumulation, which can be used to fund modifications, the trustees will be looking for enhancements to the benefits you currently enjoy, not cuts.

## CBA

Meanwhile both Community Bargaining Association (CBA) and Facilities Bargaining Association (FBA) joint-trust negotiations have also moved forward with the JHSBT largely providing the template for the other tables to follow. Each bargaining association however has its own unique bargaining history and protocols that must be respected and accounted for as the unique challenges of these negotiations unfold. For CBA, the complexities of the sector, overlaid by some rocky employer history with the provider, Health Benefits Trust (HBT), and the introduction of

alternate benefit providers, made these negotiations particularly challenging. For these reasons CBA used arbitrator/mediation services through much of the negotiation as they tried to find their way through territory they were not particularly familiar with. In the end they reached agreement on a funding model that has elements different from the JHSBT and Facilities Bargaining Association, featuring a combination of lump sum payments, a guaranteed rate of return on investments assets, interim protection from rising LTD rates, and a number of contingency clauses and adjustments that may be triggered by claims costs from non-health benefit trust employers. It is a complex funding model reflecting a complex sector, but over time the new Joint Community Benefit Trust (JCBT) has the opportunity to migrate to a more efficient and consistent benefit delivery model through joint trusteeship.

We wish to acknowledge the many hours spent by Dennis Blatchford and Alison Hietanen developing the JHSBT, and the important contribution of Derek Wong who was HSA's representative at the CBA table.

## THE YEAR AHEAD

As we move through 2017 we will continue to introduce change consistent with the HSA's Strategic Plan. Looking forward to the next round of bargaining, the members' voice needs to be the voice heard at the bargaining table. The changes we are introducing to promote steward and member engagement, changes to expedite member complaints and grievances and an HSPBA bargaining proposal conference scheduled for later this year will all serve to enhance the union's ability to put its best resources at the bargaining table. 

*Respectfully submitted,  
Jeanne Meyers, Labour Relations and Legal Services*





Shilla Avissa, case manager

## ELECTIONS



## PRESIDENTIAL ELECTION 2017

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 February 15 deadline publicized in January.

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

# Kevin Towhey

Hello members,

My name is Kevin Towhey and I am running for President of HSA.

I'm doing this because I feel that in my current position on the Board of Directors I can't be the agent of change I think we need right now. While we get to express our thoughts and ideas at the Board meetings, I have the distinct feeling that we are just rubberstamping decisions that have already been made at the executive level.

The only way to guarantee that I am a member of the executive is to be elected to a position on it.

We face imminent threats from the nurse's raiding campaign, and make no mistake they are not going to stop with our RPNs, they are going to come after all of us.

I feel that our implementation of aggressive member outreach is a good idea, and we need to continue this level of engagement. However we should have been doing this work all along and not waited till we are threatened from an outside source to reach out to the membership in this manner.

It concerns me that all we are doing is waiting for the nurses to do the right thing and recognize the error of their ways, and come back to the house of labour and play nice with us. I feel we need to make a concerted effort to force them to do the right thing or failing that stop doing what they're doing now.



I have also grown impatient waiting for the promised changes that have been talked about at convention since I started coming. When is our profile going to be raised so that the public knows of our vital role in providing health care to the citizens of BC?

I feel that I can bring a change in attitude to the position and would like the opportunity to lead the talented members of this vital health care union. I'm asking for your vote for President on April 8th.

*In Solidarity*  
*Kevin Towhey*

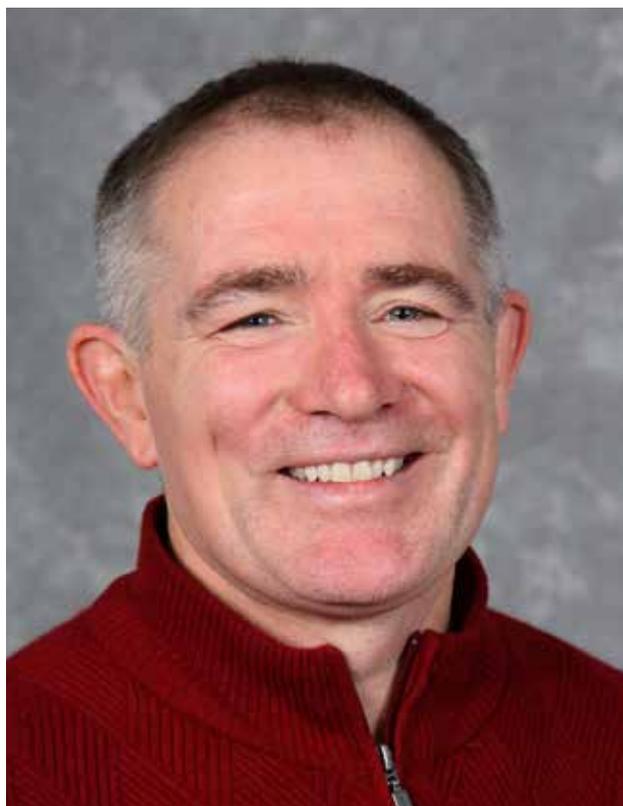
# Derrick Hoyt

My activism within HSA spans three decades. I was a former chief steward in Kamloops and Victoria. I have been sitting as a Regional Director for more than three years.

With the President sitting as both the HSA CEO and Board Chair, there is a sense that the Board's responsibility is to support decisions of the President even though we were not part of the decision-making process. This system, based on structured loyalty, is extended outside the union as well. Because the President is a Board member of the BC Federation of Labour, what is best for the BC Fed then takes precedence, even if it is not in the best interests of HSA. Does this obligation extend to the NDP?

## **ALBERTA'S NOTLEY STOPS SHORT OF ASKING UNIONS FOR WAGE FREEZE IN BARGAINING**

My priority is to pursue the collective interests of HSA members by arming them with the time and resources that they require. This has been my objective despite a very bureaucratic and cumbersome system. HSA has failed to adequately support the stewards that are so important to this union. At Jubilee Hospital alone BC Nurses' Union has full time union representatives while Hospital Employee's Union receives 105 hours per month of paid steward time and HSA receives only 30 hours. Not only does HEU better support their stewards with time, but they have also established regional offices in Victoria and Kelowna which ensure that the stewards have access to support staff and the resources they need to advocate for their members. HSA has centralized



support services and have minimized resources available at the chapters across the province.

My first concern is for the membership of HSA. Their well-being, their rights and their salaries are of paramount importance. The current leadership did the best they could yet over the last decade our members have received significantly less than the average cost of living while the employees of our union continue to receive more than the people who pay their salaries. Simple grievances take years to resolve.

A president's first loyalty should be to the members of HSA.

Please take the time to vote and share your thoughts with other members of HSA.

*Sincerely,  
Derrick Hoyt  
OurHSA@shaw.ca*

# 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 19 years and a VGH union steward for over 14 years.

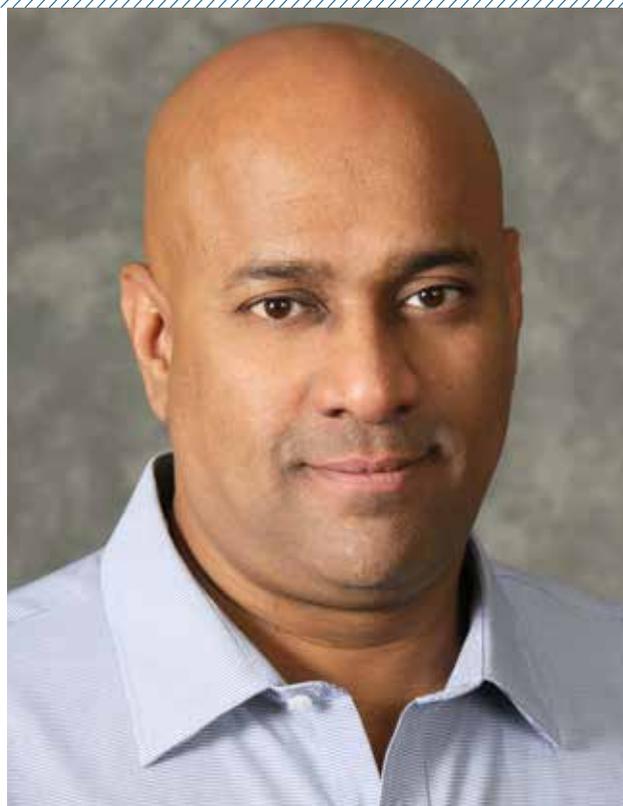
I have now also served as an elected Board Director since April 2014 and was re-elected again in March 2016.

I made the decision to run based on a continued, growing sentiment that the goals of the union leadership are increasingly disconnected from the needs of its members province wide.

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

Last year at the 2016 convention less than 2% of the membership who are allowed to vote, voted to increase union dues from 1.6 to 1.85, which works out to over a 15% increase.

So where is the money going? Who really benefits from our union dues? Why are we fighting the BC Nurses Union and raiding? Who else are we battling? Are you being given all the facts? If so, how would you really know? How do we compare to other unions? Why in this internet/electronic age do we need to be physically present for three days of convention



to be allowed to vote? Why are only 2% of members permitted to vote? Is it a democratic process? Why are grievances taking years to resolve? Why do we rarely hear of grievance/arbitration/legal wins?

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

I am asking for your support because we must continue to strengthen our union to act in the best interest of the members, first and foremost. Please visit my Facebook page ([JosephSebastian2014](#)) for more information, as it was created years ago and the issues I voiced then still remain the same.

*Respectfully,  
Joseph Sebastian  
Region 4 Director*

# Val Avery

Welcome delegates to the 46th annual HSA convention! I'm Val Avery, a physiotherapist from Royal Jubilee Hospital in Victoria, and for the past three and a half years I've been proud to serve you as President of our union.

It's been inspiring to meet with members from across the province and hear the pride they express in the care they provide to patients and clients. Over the past five decades the growth in our disciplines has had a profound impact on the delivery of community social services and health care. We are the professions that make the multidisciplinary team a reality. We are relied upon for accurate diagnosis, clinical care, counselling and rehabilitation. We have brought the latest technology, tools and skills to help those we serve; we have enhanced care immeasurably.

However, I also hear from members the stories of hardship: increased complexity and acuity in those we care for, and of the unrealistic workloads and staff shortages. Workplaces have become increasingly stressful environments that threaten the health and well-being of our members. And, too often, our HSA disciplines don't receive the recognition we deserve.

I have been working to put HSA members in the spotlight through engagement with employers, government, media and the public. I'm committed to continuing on this path with you, the 19,500 members of HSA, a growing union, to bring greater awareness of the contributions of our professions and have that acknowledged by decision makers and the public, not only in the workplace but at the bargaining table as well.



At convention I will report on the year we have had: providing new educational opportunities and resources for members; our representation of members at the Supreme Court of Canada; defending RPNs and other professions against raiding; promoting our professions through advertising; initiating a workload awareness campaign; providing funding to support a legal challenge to protect medicare; fighting for occupational health and safety and negotiating a transfer of control over the future of our benefits.

At this year's convention delegates will help set the agenda for the future of HSA. I look forward to discussing how to focus our resources and energies on providing quality services to our members, improving our worksites, protecting the public services we deliver and supporting our communities.

I respectfully ask for your vote to be re-elected as President of HSA.

*Thank you,  
Val*





Jas Giddha, medical radiation technologist

## FINANCIAL REPORTS

## REPORT OF THE FINANCE COMMITTEE



(L-R) Cathy Davidson (staff), Marg Beddis (Region 7 Director), Cheryl Greenhalgh (Region 3 Director), John Christopherson (Secretary-Treasurer and Region 5 Director)

The mandate of the Finance Committee is to ensure that the finances of HSA are in good order. We monitor our current situation, ensuring that proper practices and procedures are followed. Our vision also looks forward several years, ensuring that HSA is well positioned for the known and unknown challenges that we face in the near and distant future.

As Secretary-Treasurer, I am supported, often guided and occasionally led by my two co-members on the committee, Board of Directors members Marg Beddis and Cheryl Greenhalgh, who also served with me in 2015-2016. Marg is a long time committee member and past Secretary-Treasurer; I am sorry to say with over ten years of service on the Board she is moving aside this year; her knowledge and experience will be a challenge to replace.

Cheryl brings the wisdom gained as a past Board and Finance Committee member. Both contribute a passion for activism and doing a thorough job. We are also grateful to all the staff of the Finance Department for their skill, diligence and guidance throughout the year.

In 2016, the Board approved an ambitious membership engagement campaign and the Finance Committee was put on task to fund this much needed initiative. I am pleased to report that we were able to fund this campaign with past reserves. These were made possible because of the prudent and patient approach taken by past Finance Committees and Boards who have built us into the strong and resilient organization that we are today, able to respond to situations as they arise. Our goal is to continue to

build on this legacy, and I am glad to report that we continue to be in a strong financial position.

Last year we raised members' dues from 1.6 per cent to 1.85 per cent of income, following a thorough discussion and vote by delegates to the annual convention. The additional revenue has allowed us to plan and meet the objectives set out in our five year 2015-2020 strategic plan. We are on track – continuing to meet our strategic priorities for improving service to members and enhancing member engagement while building resources.

We have changed the way that we report our finances. Rather than including a complete financial statement in this report, we are providing a summarized version. This change is an adjustment to the standards of other unions. Members are entitled to see the complete financial statements and are encouraged to contact their board member or the HSA office to obtain them.

Our financial situation at the close of 2016 is as follows:

- The dues increase, which came into effect in July, had a positive impact on our cash flow.
- Our investment income was higher than projected, thanks to a favourable market.
- We recovered court fees due to our Supreme Court of Canada win with regard to the cancer cluster case.
- National Union of Public and General Employees (NUPGE) affiliates supported our member engagement and anti-raid work with a \$100,000 contribution.
- Book value of our long term assets is \$19.7 million with an outstanding mortgage of \$9.3 million.
- We closed 2016 with a General Fund surplus of \$943,000 and have transferred half of this surplus to the Bargaining Fund in preparation for nego-

tiating our public sector collective agreements, which are set to expire in March 2019.

#### **GENERAL FUND**

The General Fund is used to pay for the day-to-day operations of HSA. As in prior years, this fund receives 95 per cent of the dues allocation. This fund is maintained at a level to cover three months of regular and ongoing union costs and expenditures. The General Fund at the end of 2016 had a balance of \$3.9 million, and this surplus is higher than in the last several years. This is a result of conservative budgeting for dues revenue and a conservative approach to spending on operations. This allows us to ensure our financial reserves are prepared for the future.

#### **BARGAINING FUND**

The Bargaining Fund is used for negotiating collective agreements, organizing new members, retaining existing members and other bargaining related activities. The fund was allocated 2.5 per cent of dues and received its share of the investment earnings and NUPGE's \$100,000 contribution. It is this fund that HSA spent from past reserves to fund the member engagement campaign. The majority of these resources were used for member engagement and to defend against the continuing raid activity by the BC Nurses' Union. This fund at the end of 2016 had a balance of \$1.4 million.

#### **DEFENCE FUND**

The Defence Fund serves to provide resources to be used in the event of job action and also holds title to the union's land and buildings. It is this asset that we can use for collateral in the event that we have to draw on our line of credit. It also pays for any items related to our union headquarters, such as property taxes, strata fees, insurance and mortgage interest.

The Defence Fund at the end of 2016 had a balance of \$7.4 million.

## INVESTMENTS

The investment market ended the year on a positive note. Our annual returns were 12.9 per cent, compared to the market benchmark of 9.1 per cent. Our portfolio has invested \$2.18 million.

The main driver of the market at this time is US policies. The recent US election was favourable to the market, but given the mercurial nature of current US leadership there is definitely some uncertainty about the near future.

## BUDGET 2017

A budget is a reflection of the priorities of an organization. It is a projection into the future, and reflects where the organization prioritizes spending. The time horizon for budgeting is not just the coming year, but reflects where we wish to be several years into the future.

This is our 2017 budget, of which 95 per cent of our dues are dedicated to the General Fund, which pays for our day-to-day operating expenses.

This year, members will note that after 20 years HSA is no longer a sponsor of the Canadian Breast Cancer Foundation's Run for the Cure. Just as our union has evolved in those 20 years, so has the Canadian Breast Cancer Foundation, which announced it will no longer be a stand-alone charity targeting fundraising for breast cancer research, and will be folded into the larger Canadian Cancer Society. Our partnership with the Breast Cancer Foundation was an important one, and the union is justifiably proud of the contribution we made to raise awareness about breast cancer, research, and the team of health science professionals who support patients in their journey with the disease.

Our budget is guided by our current situation, internally and externally, our Strategic Plan, and by you, our membership. We wish to continue to build on our strengths and successes, respond to new challenges, and ensure that we have reserves for our future.

Our priorities remain unchanged from those of last year. They continue to be:

- enhancing our levels of service
- decreasing wait times, deal with backlogs
- building the defence and bargaining funds
- addressing issues in disability management and LTD appeals
- allowing for creation of new programs such as a steward portal focused on enhanced steward services for members
- increasing our financial strength to deal with emerging issues

These are the priorities set by HSA members, and your Finance Committee. Our Finance Department staff are focussed on ensuring your dues are spent wisely and prudently. Together we work to ensure HSA is well positioned to advocate for and represent members through direct service, bargaining, and government and public relations designed to enhance and support the work that you do. 

*Respectfully submitted,*  
*John Christopherson*  
*Secretary-Treasurer*



**Health Sciences Association of British Columbia**  
**Summarized Financial Statements**  
*December 31, 2016*

---

<b>Contents</b>	<b>Page</b>
<b>Report of the Independent Auditor on the Summarized Financial Statements</b>	<b>39</b>
<b>Summarized Financial Statements</b>	<b>40</b>
Summarized Statement of Financial Position	<b>40</b>
Summarized Statement of Operations and Changes in Fund Balances	<b>41</b>
Summarized Statement of Cash Flows	<b>42</b>
<b>Notes to Summarized Financial Statements</b>	<b>43</b>

## Report of the Independent Auditor on the Summarized Financial Statements

---

To the Members of Health Sciences Association of British Columbia:

The accompanying summarized financial statements, which comprise the summarized statement of financial position as at December 31, 2016 and the summarized statements of operations, changes in fund balances and cash flows for the year then ended, and the related notes, are derived from the audited financial statements of Health Sciences Association of British Columbia for the year ended December 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated February 21, 2017.

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

### *Management's Responsibility for the Summarized Financial Statements*

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

### *Auditors' Responsibility*

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

### *Opinion*

In our opinion, the summarized financial statements derived from the audited financial statements of the Health Sciences Association of British Columbia for the year ended December 31, 2016 are a fair summary of those financial statements.

Port Moody, British Columbia

February 21, 2017

*MNP LLP*

Chartered Professional Accountants

## Health Sciences Association of British Columbia Summarized Statement of Financial Position *As at December 31, 2016*

	#	General Fund	Bargaining Fund	Defense Fund	2016 Total	2015 Total
<b>Assets</b>						
<b>Current</b>						
Cash and term deposits	1	\$ 1,273,389	\$ 26,286	\$ 13,853	\$ 1,313,528	\$ 535,069
Marketable securities (Note 4)	2	821,600	879,042	482,884	2,183,526	2,869,699
Dues receivable	3	1,602,171	42,163	42,163	1,686,497	1,420,711
Accounts receivable	4	118,069	515,753	-	633,822	347,036
Prepaid expenses and deposits	5	231,762	-	158,335	390,097	305,251
	6	4,046,991	1,463,244	697,235	6,207,470	5,477,766
<b>Interfund balances</b>	7	2,363,468	457,970	-	2,821,438	2,742,641
<b>Investment - Working Enterprises Ltd. (Note 4)</b>	8	1	-	-	1	1
<b>Capital assets (Note 5)</b>	9	880,390	-	18,837,849	19,718,239	20,291,702
<b>Total assets</b>	10	\$ 7,290,850	\$ 1,921,214	\$ 19,535,084	\$ 28,747,148	\$ 28,512,110
<b>Liabilities and fund balances</b>						
<b>Current</b>						
Bank indebtedness (Note 6)	11	\$ 5,734	\$ 515,753	\$ -	\$ 521,487	\$ 229,640
Accounts payable and accruals	12	1,135,216	-	20,567	1,155,783	1,047,026
Salaries payable (Note 7)	13	852,603	-	-	852,603	707,548
Current portion of long-term debt (Note 8)	14	-	-	287,000	287,000	275,620
	15	1,993,553	515,753	307,567	2,816,873	2,259,834
<b>Interfund balances</b>	16	-	-	2,821,438	2,821,438	2,742,641
<b>Severance payable (Note 7)</b>	17	1,367,919	-	-	1,367,919	1,237,529
<b>Deferred contributions</b>	18	4,447	-	-	4,447	32,798
<b>Long-term debt (Note 8)</b>	19	-	-	9,035,649	9,035,649	9,324,666
	20	1,372,366	-	11,857,087	13,229,453	13,337,633
<b>Commitments (Note 9)</b>						
<b>Fund balances (Note 10)</b>						
Invested in capital assets	21	880,390	-	6,673,195	7,553,585	7,989,219
Internally restricted	22	150,000	1,405,461	697,235	2,252,696	2,738,782
Unrestricted	23	2,894,541	-	-	2,894,541	2,186,642
	24	3,924,931	1,405,461	7,370,430	12,700,822	12,914,643
<b>Total liabilities and fund balances</b>	25	\$ 7,290,850	\$ 1,921,214	\$ 19,535,084	\$ 28,747,148	\$ 28,512,110

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

Approved on behalf of the Board:

  
Val Avery, President

Val Avery, President

  
John Christopherson, Secretary Treasurer

**Health Sciences Association of British Columbia**  
**Summarized Statement of Operations and Changes in Fund Balances**  
*For the Year Ended December 31, 2016*

	#	General Fund		Bargaining Fund	Defense Fund	2016		2015	
			Fund	Fund	Fund	Actual	Budget	Budget	Actual
<b>Receipts</b>									
Dues	1	\$	15,519,904	\$	408,418	\$	16,336,740	\$	17,639,000
Initiation fees	2		26,652	-	-	26,652	20,000	20,000	21,972
Investments	3		83,795	83,122	148,614	315,531	84,800	104,160	517,947
Deferred contributions recognized	4		39,351	-	-	39,351	-	-	155,694
Court fee recovery and other	5		42,133	100,000	-	142,133	-	-	-
	6		15,711,835	591,540	557,032	16,860,407	16,181,005	17,763,160	15,439,982
<b>Expenditures</b>									
<b>General Fund</b>									
Executive	7		1,228,280	-	-	1,228,280	1,210,696	1,240,768	1,072,192
Union governance	8		1,018,968	-	-	1,018,968	1,139,991	1,196,503	1,033,517
Affiliations	9		860,901	-	-	860,901	777,603	776,408	668,095
Legal services and labour relations	10		6,319,376	-	-	6,319,376	6,139,738	6,550,207	6,125,989
Strategic communications and member development	11		2,408,294	-	-	2,408,294	2,611,028	3,233,890	2,252,584
Operations	12		2,112,237	-	-	2,112,237	2,294,318	2,487,698	2,071,881
Human resources	13		145,226	-	-	145,226	183,119	163,747	169,812
Finance	14		339,862	-	-	339,862	350,663	388,133	341,775
Bargaining Fund	15		-	1,411,564	-	1,411,564	401,906	440,975	471,828
Defense Fund	16		-	-	598,940	598,940	481,906	540,975	697,072
	17		14,433,144	1,411,564	598,940	16,443,648	15,590,968	17,019,304	14,904,743
<b>Excess (deficiency) of receipts over expenditures before other items</b>	18		1,278,691	(820,024)	(41,908)	416,759	590,037	743,856	535,238
<b>Other Items</b>									
Amortization	19		(346,097)	-	(324,785)	(670,882)	(312,194)	(343,613)	(660,327)
Unrealized gain (loss) on marketable securities	20		10,848	10,761	18,694	40,303	-	-	(483,525)
<b>Excess (deficiency) of receipts over expenditures for the year</b>	21		943,442	(809,263)	(348,000)	(213,821)	277,843	400,243	(608,613)
<b>Interfund transfers (Note 10)</b>	22		(484,221)	1,441,974	(957,753)	-	-	-	-
<b>Fund balance, beginning of year</b>	23		3,465,710	772,750	8,676,183	12,914,643	-	-	13,523,257
<b>Fund balance, end of year</b>	24	\$	3,924,931	\$	1,405,461	\$	12,700,822	\$	12,914,643

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

## Health Sciences Association of British Columbia Summarized Statement of Cash Flows

*For the Year Ended December 31, 2016*

	2016	2015
<b>Operating activities</b>		
Excess (deficiency) of receipts over expenditures for the year	\$ (213,821)	\$ (608,613)
Items not involving cash:		
Gain on sale of capital assets	(400)	(356)
Gain on sale of marketable securities	(238,728)	(396,332)
Building amortization	324,785	324,446
Computer amortization	183,812	178,941
Furniture and equipment amortization	162,286	156,939
Unrealized loss (gain) on marketable securities	(40,303)	483,525
<b>Operating cash flow</b>	<b>177,631</b>	<b>138,551</b>
<b>Changes in non-cash working capital</b>		
Dues receivable	(265,786)	(21,951)
Accounts receivable	(286,785)	(104,402)
Accrued interest receivable	-	4,176
Prepaid expenses and deposits	(84,846)	(128,898)
Accounts payable and accrued liabilities	121,237	(1,786,800)
Salaries payable	240,244	149,999
<b>Cash provided by (used in) operating activities</b>	<b>(98,305)</b>	<b>(1,749,325)</b>
<b>Investing activities</b>		
Sale of marketable securities net of proceeds	965,202	2,096,039
Purchase of capital assets, net of proceeds on disposal	(97,019)	(315,505)
<b>Cash provided by (used in) investing activities</b>	<b>868,183</b>	<b>1,780,534</b>
<b>Financing activities</b>		
Increase in bank indebtedness	291,847	229,640
Increase in severance payable	35,200	90,047
Decrease in mortgage payable	(278,298)	(247,688)
Decrease in deferred contributions	(40,168)	(167,512)
<b>Cash provided by (used in) financing activities</b>	<b>8,581</b>	<b>(95,513)</b>
<b>Inflow (outflow) of cash for the year</b>	<b>778,459</b>	<b>(64,304)</b>
<b>Cash and term deposits, beginning of year</b>	<b>535,069</b>	<b>599,373</b>
<b>Cash and term deposits, end of period</b>	<b>\$ 1,313,528</b>	<b>\$ 535,069</b>
<b>Represented by</b>		
Cash	962,980	214,568
Term deposits	350,548	320,501
	<b>\$ 1,313,528</b>	<b>\$ 535,069</b>

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

# Health Sciences Association of British Columbia

## Notes to the Summarized Financial Statements

For the year ended December 31, 2016

### 1. Organization

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

### 2. Significant accounting policies

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

#### **Fund accounting**

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

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

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

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

#### **Revenue recognition**

The Association's major source of revenue is member dues. These dues are recognized on a monthly basis when earned by the Association.

Investment income includes dividend and interest income and realized gains and losses on marketable securities. Unrestricted dividend and interest income earned on General Fund resources are recognized as revenue in the General Fund when earned. Dividend and interest income earned on internally restricted fund resources are recognized as revenue when received. Other investment income is recognized as revenue of the General Fund when earned.

Restricted contributions are recognized in the year in which the related expenses are incurred.

#### **Cash and term deposits**

Cash and term deposits include cash and highly liquid term deposits that are readily convertible to known amounts of cash at any time. Included in the general fund is a term deposit of \$350,548 (2015 - \$320,501) bearing interest at 1.3% (2015 - 1.3%) maturing November, 2017.

#### **Marketable securities**

Marketable securities with prices quoted in an active market are measured at fair value.

#### **Capital assets**

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

	<b>Rate</b>
Building	2%
Computer equipment	25%
Furniture and equipment	20%
Telephony equipment	20%

Amortization taken on additions during the year is pro-rated based upon month purchased.

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

For the year ended December 31, 2016

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

#### **Financial instruments**

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

At initial recognition, the Association may irrevocably elect to subsequently measure any financial instrument at its fair value. The Association has not made such an election during the year, and therefore, financial instruments are subsequently measured at either fair value, amortized cost or cost.

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

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

#### **Financial asset impairment:**

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

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

#### **Long-lived assets**

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

When the Association determines that a long-lived asset no longer has any long-term service potential to the organization, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

#### **Severance and termination benefits**

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

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

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

For the year ended December 31, 2016

---

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

#### **Measurement uncertainty**

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

Dues receivable and accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets. These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess (deficiency) of receipts over expenditures in the periods in which they become known.

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

### 3. Financial instruments

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

#### **Interest rate risk**

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

#### **Foreign currency risk**

Foreign currency risk is the risk that the value of investments denominated in currencies, other than the functional currency of the Association, will fluctuate due to changes in foreign exchange rates. Equities in foreign markets are exposed to currency risk as the prices denominated in foreign currencies are converted to the Association's functional currency in determining fair value. As at December 31, 2016, the Association held no assets that are denominated in currencies other than the functional currency, the Canadian dollar.

#### **Liquidity risk**

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

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

*For the year ended December 31, 2016*

#### 4. Marketable securities

The Association's investments are comprised of equity and debt securities.

a) The Association is one of seven organizations holding an equity share of Working Enterprises Ltd. The investment noted below does not have a quoted market price in an active market and is recorded at cost.

	<b>2016</b>	<b>2015</b>
Working Enterprises Ltd. (14.3%)	1	1

b) The following are classified as held-for-trading securities and are carried at their fair value based on the quoted market prices of the securities at December 31, 2016.

The composition of trading securities, classified as current assets, is as follows at December 31:

	<b>2016 Fair Value</b>	<b>Cost</b>	<b>2015 Fair Value</b>	<b>Cost</b>
Canadian equities	887,216	611,404	1,094,063	975,815
Government and corporate bonds	1,072,663	1,073,022	1,462,016	1,417,371
US equities, stated in Canadian funds	195,175	168,169	284,264	185,003
Other investments including mutual funds and T bills	28,472	28,472	29,356	29,356
	<b>2,183,526</b>	<b>1,881,067</b>	<b>2,869,699</b>	<b>2,607,545</b>

#### Represented by:

General Fund	821,600		772,394	
Defense Fund	482,884		1,631,249	
Bargaining Fund	879,042		466,056	
	<b>2,183,526</b>		<b>2,869,699</b>	

As at December 31, 2016, the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$203,620 (2015 - \$396,332).

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

*For the year ended December 31, 2016*

### 5. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2016 Net Book Value</i>	<i>2015 Net Book Value</i>
<b>General fund</b>				
Computer equipment	877,576	508,568	369,008	489,506
Furniture and equipment	843,703	332,321	511,382	639,562
Telephony equipment	168,023	168,023	-	-
	<b>1,889,302</b>	<b>1,008,912</b>	<b>880,390</b>	<b>1,129,068</b>
<b>Defense fund</b>				
Office Premise - 180 East Columbia Street				
Land	2,300,000	-	2,300,000	2,300,000
Building	17,187,081	649,232	16,537,849	16,862,634
	<b>19,487,081</b>	<b>649,232</b>	<b>18,837,849</b>	<b>19,162,634</b>
<b>Defense and General funds</b>	<b>21,376,383</b>	<b>1,658,144</b>	<b>19,718,239</b>	<b>20,291,702</b>

### 6. Bank indebtedness

At December 31, 2016, the Association has a Vancouver City Savings Credit Union operating line of credit available up to \$2,500,000 (2015 - \$2,500,000) with interest at prime plus 0.25%. As at December 31, 2016, \$521,487 is outstanding under this facility (2015 - \$229,640). The line of credit is secured by the Association's land and building with a net book value of \$18,837,849 and subject to the same financial reporting covenants as described in Note 8.

### 7. Salaries and severance payable

	<i>2016</i>	<i>2015</i>
<b>Current</b>		
Vacation	409,303	343,043
Accrued wages and severance	140,565	133,117
Overtime	302,735	231,388
	<b>852,603</b>	<b>707,548</b>
<b>Long-term</b>		
Severance	965,833	835,751
Sick pay payable upon severance of employment	402,085	401,778
	<b>1,367,918</b>	<b>1,237,529</b>
	<b>2,220,521</b>	<b>1,945,077</b>

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

*For the year ended December 31, 2016*

### 8. Long-term debt

	2016	2015
Mortgage payable		
Monthly payments, that commenced July 6, 2014, of \$48,629 including principal and interest at 3.25% per annum with a loan maturity date of June 6, 2017	9,035,649	9,324,666
Less: Current portion	287,000	275,620
	9,322,649	9,600,286

The Association's long-term debt is provided by Vancouver City Savings Credit Union and is comprised of a fixed rate business mortgage. The long-term debt is secured by a general security agreement providing a first charge over all assets of the Association and 100 East Columbia Street Properties Ltd. and an unlimited guarantee and postponement of claim by 100 East Columbia Street Properties Ltd. with respect to the debts and liabilities of the Association. The Association is also required to maintain certain financial reporting ratios including a minimum debt service coverage ratio and a minimum working capital ratio. As at December 31, 2016, the Association is in compliance with the required financial reporting covenants. It is management's opinion that the Association is likely to be in compliance with all such covenants throughout the next 12 months subsequent to December 31, 2016. The Association is currently in the process of renewing the mortgage terms and any changes to the repayment terms are unknown as at the report date.

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

Years	Principal
2017	287,000
2018	296,000
2019	305,900
2020	315,900
2021	326,300
	1,531,100

### 9. Commitments

The Association have entered into contracts with unrelated parties, in the amount of \$47,100, for the construction of new workstations and the purchasing of chairs, tables and sliding doors.

### 10. Fund balances

	Invested in capital Assets	Unrestricted net assets	Internally restricted net assets	Total
Balance, January 1, 2015	8,808,769	2,028,921	2,685,567	13,523,257
Excess (deficiency) of receipts over expenditures	-	30,444	(639,057)	(608,613)
Net additions of capital assets	279,672	(159,656)	(120,016)	-
Internally restricted general funds	(438,895)	(48,947)	487,841	-
Capital asset amortization	(660,327)	335,880	324,447	-
<b>Balance, December 31, 2015</b>	<b>7,989,219</b>	<b>2,186,642</b>	<b>2,738,782</b>	<b>12,914,643</b>
Excess (deficiency) of receipts over expenditures	-	943,442	(1,157,263)	(213,821)
Net additions of capital assets	76,328	(97,419)	21,091	-
Internally restricted general funds	158,920	(484,221)	325,301	-
Capital asset amortization	(670,882)	346,097	324,785	-
<b>Balance, December 31, 2016</b>	<b>7,553,585</b>	<b>2,894,541</b>	<b>2,252,696</b>	<b>12,700,822</b>

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

*For the year ended December 31, 2016*

### 11. Related party transactions

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

	Trust Fund #1	Trust Fund #2	Trust Fund #3
<b>Financial Position</b>			
<b>Assets</b>			
Cash and investments	3,543,539	7,061	10,680,539
Accounts receivable	-	-	-
Future income tax assets	-	-	-
	<u>3,543,539</u>	<u>7,061</u>	<u>10,680,539</u>
<b>Liabilities and Fund balance</b>			
Benefits and accounts payable	18,343	-	155,025
Income taxes payable	116,232	-	42,243
Deferred income taxes	14,000	-	51,000
Reserve for future benefits	1,660,000	-	10,816,000
Fund balance (unfunded liability)	1,734,964	7,061	(383,729)
	<u>3,543,539</u>	<u>7,061</u>	<u>10,680,539</u>
<b>Operations</b>			
<b>Revenue</b>			
Investment gain	219,091	68	682,080
<b>Expenses</b>			
Benefits	358,540	-	1,354,509
Income taxes	(98,422)	-	104,602
Operations	191,803	395	279,688
Change in actuarial liability for plan benefits	(234,000)	-	(781,000)
	<u>217,921</u>	<u>395</u>	<u>957,799</u>
<b>Changes in Fund Balance for Year</b>	1,170	(327)	(275,719)
<b>Fund Balance, beginning of year</b>	1,733,794	7,388	(108,010)
<b>Fund Balance (unfunded liability), end of year (September 30, 2016)</b>	<u>1,734,964</u>	<u>7,061</u>	<u>(383,729)</u>

The Association's President is a director of the National Union of Public and General Employees (NUPGE) and an officer of the BC Federation of Labour and, therefore, the organizations are related.

The Association's President is also a director of Working Enterprises Ltd. and, therefore, the organizations are related.

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

### 12. Budget information

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

### 13. Comparative figures

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





X-ray technologist Yasaman Gheidi

RESOLUTIONS

## REPORT OF THE RESOLUTIONS COMMITTEE



Your Resolutions Committee (L-R) Rosemary DeYagher (staff), Christine Ambrose (Region 2), Candis Johnson (Region 10), Terri Russell (Region 8), Michelle Stewart (Region 1), Edie Elias (Region 9), Tara Chen (Region 6), Jas Giddha (Region 7), Ramzan Anjum (Region 5), Miriam Sobrino (staff), Kevin Towhey (Region 8 Director), Mohammed Kazemian (Region 4), Alwyn Chan (Region 3), Janice Morrison (Chair, Vice-President and Region 9 Director)

The HSA constitution states (Article 7, Section 4(a)): “members of the union may bring matters before a Convention for the 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 of HSA may also put resolutions forward. It is the role of the Resolutions Committee to make recommendations 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. The additional Director has voice but no vote in the committee’s final recommendation to convention delegates on concurrence or non-concurrence with resolutions.

This year’s committee provided a broad representation of our members. We had three supported child development consultants, three medical laboratory technologists, two medical radiation technologists, and one each of cardiology technologist, physiotherapist, pharmacist, and speech language pathologist. Six of these members were “first timers” to the Resolutions Committee, and for one member this will be her first convention – nothing like jumping right in! The committee’s debate on the resolutions was thoughtful, thorough, and lively – no doubt a foreshadowing of the debate that will happen on the convention floor.

This year the deadline for resolutions to be received in the HSA office was January 27, 2017. The committee met February 2 and 3 to review all of the submissions. Of the 75 resolutions submitted by the deadline, 61 were accepted, five were withdrawn and

nine were deemed to be bargaining resolutions. No resolutions were received after the deadline. As per policy, letters of notification were sent to the chapters whose resolutions were not accepted.

When resolutions are received they are reviewed to ensure:

- 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: membership, occupational health and safety or education. 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 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 an opportunity to speak, the question is called. Committee members then vote to recommend “concurrence” or “non-concurrence” on the given resolution. A straight majority vote establishes the recommendation that will go forward to the convention delegates. The last step is to write a rationale which supports the recommendation of the committee. This rationale is read to the delegates at convention.

The Resolutions Committee also has the responsibility of determining the order of presentation of the resolutions on the convention floor. Each delegate at convention is entitled to cast one vote on each resolution. A straight majority vote of the delegates is required to pass any resolution to convention. 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 committee members for their thoughtful deliberations on the resolutions in advance of the convention and for the time they give during the course of the convention to ensure the work of the union is carried out efficiently. On behalf of the committee I would like to thank Miriam Sobrino for her contributions in assisting the discussions of the committee and to Rosemary DeYager for her expert organizational skills. 

*Respectfully submitted,  
Janice Morrison, Chair*

# Resolutions

## 1. COMMUNICATIONS (Covers 2)

WHEREAS: Health Sciences Association (“HSA”) was very successful in raising public awareness with their advertising campaign highlighting certain professions; and

WHEREAS: This advertisement covered just a few of the professions that belong to HSA; and

WHEREAS: Our union encompasses many diverse and unique professions, some of whom may not be known to the general public.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to support public awareness of **ALL** professions in HSA, **INCLUDING** those which may not have widespread recognition.

SUBMITTED BY: Vancouver General Hospital  
Committee Recommendation: Concurrence as amended  
 Carried  
 Defeated

## 2. COMMUNICATIONS (Covered by 1)

WHEREAS: The general public is unaware of who or what radiation therapists are or do; and

WHEREAS: Health Sciences Association (“HSA”) has promoted other professions within our membership in the media.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will vigorously promote the profession of radiation therapy in future advertising campaigns.

SUBMITTED BY: Fraser Valley Cancer Centre  
Committee Recommendation:  
 Carried  
 Defeated

## 3. EDUCATION

WHEREAS: Health Sciences Association (“HSA”) members value education, and this is a valuable tool for member engagement; and

WHEREAS: An on-line resource center is a cost-effective means of sharing education materials.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) develop an on-line bank of education modules that can be used by stewards wishing to provide education opportunities to members at their sites e.g. at chapter meetings; and

**BE IT FURTHER RESOLVED:** That HSA develop a series of short on-line modules on topics commonly encountered by stewards.

SUBMITTED BY: Eagle Ridge Hospital  
 Committee Recommendation: Concurrence  
 Carried  
 Defeated

**4. EDUCATION**

**WHEREAS:** The current Health Sciences Association (“HSA”) scholarship and bursary selection process gives preference to applicants who are applying to education institutions within BC; and

**WHEREAS:** Applicants are HSA members (or dependents) who may wish to choose the best program to achieve their education and career goals.

**THEREFORE BE IT RESOLVED:** that Health Sciences Association (“HSA”) revise the selection criteria for scholarships and bursaries to equally treat applicants for any post-secondary institutions, regardless of province.

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

**5. EDUCATION**

**WHEREAS:** There is currently no training offered by Health Sciences Association (“HSA”) for chief stewards; and

**WHEREAS:** Chief stewards would benefit from specific training that would explain their roles and responsibilities allowing them to better lead and coordinate their chapter;

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) will establish **TRAINING** opportunities for chief stewards; and

**BE IT FURTHER RESOLVED:** That HSA will implement **TRAINING** opportunities **AS SOON AS POSSIBLE.**

SUBMITTED BY: Fraser Valley Cancer Centre  
 Committee Recommendation: Concurrence as amended  
 Carried  
 Defeated

**6. EDUCATION**

**WHEREAS:** Governments are attacking the gains of the union movement through legislation, privatization of public resources/services and slander via social media (internet, television, radio and print).

**WHEREAS:** Many Health Sciences Association (“HSA”) members do not know the history of the union movement nor the struggles and sacrifices to achieve worker’s rights through direct action including strikes, bargaining, community organizing and campaigns to elect union activists in municipal, provincial and federal elections.

**WHEREAS:** Many HSA members view their collective agreement rights as a personal entitlement rather than active partnership and solidarity with others who struggle for women’s autonomy and the end of racism and class exploitation.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) develop an education course to equip members with accurate knowledge regarding the history of the union movement and the specific history of the HSA.

**BE IT FURTHER RESOLVED:** That HSA devote staffing and financial resources to enable members

## RESOLUTIONS - EQUALITY AND SOCIAL ACTION

to participate in the course and organize them into social justice activism.

SUBMITTED BY: Sunny Hill Chapter  
Committee Recommendation: Non-concurrence  
 Carried  
 Defeated

### 7. EQUALITY AND SOCIAL ACTION

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

WHEREAS: There is a well-documented housing crisis in many areas of British Columbia; and

WHEREAS: Families are unable to access and/or afford suitable housing, partially related to eligibility criteria (e.g. income testing deems families eligible to either rental assistance or subsidized housing, but not both).

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) work with the National Union of Public and General Employees and the BC Federation of Labour to advocate for the funding and creation of affordable housing.

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

### 8. EQUALITY AND SOCIAL ACTION

WHEREAS: BC Federation of Labour (“BCFL”) Executive Council “passed” a “Trans\* Exclusionary Donations Policy” prohibiting the BCFL from donating money to organizations “who discriminate against trans\* and transgender individuals or

groups”, and encouraged affiliates to adopt this same practice; and

WHEREAS: The policy asserts its own definition, rather than adopting legal criteria for determining if an organization is “trans\* exclusionary”; and

WHEREAS: The policy was passed without vote and without BCFL delegates or members of committees hearing directly from targeted organization(s) like Vancouver Rape Relief and Women’s Shelter ([www.rapereliefshelter.bc.ca](http://www.rapereliefshelter.bc.ca)) who could speak to their own policies (i.e., peer consciousness-raising and women’s only space) and rights, which were affirmed by the BC Supreme Court in 2003.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) invite representatives from Vancouver Rape Relief and Women’s Shelter, and other organizations affected by the policy, to speak to their own work prior to making decisions regarding donations and support for public education/coalition work.

SUBMITTED BY: Sunny Hill Chapter  
Committee Recommendation: Non-concurrence  
 Carried  
 Defeated

### 9. FINANCE

WHEREAS: There are various members waiting for long term disability benefits and are experiencing financial hardship; and

WHEREAS: Some of these members in hardship face losing their homes; and

WHEREAS: Some members are denied benefits and face a longer appeal process.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) explore the development of a hardship fund, ascertain the cost involved and potentially how many members would be affected; and report back to the membership no later than December 31, 2017; and

BE IT FURTHER RESOLVED: that HSA develop an approval process for the hardship fund

BE IT FINALLY RESOLVED: that HSA explore options for members to receive hardship funds that would be repaid if their appeal was successful, or potentially a one time allocation of \$750.00 for members who are in their waiting period and who have exhausted all sick bank, vacation bank and medical employment insurance.

SUBMITTED BY: St. Paul’s Hospital

Committee Recommendation: Non-concurrence

Carried

Defeated

## 10. FINANCE

WHEREAS: Health Sciences Association (“HSA”) chapters have routine expenses and overhead resulting from the day to day operation of the chapter (such as office supply purchases and chapter meeting expenses); and

WHEREAS: Reimbursement of chapter expenses often takes over a month to process and these expenses can cause a financial burden, especially to stewards in larger chapters.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will provide large chapters with a small petty cash fund, supported by receipts, equal to \$0.75 per member per year; and

BE IT FURTHER RESOLVED: That if the petty cash fund is not completely used at the end of the fiscal year, that it re-sets at the beginning of each year without accumulating; and

BE IT FINALLY RESOLVED: That this petty cash fund be used for operational expenses and for supporting member outreach efforts in a more streamlined manner.

SUBMITTED BY: Royal Jubilee Hospital

Committee Recommendation: Non-concurrence

Carried

Defeated

## 11. FINANCE

WHEREAS: For 20 years Health Sciences Association (“HSA”) members have supported, through dues and fundraising, the Canadian Breast Cancer Foundation; and

WHEREAS: There are equally deserving causes that HSA members will benefit from and feel proud to support; which will highlight their work and support a vulnerable client population; and

WHEREAS: Mental health issues in BC are emerging as an increasingly urgent healthcare need that impacts patients as well as members and their families.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) **INVESTIGATE A STRATEGIC PARTNERSHIP WITH** a mental health charity; and

BE IT FURTHER RESOLVED: That HSA consider the Canadian Mental Health Association B.C (CMHA BC) as one possible **PARTNERSHIP** due to

## RESOLUTIONS - FINANCE

the level of programs, advocacy and support **FOR** children, youth, families, and adults.

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

### 12. FINANCE

WHEREAS: Days off and weekends are of vital importance to the work/life balance and they have been vigorously fought for and protected by unions; and

WHEREAS: Some union activities occur on weekends and regularly scheduled days off; and

WHEREAS: Members who attend the annual convention on the Thursday and Friday receive union banked time if this is their regularly scheduled day off.

THEREFORE BE IT RESOLVED: That all members attending union functions on regular days off shall be granted union paid time in lieu.

SUBMITTED BY: Fraser Valley Cancer Centre  
Committee Recommendation: Non-concurrence  
 Carried  
 Defeated

### 13. FINANCE

WHEREAS: We currently pay union dues on all wages earned from the employer, including overtime and any payout of benefit banks upon retirement; and

WHEREAS: Not all unions take dues from overtime, only regular work hours are subject to dues (ie base rate of pay excluding shift differential).

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) change its dues structure to one that only pays dues on regular work hours; and

BE IT FURTHER RESOLVED: That this change take place according to the collective agreement after the 60 day ratification which should be given immediately following Ccnvention.

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

### 14. FINANCE

WHEREAS: Members’ engagement in our union is negatively impacted by caregiving responsibilities; and

WHEREAS: Existing coverage for childcare expenses does not address the needs of members from out of town, who may not be able to leave children for several days at a time; and

WHEREAS: This is a particular barrier for women’s participation in our union.

WHEREAS: Some other unions support their membership by providing onsite childcare where possible and appropriate;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) incorporate onsite childcare at its annual convention; and

BE IT FURTHER RESOLVED: That HSA explore the possibility of providing childcare opportunities for members attending regional meetings and other

training and education events where appropriate and possible.

SUBMITTED BY: Comox Valley Transition Society  
Committee Recommendation: Non-concurrence

Carried  
 Defeated

### 15. FINANCE

WHEREAS: Hospital departments are frequently being outsourced to private companies that offer lower pay and less benefits to employees;

THEREFORE BE IT RESOLVED: That if a department containing Health Sciences Association (“HSA”) members is planned to be outsourced and employees are interested in starting a private employee owned, unionized company to bid on their replaced services, that HSA examine the risks and consider offering start-up loan to the members for their planned business using the defence fund.

SUBMITTED BY: Trail Chapter  
Committee Recommendation: Non-concurrence

Carried  
 Defeated

### 16. GENERAL

WHEREAS: The BC Nurses’ Union (“BCNU”) has participated in anti-union behaviour and has raided other health care unions including the Hospital Employees’ Union (“HEU”) and Health Sciences Association (“HSA”) members such as psychiatric nurses, psychologists, psychometrists ; and

WHEREAS: Raiding of other unions undermines the ability of unions to effectively serve and bargain on behalf of their members, which can destabilize the workplace; and

WHEREAS: HSA has made gains in slowing down and preventing the raiding actions of BCNU;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to fund and support the anti-raid campaign to defend against BC Nurses’ Union raiding practices of all HSA members; and

BE IT FURTHER RESOLVED: that HSA continues to challenge BCNU’s labour practices through all available channels; and

BE IT FINALLY RESOLVED: That HSA continue to work to ensure BCNU is excluded from the house of labour as long as raiding continues.

SUBMITTED BY: Royal Jubilee Hospital  
Committee Recommendation: Concurrence

Carried  
 Defeated

### 17. GENERAL

WHEREAS: BC Nurses’ Union’s (“BCN”) raiding activities are counter-productive to advancing workers’ interest and has significant negative impacts on the union and the members; and

WHEREAS: Union solidarity in opposition to raiding is necessary now.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) establish a policy clarifying that members are not required to respect or honour any picket lines of any union that is engaged in raiding activities of other unions.

SUBMITTED BY: Surrey Memorial Hospital  
Committee Recommendation: Non-concurrence

Carried  
 Defeated

## RESOLUTIONS - GENERAL

### 18. GENERAL

WHEREAS: Health Sciences Association (“HSA”) members accessing the site steward lists on the HSA website may feel uncomfortable with the idea of reaching out to a stranger; and

WHEREAS: HSA chief and assistant chief stewards are some of the most visible faces of the union at their worksites and, by being visible in the workplace, increase member engagement with their union

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will, with the permission of the chief/assistant chief steward, post their photographs alongside their contact information on the HSA site steward list.

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

### 19. GOVERNANCE

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

WHEREAS: **MEETING THIS TEST** is almost impossible, given the structure of our workplaces and regions, as well as the sheer number of signatures **REQUIRED**; and

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

WHEREAS: Regional Directors hold a great responsibility on the Board of Directors to repre-

sent the entire membership and the current recall language does nothing to provide a realistic check in cases where a Director is not upholding his/her responsibilities.

THEREFORE BE IT RESOLVED: That **ARTICLE 10, SECTION 6 OF** the constitution be **REVIEWED WITH A VIEW** to reflecting a more attainable recall procedure in cases where the Regional Director is not upholding his/her constitutional duties.

SUBMITTED BY: Vancouver General Hospital  
Committee Recommendation: Concurrence as amended  
 Carried  
 Defeated

### 20. GOVERNANCE

WHEREAS: Currently there is no limit to how many terms a member may serve in a Director role or President; and

WHEREAS: Long standing board members may feel some ownership of policies and procedures they had a hand in crafting or putting into place; and

WHEREAS: The roles of unions are changing and the issues we are facing are evolving.

THEREFORE BE IT RESOLVED: That a term limit of no more than three (3) consecutive terms be served by any President or Director; and

BE IT FURTHER RESOLVED: That any changes to the constitution be made to reflect this change in policy.

SUBMITTED BY: Royal Inland Hospital  
Committee Recommendation: Concurrence  
 Carried  
 Defeated

**21. GOVERNANCE**

WHEREAS: All union business dealt with at convention is considered to be top priority. When discussing a resolution it can be drawn out with many speakers making the same argument on a topic. This can affect the time allotted for dealing with resolutions; and

WHEREAS: The BC Federation of Labour successfully uses a pro/con mic system at its convention and

WHEREAS: Use of a pro and con microphone system would allow for the chair to read the floor effectively. One microphone would be designated for both pro and con as to not intimidate potential speakers.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) implement a pro/con microphone system at convention.

SUBMITTED BY: Child Development Centre of Prince George  
 Committee Recommendation: Concurrence  
 Carried  
 Defeated

**22. GOVERNANCE**

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

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

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

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) hold a referendum of the membership as a whole to determine if we should

change from the current delegate only voting process for President to a one member one vote process; and

BE IT FURTHER RESOLVED: That the results be reported back to the 2018 Convention, with appropriate changes to the constitution, if necessary.

SUBMITTED BY: Royal Inland Hospital  
 Committee Recommendation: Concurrence  
 Carried  
 Defeated

**23. GOVERNANCE**

WHEREAS: Health Sciences Association (“HSA”) has several committees for the purpose of advancing the goals of the membership; and

WHEREAS: Young workers representation is currently lacking and young workers are less likely to hold elected positions or be engaged with our union; and

WHEREAS: Union participation will help address inequity that exists for many young workers while building the next generation of labour activists.

THEREFORE BE IT RESOLVED: That Health Sciences Association will explore the possibility of creating a Young Workers Committee; and

BE IT FURTHER RESOLVED: That HSA will hold a focus group or workshop with at least 1-2 young workers from each region to gather information and make recommendations regarding structure, purpose and activities of such a committee; and

## RESOLUTIONS - GOVERNANCE

**BE IT FINALLY RESOLVED:** That the findings of this focus group or workshop will be made available and presented for consideration at the next annual convention in 2018.

SUBMITTED BY: Comox Valley Transition Society

Committee Recommendation: Concurrence

Carried

Defeated

### 24. GOVERNANCE

**WHEREAS:** It is often difficult to finish discussions and voting on all of the resolutions during convention; and

**WHEREAS:** Speakers can take up a significant portion of the time during convention.

**THEREFORE BE IT RESOLVED:** That Saturday afternoon of convention be scheduled for speakers; and

**THEREFORE BE IT FURTHER RESOLVED:** That Saturday afternoon speakers be replaced by resolution voting if resolution voting is not complete.

SUBMITTED BY: Trail Chapter

Committee Recommendation: Non-concurrence

Carried

Defeated

### 25. GOVERNANCE

**WHEREAS:** Many sites are having difficulty maintaining a full complement of stewards; and

**WHEREAS:** Having a full complement of stewards who are able to discuss issues with each other reduces labour relations officer workload.

**THEREFORE BE IT RESOLVED:** That stewards either pay no union dues or reduced union dues.

SUBMITTED BY: Trail Chapter

Committee Recommendation: Non-concurrence

Carried

Defeated

### 26. GOVERNANCE

**WHEREAS:** The reasoning behind resolution committee recommendations often gives excellent information about the resolution allowing for a more informed discussion with members prior to convention.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) release the Resolutions Committee recommendation reasons, normally spoken at convention, before each resolution prior to convention.

SUBMITTED BY: Trail Chapter

Committee Recommendation: Non-concurrence

Carried

Defeated

### 27. HEALTH HUMAN RESOURCES

**WHEREAS:** There is a shortage of occupational therapists, speech language pathologists, physiotherapists and social workers in BC; and

**WHEREAS:** These professionals contribute to the wellbeing and safety of BC residents; and

**WHEREAS:** Evidence shows that having these professions available to the people who need them save money for health care long term when services are provided in a timely fashion

**THEREFORE BE IT RESOLVED:** That Health Sciences Association continue to promote and lobby

## HEALTH SERVICES

for a decrease in the gaps in **HEALTH CARE AND SOCIAL** services in BC; and

**BE IT FURTHER RESOLVED:** That HSA also lobby **FOR** the government to increase awareness and education about health care in BC.

SUBMITTED BY: BC Centre for Ability

Committee Recommendation: Concurrence as amended

Carried

Defeated

### 28. HEALTH HUMAN RESOURCES

**WHEREAS:** The Health Sciences Association (“HSA”) has successfully lobbied for many years for an increase in physiotherapy training spaces; and

**WHEREAS:** The recent increase in physiotherapy training spaces has not resulted in a significant improvement in recruitment and retention of physiotherapists in public practice, with many sites continuing to have multiple vacancies and a severe shortage of casual staff.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) examine attitudes amongst physiotherapy students and new graduates regarding working in public practice, including their reasons for entering or leaving public practice work, and report back to the membership no later than December 31, 2017.

SUBMITTED BY: Eagle Ridge Hospital

Committee Recommendation: Non-concurrence

Carried

Defeated

### 29. HEALTH SERVICES

**WHEREAS:** There is increasing push to discharge patients early from acute and sub-acute care settings

in an effort to reduce length and cost of hospital stay; and

**WHEREAS:** There is a lack of readily available health equipment (i.e. wheelchairs, walkers, hospital bed, commodes) to facilitate safe discharges home; and

**WHEREAS:** The Red Cross through its Health Equipment Loan Program (HELP) provides health equipment to individuals dealing with illness and/or injury. Its resources and ease of access are limited and don't currently meet the needs of all clients.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association lobby the government and health authorities to develop and implement alternative equipment loan strategies to adequately meet the needs of all clients in BC.

SUBMITTED BY: Royal Columbian Hospital

Committee Recommendation: Concurrence

Carried

Defeated

### 30. HEALTH SERVICES

**WHEREAS:** Evidence shows that occupational therapy services increase quality of life and function in individuals who receive services early; and

**WHEREAS:** Participation in occupational therapy services as early as possible, decreases the long-term burden on our health care system;

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) work together with the College of Occupational Therapists of BC (“COTBC”) and the Canadian Association of Occupational Therapists (“CAOT”) to increase awareness of services available for the people of BC; and

## RESOLUTIONS - HEALTH SERVICES

**BE IT FURTHER RESOLVED:** That HSA work together with COTBC and CAOT to increase access for patients and clients to occupational therapy services.

SUBMITTED BY: BC Centre for Ability  
Committee Recommendation: Non-concurrence  
 Carried  
 Defeated

### 31. HEALTH SERVICES

**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 some children never receive services because of long waitlists.

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

SUBMITTED BY: Fraser Valley Child Development Centre  
Committee Recommendation: Concurrence  
 Carried  
 Defeated

### 32. HEALTH SERVICES

**WHEREAS:** The government of BC has recognized the need for quality childcare spaces in the province. There has been funding given to increase childcare space; and

**WHEREAS:** When budgeting for these spaces, no funding was provided to supported child development. This lack of increased dollars has limited chil-

dren with special needs/challenges from accessing these spaces. Children with extra support needs are being excluded, which is burdening parents trying to contribute in the workforce.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association ("HSA") advocate and lobby the Ministry of Children and Family Development to increase funding to allow inclusive access to quality childcare spaces.

SUBMITTED BY: Child Development Centre of Prince George  
Committee Recommendation: Concurrence  
 Carried  
 Defeated

### 33. HEALTH SERVICES

**WHEREAS:** Child and youth mental health services for children aged 0-5 years are a proactive and preventative measure; and

**WHEREAS:** Child and youth mental health services are mandated to support children aged 0-5 years and their families through assessment and intervention; and

**WHEREAS:** Existing resources are not adequate to meet the demands (e.g. waitlists of up to 18 months), which results in increased mental health acuity and decreased family wellness.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association ("HSA") work with its affiliates to lobby the provincial government to increase funding specific to early years mental health services to

## LABOUR RELATIONS

include the hiring of skilled clinicians with expertise working with children aged 0-5 years.

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

### 34. HEALTH SERVICES

WHEREAS: Children with complex and/or medical needs are being denied access to necessary resources and supports through the At Home Program (e.g. dietary supplements, equipment, diapers, respite); and

WHEREAS: Charitable organizations are becoming more restrictive with their funding criteria; and

WHEREAS: Whereas the burden of meeting these needs is falling on families who are already facing financial hardship (e.g. difficulty maintaining full-time employment)

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

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

### 35. HEALTH SERVICES

WHEREAS: Many seniors and people with disabilities continue to be discharged home at risk for falls and deterioration of health; and

WHEREAS: Home care services have been cut and now are limited to basic activities of daily living ("ADL"), e.g. assistance with bathing; and

WHEREAS: The provincial government and health authorities are aware that the cost of keeping people in their homes is significantly less than having people in acute care beds or in care facilities.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") continue to lobby the government and health authorities to include assistance with instrumental activities of daily living ("IADL"), e.g. assistance with shopping, meal preparation and laundry to home care support services, so seniors and people with disabilities with no family and support can remain at home safely and with dignity.

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

### 36. LABOUR RELATIONS

WHEREAS: With the ever changing landscape of healthcare delivery and services, members need support to cope with different aspects of change, such as a Section 54.

THEREFORE BE IT RESOLVED: That the union develop a change management strategic plan for any major changes that affect health human resources for our members.

SUBMITTED BY: St. Joseph's General Hospital Comox  
Committee Recommendation: Concurrence  
 Carried  
 Defeated

## RESOLUTIONS - LABOUR RELATIONS

### 37. LABOUR RELATIONS

WHEREAS: The employer is strategically and methodically “down-grading” Health Sciences Association (“HSA”) bargaining unit work, regardless of job classification, to the lowest grade established in the Health Science Professionals Bargaining Association Collective Agreement; and

WHEREAS: HSA members are highly skilled health care professionals who perform crucial diagnostic, clinical, technological and direct care interventions; and

WHEREAS: HSA members develop and demonstrate expertise through ongoing mentorship, education and training and performance of complex skills; and

WHEREAS: The employer denigrates our expertise by claiming that our members are interchangeable (i.e., “a therapist is a therapist”) regardless of our training and/or experience, or that other professions should be entitled to perform our work (i.e., nurses conducting feeding assessments or imaging).

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) utilize the processes established in our collective agreements to ensure members are appropriately classified and compensated for their expertise; and

BE IT FURTHER RESOLVED: That HSA develop a media campaign to increase public awareness and support of the specialized expertise and work HSA members perform.

SUBMITTED BY: Sunny Hill Chapter

Committee Recommendation: Concurrence

Carried

Defeated

### 38. LABOUR RELATIONS

WHEREAS: Currently, Health Sciences Association (“HSA”) members’ experience with the special leave application process has been negative and inconsistent since human resources assumed responsibility for administration of the process; and

WHEREAS: Employers increasingly deny member requests for special leave while refusing to provide the guidelines they are using and refusing to provide specific explanations on why the requests are denied; and

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) strongly encourage the employer to honour the spirit of the collective agreement language related to special leave benefits.

SUBMITTED BY: Holy Family Hospital

Committee Recommendation: Concurrence

Carried

Defeated

### 39. LABOUR RELATIONS

WHEREAS: Health Sciences Association (“HSA”) member grievances take a very long time to be processed and resolved; and

WHEREAS: The long waiting period and unresolved grievances has negative consequences in the workplace and negative impact on HSA morale; and

WHEREAS: These negative consequences have discouraged members from filing grievances where justified and appropriate per our collective agreement.

## MEMBER SERVICES

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) develop a better action plan for an effective process to deal with member grievances so that they are resolved in a timely manner.

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

### 40. LABOUR RELATIONS

**WHEREAS:** Currently Health Sciences Association (“HSA”) members have experienced abrupt changes in the administration processes regarding special leave and vacation change requests and human resources is now dealing with all special leaves and change of approved vacation request instead of site leaders and PPLs/supervisor; and

**WHEREAS:** These changes have been without any consultation with members and different departments within organizations where HSA members work; and

**WHEREAS:** Since the change of processes, member requests for special leave and reasonable changes to vacation requests have been denied, e.g. request for change with more than six months advanced notice and with no impact on departmental operations.

**THEREFORE BE IT RESOLVED:** That Health Sciences Association (“HSA”) lobby and strongly encourage the employer to honour the collective agreement and to consult with and involve members and their supervisors in different departments prior to making changes to the existing administrative processes.

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

### 41. MEMBER SERVICES

**WHEREAS:** Local stewards often encounter unique contractual issues; and

**WHEREAS:** Contract interpretation can be less than straightforward and is often complex in nature; and

**WHEREAS:** Timely responses to inquiries are essential for stewards and members; and

**WHEREAS:** Stewards are faced with professional time constraints and responsibilities and there are times when the labour relations officer (“LRO”) and intake LRO are often unavailable.

**THEREFORE BE IT RESOLVED:** That an online stewards forum be created as a mechanism for education and problem solving of issues; and

**BE IT FURTHER RESOLVED:** That forum questions be responded to by a labour relations officer on a daily basis.

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

### 42. MEMBER SERVICES (Covers 43 and 44)

**WHEREAS:** Last year an emergency resolution led to the formation of an anti-raid task force coupled with an all-purpose workload campaign that has given the Health Sciences Association (“HSA”) the opportunity to reach out and engage a compelling

## RESOLUTIONS - MEMBER SERVICES

portion of the HSA membership across all of BC.; and

WHEREAS: This work is needed on a continual basis to keep members engaged and more active in the union; and

WHEREAS: This has been an effective tool and has resulted in a successful defense against raiding during this last raiding period; and

WHEREAS: This work has provided support and engagement to build existing steward teams and to recruit stewards and contacts to sites where we had none; and

WHEREAS: This can only serve to build our union strength going forward

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) continue to dedicate the necessary resources and funding that would continue to allow this valuable collaborative working relationship between HSA staff and members to continue to build on the foundation of the member engagement.

SUBMITTED BY: St. Paul’s Hospital  
Committee Recommendation: Concurrence

Carried  
 Defeated

### 43. MEMBER SERVICES (Covered by 42)

WHEREAS: Resolutions from last year’s annual convention led to the creation of a successful anti-raid task force; and

WHEREAS: These resolutions also led to the development of a multifaceted workload campaign; and

WHEREAS: Both these initiatives resulted in significant engagement with members across all

professions and around the province, who had not engaged with HSA in the past; and

WHEREAS: Ongoing engagement is essential for maintaining the strength and vitality of the union.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) provide ongoing commitment to the necessary resources for a multidisciplinary staff and member led engagement team.

SUBMITTED BY: Eagle Ridge Hospital  
Committee Recommendation:

Carried  
 Defeated

### 44. MEMBER SERVICES (Covered by 42)

WHEREAS: An emergency resolution from last year’s annual convention led to the creation of a successful, multidisciplinary anti-raid task force; and

WHEREAS: These resolutions also led to the development of a multifaceted workload campaign, and

WHEREAS: Both these initiatives resulted in a significant engagement with members across all professions who had not been engaged with HSA in the past, and the best defense to hostile raiding practices is a well engaged membership who knows the value of belonging to Health Sciences Association (“HSA”).

THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) provide an ongoing commitment to the necessary resources for a multidisciplinary staff and member led engagement team.

SUBMITTED BY: Surrey Memorial Hospital  
Committee Recommendation:

Carried  
 Defeated

### 45. MEMBER SERVICES

WHEREAS: The existing on-line contract interpretation manual does not contain the most up-to-date information; and

WHEREAS: There are many new stewards who require extra support; and

WHEREAS: Up-to-date contract interpretation is vital for Stewards to be able to provide accurate information to Health Sciences Association (“HSA”) members

THEREFORE BE IT RESOLVED: That Health Sciences Association update the on-line contract interpretation manual to align with the most current information and develop a process to maintain that information going forward.

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

### 46. MEMBER SERVICES (Covers 47)

WHEREAS: Labour relations officers (“LROs”) play a vital role in resolving issues; and

WHEREAS: Some members are unable to access an LRO in a reasonable amount of time due to LRO workload; and

WHEREAS: Some members have been unable to file a grievance within the time limit due to lack of timely LRO response or unavailability.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) review the budget and consider hiring more labour relations officers (“LROs”) to assist members.

SUBMITTED BY: BC Cancer Agency  
(Vancouver Cancer Centre)  
Committee Recommendation: Non-concurrence  
 Carried  
 Defeated

### 47. MEMBER SERVICES (Covered by 46)

WHEREAS: Some members are unable to file grievances on issues due to the 21 day time limit; and

WHEREAS: Members are not aware a time limit exists; and

WHEREAS: Grievances held awaiting feedback from stewards or labour relations officers.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) better communicate grievance time limits to its members; and

BE IT FURTHER RESOLVED: That HSA provide additional support resources to ensure that grievances can be filed within the time limit.

SUBMITTED BY: BC Cancer Agency  
(Vancouver Cancer Centre)  
Committee Recommendation:  
 Carried  
 Defeated

### 48. MEMBER SERVICES

WHEREAS: With the governmental policy of fiscal prudence in healthcare, members are experiencing the effect of staff shortages and violations of the collective agreement.

## RESOLUTIONS - MEMBER SERVICES

THEREFORE BE IT RESOLVED: That HSA provide more in-depth training for local stewards to take on the case load.

SUBMITTED BY: St. Joseph's General Hospital Comox  
Committee Recommendation: Concurrence

Carried

Defeated

### 49. MEMBER SERVICES

WHEREAS: The servicing labour relations officer (LRO) for some chapters changes frequently; and

WHEREAS: After an LRO change, members no longer know which LRO is servicing their chapter; and

WHEREAS: New LROs are not fully aware of current chapter issues.

THEREFORE BE IT RESOLVED: That a greater attempt is made to ensure that the same labour relations officer ("LRO") services each chapter; and

BE IT FURTHER RESOLVED: That new LROs are brought up to speed more quickly on on-going chapter issues; and

BE IT FINALLY RESOLVED: That stewards are made aware of their servicing LRO.

SUBMITTED BY: BC Cancer Agency  
(Vancouver Cancer Centre)  
Committee Recommendation: Concurrence

Carried

Defeated

### 50. MEMBER SERVICES

WHEREAS: Members who apply for long term disability ("LTD") and have their claims denied are forced to wait an unfairly long time to have their

appeals adjudicated. This delay can be over a year; and

WHEREAS: This causes members to experience significant financial stress. They have to depend on savings, relatives and friends; and

WHEREAS: This process is dictated by the large national insurance companies which carry our LTD coverage.

THEREFORE BE IT RESOLVED: That Health Sciences Association work with the BC Federation of Labour and the Canadian Labour Congress to expedite the appeal process for LTD claims that are declined.

SUBMITTED BY: BC Cancer Agency  
(Vancouver Cancer Centre)  
Committee Recommendation: Non-concurrence

Carried

Defeated

### 51. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The opioid crisis has killed 914 people this past year; and

WHEREAS: First responders have attended to 14,000 overdose calls; and

WHEREAS: This is a significant workplace issue resulting in post traumatic stress disorder ("PTSD") for workers.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") provide support for frontline workers by petitioning the government for increased resources for treatment of post traumatic stress disorder ("PTSD"); and

BE IT FURTHER RESOLVED: That WorkSafe BC **BE LOBBIED** to recognize and accept claims for

## OCCUPATIONAL HEALTH AND SAFETY

### PTSD AS AN OCCUPATIONAL DISEASE RELATED TO EMPLOYMENT.

SUBMITTED BY: Lions Gate Hospital

Committee Recommendation: Concurrence as amended

Carried

Defeated

### 52. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Violence in the workplace is a significant issue for workers in both community social services and healthcare and,

WHEREAS: the Ministry of Health, in cooperation with the provincial health authorities have developed a plan for reducing the risk of violence faced by healthcare workers and,

WHEREAS: Mental Health and Addictions treatment have been identified as high risk areas and

WHEREAS: HSA members working in Mental Health and Addictions are also members of the Community Social Services Bargaining Association (“CSSBA”).

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) work through the Joint Occupational Safety and Health (“JOSH”) Committees at Community Social Services Bargaining Association worksites to create comprehensive plans for violence prevention in mental health and addictions treatment programs.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Carried

Defeated

### 53. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The number of Health Sciences As-

sociation (“HSA”) members who are experiencing mental illness and injury continues to grow and;

WHEREAS: Members are often unaware of what is happening to them until after the injury has occurred.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to work with the Canadian Mental Health Association to deliver training in mental health first aid to members, including but not limited to, Enhanced Disability Management Program (“EDMP”) representatives.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Carried

Defeated

### 54. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The occupational health and safety regulation was amended in December 2016 and:

WHEREAS: Health Sciences Association (“HSA”) is committed to supporting initiatives that improve member safety.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”), through the site Joint Occupational Safety and Health (JOSH) committees continue to advocate employers to ensure all the requirements of the occupational health and safety regulation are met:

- Mandatory training of new JOSH committee members within six months of being elected to the committee; and
- Mandatory evaluations by the co-chairs of JOSH committees to ensure their effectiveness; and

## RESOLUTIONS - POLITICAL ACTION

- Worker representation on investigations of incidents and potential incidents.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Carried

Defeated

### 55. POLITICAL ACTION

WHEREAS: Many members pay large sums of money for childcare because they need to work.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby the government for truly affordable childcare.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee Recommendation: Concurrence

Carried

Defeated

### 56. POLITICAL ACTION

WHEREAS: Patients who have to travel to the mainland from Vancouver Island for medical appointments have their ferry costs reimbursed; and

WHEREAS: Cancer patients who have to travel daily across toll bridges to receive their treatments and, in addition to the bridge tolls, have to pay a lot of money to park at the hospital.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will lobby the government to waive bridge tolls for patients and reduce or eliminate the cost of parking.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee Recommendation: Non-concurrence

Carried

Defeated

### 57. POLITICAL ACTION

WHEREAS: Health Sciences Association (“HSA”) members are struggling with unmanageable workloads; and

WHEREAS: As a result, many patients, residents and clients are not receiving the type and level of services they require; and

WHEREAS: excessive workloads can result in members being unable to meet their professional responsibilities.

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

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

BE IT FINALLY RESOLVED: That HSA will encourage members to support candidates and parties in the upcoming 2017 provincial election that commit to funding adequate staffing levels to provide quality care and services in health care and community social services.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Carried

Defeated

### 58. POLITICAL ACTION

WHEREAS: The provincial Liberal government imposed restrictive bargaining mandates on public sector workers in recent rounds of bargaining; and

WHEREAS: Health Sciences Association (“HSA”)

## POLITICAL ACTION

members and all other public sector workers, including health and community social services workers, were therefore denied wages comparable with the BC private sector, and public/private sectors in other provinces; and

WHEREAS: The Liberals have used these restrictive bargaining mandates to not only balance their budgets, but actually generate huge surpluses on the backs of public sector workers; and

WHEREAS: The wages imposed by the provincial Liberals make it difficult to recruit and retain many health and social services professions, contributing to chronic understaffing, excessive workload, and inadequate patient and client care;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) will encourage members to support candidates and parties in the upcoming provincial election who value the work of public sector workers and who commit to free collective bargaining for these workers.

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

### 59. POLITICAL ACTION

WHEREAS: BC has one of the highest poverty rates in Canada, despite being one of the wealthiest provinces; and

WHEREAS: One in five BC children live in poverty at a time when the provincial Liberal government has a \$2.24 billion budget surplus; and

WHEREAS: the Poverty Reduction Coalition estimates a comprehensive poverty reduction plan for BC would cost approximately \$3-4 billion dollars annually, while the annual cost of doing nothing is

approximately \$8-9 billion; and

WHEREAS: The BC Liberals are the only provincial government in Canada that does not have a poverty reduction plan;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) continue to work with allied organizations to pressure the provincial government to develop and implement a poverty reduction plan; and

BE IT FURTHER RESOLVED: that HSA encourage members to support candidates and parties in the upcoming 2017 provincial election who commit to implementing a poverty reduction plan for BC.

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

### 60. POLITICAL ACTION

WHEREAS: Canada’s “first-past-the-post” electoral system routinely gives 100 per cent of the power to parties with less than half the votes, while most Canadians want a system where the number of seats a party wins reflects its real level of support; and

WHEREAS: In the 2015 federal election, the Liberals, NDP and Green Party all promised to change the electoral system to make it fairer; and

WHEREAS: The federal Liberals promised during the election campaign that the 2015 election would be the last election conducted under the flawed “first-past-the-post” system, but are now waffling on fulfilling this commitment;

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) support the campaigns of the Canadian Labour Congress and the National

## RESOLUTIONS - POLITICAL ACTION

Union of Public and General Employees to pressure the federal Liberal government to keep its 2015 election promise to replace the current federal “first-past-the-post” electoral system with a proportional representation system where the results more accurately reflect the wishes of the electorate.

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

2) promote defined benefit pension plans for all workers.

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

### 61. POLITICAL ACTION

WHEREAS: Defined benefit pension plans (such as the Municipal Pension Plan that covers many Health Sciences Association (“HSA”) members) provide a reasonable and secure level of retirement income; and

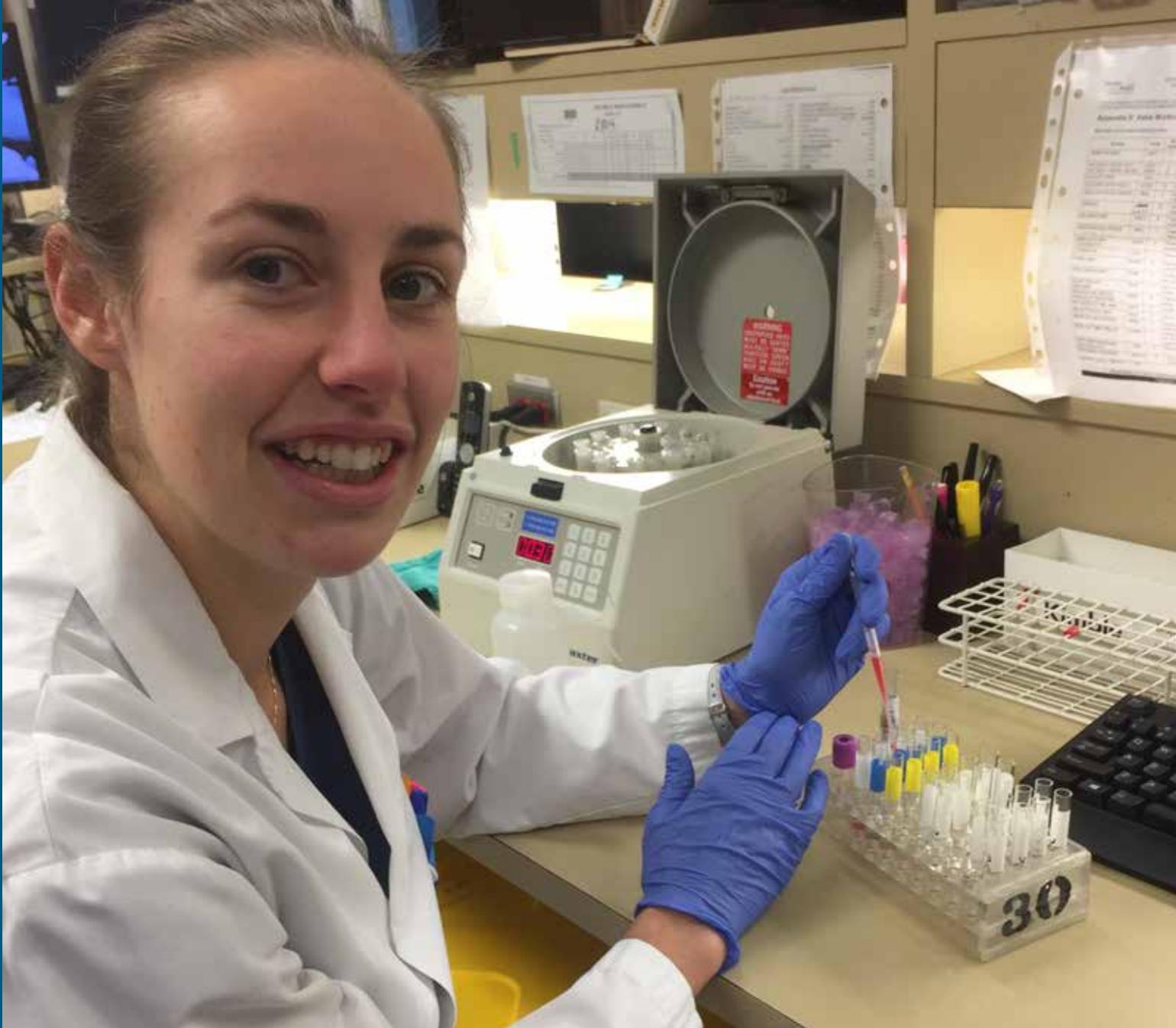
WHEREAS: Right-wing corporations and governments continually promote different ways of weakening or eliminating defined benefit pensions; and

WHEREAS: The federal Liberals are currently promoting Bill C-27, which would make it easier for federal private sector employers and Crown corporations to replace existing defined benefit pension plans with inferior target benefit plans – including for workers who are already retired; and

WHEREAS: Target benefit plans provide less secure benefits and transfer the risk to workers if a plan has insufficient assets;

THEREFORE BE IT RESOLVED: That Health Sciences Association will work with the National Union of Public and General Employees and the Canadian Labour Congress to:

1) oppose Bill C-27 and any other legislation or initiatives that threaten defined benefit pension plans; and



Michelle Dunn, medical laboratory technologist

## COMMITTEE REPORTS

## COMMITTEE ON EQUALITY AND SOCIAL ACTION



(L-R) Derrick Hoyt (Chair, Region 2 Director), Mandi Ayers (Region 10 Director), Dean Avender (Region 8 Member at Large), Devy Tiku (Region 5 MAL), Leila Lolua (staff), Neelam Mann (Region 7 MAL)

In the early fall of each year your Committee on Equality and Social Action collects applications from around the province for the Equality and Social Action Fund. The committee holds an annual “speed dating” meeting – where the applicants are given a short time slot to explain the reasons for their requests and the impacts they expect to achieve. The committee’s recommendation is based on an examination of the applicant’s materials submitted, presentations delivered by representatives of the groups, answers to questions given by the representatives, and through collaborative deliberation the day following the presentations.

This year we received 34 requests for funding from mainly British Columbia groups with some national and international organizations as well. The total amount of funds requested – \$196,398 – was more than double the available funds – \$97,300.

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

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

Of the 34 requests, we distributed funds to all but four of the applicants.

The final decisions were difficult to make, and all the committee members struggled to balance the distribution of the funds to a diverse group of causes which will not only impact members across the

province but also national and international concerns as well.

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

Last year's inaugural Social Justice Day workshop was followed up with a workshop this year, held on February 17. The theme this year explored the partnership between local politics and local social justice movements.

My thanks go out to all of the members of CESA for making a difficult task enjoyable. Special thanks to our staff: Bill Hannah, Leila Lolua and Pattie McCormack. Without you we could never have pulled it off. 

*Respectfully submitted,  
Derrick Hoyt, Chair*

## PROJECTS FUNDED BY CESA 2016

Nanaimo Resources Society	\$2,000
Check Your Head: The Youth Global Education Network	\$4,000
Coalition of Child Care Advocates of BC	\$2,000
BC Society of Transition Houses	\$3,200
CoDevelopment Canada	\$14,000
Camp Jubilee Society	\$2,000
Protein for People	\$4,000
Penticton and Area Access Society	\$1,000
Oneness Gogo's	\$550
South Okanagan Victim Assistance Society (SOVAS)	\$2,500
Richmond Women's Resource Centre	\$1,000
Metro Vancouver Alliance	\$2,000
West Coast LEAF	\$4,000
First Call: BC Child and Youth Advocacy Coalition	\$3,000
Living Wage for Families	\$2,000
Next Up Leadership	\$5,000
Canada Without Poverty	\$1,200
BC Poverty Reduction Coalition	\$7,500
The Western Canada Wilderness Committee	\$2,500
Rise Women's Legal Centre	\$6,000
Elizabeth Bagshaw Women's Clinic	\$3,500
Sierra Club of BC	\$2,000
Elk Valley Society for Community Living	\$3,000
WAVAW: Rape Crisis Centre	\$2,100
World Peace Forum	\$750
Vancouver Co-op Radio	\$3,500
Partners in the Horn of Africa	\$2,000
Ending Violence	\$5,000
Downtown Eastside Women's Centre	\$4,000
Positive Living North	\$2,000

**TOTAL \$97,300**

## EDUCATION COMMITTEE



(L-R) Marg Beddis (Region 7 Director), Ron Regier (Region 7 Member at Large), Nancy Hay (Chair, Region 6 Director), Sherry-Lee Lewis (Region 7 MAL), Gena Walton (Region 9 MAL)

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

### STEWARDS AND MEMBER TRAINING

A dozen different courses are offered to stewards and members throughout the year, and in 2016, we trained nearly 2000 members around the province. Courses include Basic Steward Training and Occupational Health and Safety Training. Member education includes pre-convention workshops, constituency liaison and labour council delegate training, public speaking skills, regional workshops and special workshops on International Women's Day and Social Justice Day. Members are sponsored by education funds to attend courses offered through

the Canadian Labour Congress' Winter School and Summer Institute for Union Women.

### MEMBER EDUCATION

Our union provides an excellent range of leadership and special interest courses for the members. This year we offered leadership development courses instructed by Organize BC, and, in conjunction with regional meetings, a day long workshop on Truth and Reconciliation facilitated by staff from the BC Teachers Federation. Many of you will also have had the opportunity to attend one of the pre-convention education workshops: Better Can Happen Here, Change through Politics, Leadership in Advocacy, Navigating the Grievance Process and Occupational Health and Safety - Mental First Aid.

The Board has approved a number of psychological health and safety courses for members, Enhanced Disability Management Program representatives, and

staff. This is in response to Provincial Bill 14, which recognizes psychological injury as compensable injury around harassment and bullying. Look for more psychological health and safety workshops to be offered over the next few years.

### SCHOLARSHIPS AND BURSARIES

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

The committee also reviews the applications for the CLC Winter School – held every year in January and February – and the annual Western Regional Summer Institute on Union Women. The SIUW is a residential conference sponsored by the American Federation of Labor and Congress of Industrial Organizations, hosted this year by the Alamoana Hotel Hawaii from June 27 to July 1. The four-day program brings together workers and leaders from unions, worker centres, and community organizations from the United States' and Canada's western regions, Mexico, and Central America. The conference features workshops on the history, struggles, and achievements of working women and opportunities for participants to share strategies, information, experience, and skills.

### EVALUATIONS

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

### PENSION EDUCATION SESSIONS

In the past year we have offered sessions about retirement, and in conjunction with the Municipal Pension Plan, we also offer sessions about preparing for retirement. Several workshops were offered at the New Westminster office in 2016 and some were offered off site at Saltspring, Sechelt, Surrey, and Burnaby. These workshops were extremely well attended and we are considering whether there should be more offerings in the coming year. For many members this may be their first interaction with the union. Several board members acted as hosts for these events and took the opportunity to discuss other concerns with members who attended. Don't forget that MPP will come to your site to provide workshops if you provide dates, book a room and guarantee 20 attendees. Chief stewards can contact HSA with dates and details so the union staff can coordinate with MPP and provide refreshments.

### CONCLUSION

We as members are extremely fortunate to have the support of knowledgeable and helpful staff assistance for the work of the Education Committee, as well as for members, through the excellent workshops that are offered. There is a multitude of tasks – preparing agendas and material for policy review, responding to requests for workshops, arranging and organizing training and workshops, preparing to review the numerous scholarship and bursary applications – and we cannot thank the staff enough for their excellent organization and dedication.

If you have never attended a workshop or a training session, I would encourage you to consider attending one, or encouraging other members to do so. 

*Respectfully submitted*  
*Nancy Hay, Chair*

## OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



(L-R) Geri Grigg (staff), Derrick Hoyt (Region 2 Director), Carol Borque (Region 10 Member at Large), Marg Beddis (Chair, Region 7 Director), James Rudek (Region 4 MAL), Brenda Hauck (Region 2 MAL)

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

While issues around ergonomics, indoor air quality, and fatigue continue to be important to HSA members, some issues have taken centre stage over the past year: psychological health and safety, violence prevention and changes to the regulations governing joint occupational safety and health (JOSH) committees.

HSA President Val Avery has been very active in lobbying the Minister of Health to take action on violence prevention. Violence towards health and

social services workers is higher than in any other sector, including law enforcement and corrections. After many drafts, a violence prevention framework is complete and is awaiting ministry action for implementation. Val continues to pursue Health Minister Terry Lake to take action.

Due to changes in the Nurses' Bargaining Association Collective Agreement and action by the Nurses' Union, there was a complication threatening the structure of the Provincial OHS Committee. HSA is standing with the other health care unions to have the Health Employers Association of BC (HEABC) take action on funding and supporting the important work on OHS issues, including violence prevention. OHS staff represent HSA on provincial committees as well as on the BC Federation of Labour OHS Committee.

Three resolutions related to occupational health and safety were passed at last year's convention and your

committee worked toward accomplishing these. We were successful in increasing worker roles on the JOSH committees, planning and beginning implementation of a mental health campaign, and addressing violence in the workplace.

Last convention, the members asked the union to work with the BC Federation of Labour to expand the role of worker representatives on JOSH committees. In December changes to the regulations were approved and these include making eight-hour orientation training within six months of election for new JOSH committee members mandatory, worker representation on incident investigation teams, and annual evaluation of JOSH committees to ensure effective participation. The orientation training is in addition to the eight hours of OHS education provided annually to each JOSH committee representative.

Members also asked HSA to stand with the BC Federation of Labour to support better regulation on workplace violence. On February 7, the BC Federation of Labour made a presentation on behalf of the OHS Steering Committee to advocate for enhanced regulations on violence prevention.

Finally, members wanted action on mental health. On February 20, Regional Directors Marg Beddis and Derrick Hoyt, along with Labour Relations Officer Geri Grigg participated in a meeting at HE-ABC regarding the implementation of the Canadian Standards Association Standard for Psychological Health and Safety by Health Authorities. The health authorities are ambitious about implementing the standard and HSA will be there to hold them to account. Over the next year, you will begin to hear more about the standard and see it incorporated into union-offered training, particularly for supervisors in the union. We have planned the first of a series of workshops on this standard, as well as workshops on mental health first aid and suicide prevention.

HSA sponsored the Bottom Line Conference hosted

by the Canadian Mental Health Association and three HSA members and one staff member were able to attend. They learned about mental health and addictions, workplace health promotion, implementing the standard, and heard stories of addiction and recovery juxtaposed against a variety of work situations. Although our workplaces have challenges, negotiated benefits like EDMP, extended health, long term disability and even vacation entitlements support mental wellness for HSA members.

Over the past year we have hosted Basic OHS Steward Training, a one-day risk assessment workshop, a one-day supervisors OHS workshop and in June of 2016, 63 members gathered in Richmond for the OHS Conference. Participants learned about psychological health and safety in the workplace, emergency preparedness, and violence prevention.

One of the areas identified by last year's committee was ensuring that our union had representation on regional and site level violence prevention committees. There is a member on each of the violence prevention committees at each of the health authorities in the province.

The committee would like to thank the stewards and activists at each worksite in British Columbia for continuing to work hard to resolve health and safety issues and to bring attention to those that need regional action. In the year ahead we will continue to build the steward team to ensure each and every HSA member arrives home safely at the end of the workday and with energy to pursue their passions. 

*Respectfully submitted,  
Marg Beddis, Chair*

## POLITICAL ACTION COMMITTEE



(L-R) Anne Davis (Chair and Region 1 Director), Fatemah Ghanipour (Region 3 Member at Large), Linda Thoreson (Region 5 MAL), Nancy Hay (Region 6 Director). Missing: Val Barker (Region 6 MAL)

The Political Action Committee (PAC) met four times in 2016 and 2017. Members of the committee include Region 6 Director Nancy Hay, Members at Large Val Barker, Linda Thoreson and Fatemah Ghanipour and Committee Chair, Region 1 Director Anne Davis.

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

Through grassroots political activism, our members are engaged in campaigns organized by the BC Health Coalition, the BC Federation of Labour and other allied groups.

A constituency liaison workshop was held in June of 2016 and was attended by 35 members. Constituency liaisons are HSA members who meet regularly with their MLAs in order to bring attention to our union's concerns. For the last few years, the specific issues discussed have been shortages of health science professionals and the urgent need for early intervention services to be available in a timely way to all children with special needs.

Although HSA is non-partisan, the PAC is tasked with engaging politically in various ways in order to further the purposes of our union, including those described in Article 3(d) of our constitution: "To promote progressive legislation – particularly in the areas of health care, labour relations, labour standards and human rights."

Delegates to our 2016 Convention gave our union a strong mandate to work on engaging members in the upcoming provincial election in order to elect a

government that is more supportive of quality, properly funded public health care and social services and that is willing to engage in true collective bargaining with public sector workers.

The committee put a lot of effort this year into identifying and advertising opportunities for our members to get involved in the provincial election, either by working on party and candidate election campaigns, or by working on issue-based campaigns related to the election – such as the BC Health Coalition’s Vote Public Health Care campaign, and the BC Federation of Labour’s Better Can Happen Here campaign. HSA members responded in record numbers and have taken more leadership positions in campaigns than in any previous election. Our members, our union and our province all benefit from the energy and skill our members bring to this work.

Members of the PAC cannot stress enough the importance of voting in the May 9 election. Decisions made by the government that is elected that day will impact the work of every one of our members, as well as our families and communities, every day for the next four years.

The PAC wishes to express appreciation to the many HSA members who serve as constituency liaisons or labour council delegates, or work on grassroots and community campaigns, or get involved in electoral politics. Every one of those actions makes our union stronger. 

*Respectfully submitted,*  
*Anne Davis, Chair*

## WOMEN'S COMMITTEE



(L-R) Mahdu Maharaj (Region 4 Member at Large), Mandi Ayers (Chair and Region 10 Director), Stasia Hasumi (Region 1 MAL), Osita Hibbert (Region 3 MAL), Leila Lolua (staff), Anne Davis (Region 1 Director)

The Women's Committee has a mandate to advocate for women's leadership at all levels in HSA, within the labour movement and in our communities, locally and nationally. By increasing and supporting the active participation of women in influencing HSA, the committee works to build a stronger union. We promote economic justice for women, and social justice, equality and labour solidarity for all.

Our committee is having an impact. The committee held anti-violence training through the Be More Than A Bystander campaign, and this fuelled an emergency resolution regarding the lack of sexual assault testing kits in most BC hospitals. Without these kits, hospitals cannot perform appropriate care and forensic examination for victims of sexual assault. Following debate at convention, the issue was brought forward to the BC Federation of Labour and became part of the BC Fed's Women's Rights Committee lobby efforts in Victoria. Region 1 Director Anne Davis passionately articulated the issues as the

lead spokesperson on behalf of the BC Fed. As the BC Fed is affiliated with the NDP, a sub-committee of their Women's Rights Committee is working with the NDP to promote a co-ordinated response to sexual assaults in BC, furthering our advocacy efforts.

The committee is actively involved in planning an annual International Women's Day workshop. The focus this year was on broader and systemic issues that affect women in Canada. Powerful speakers discussed gender-based human rights issues related to murdered and missing indigenous women and girls in Canada and the struggle for justice for the 'disappeared' in Guatemala; the similarities are both shocking and stunning. It will take much work to shed light on this situation and achieve the political will to address the underlying issues.

The committee's mandate includes developing leadership skills and encouraging more women to seek election to HSA positions so that our leadership reflects

our membership. Research shows that women typically take more time to consider running for elected positions. Members-at-large on the committee are encouraging women to run for Regional Director positions within HSA, reaching out to members where incumbents will not be running and mentoring them in the work of conducting successful campaigns. Over time, the committee believes these efforts will achieve greater diversity in our leadership, reflecting the diversity of our membership. 

*Respectfully submitted,  
Mandi Ayers, Chair*





# HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

**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]  
Cheryl Greenhalgh  
Medical Radiation Technologist  
Royal Columbian Hospital

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

**Region 5** [REGION05@hsabc.org]  
John Christopherson  
(Secretary-Treasurer)  
Counsellor, Vancouver Cancer Centre

**Region 6** [REGION06@hsabc.org]  
Nancy Hay, Social Worker  
St. Paul's Hospital, Vancouver

**Region 7** [REGION07@hsabc.org]  
Marg Beddis, Dietitian  
Surrey Memorial Hospital

**Region 8** [REGION08@hsabc.org]  
Kevin Towhey, X-Ray Technologist  
Royal Inland Hospital, Kamloops

**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  
and Legal Services

Josef Rieder, Human Resources

Kathy McLennan, Operations

## MANAGING EDITOR

Miriam Sobrino

## EDITOR

David Bieber



hsabc.org



Always printed on recycled  
paper with vegetable-based ink

