



Outstanding Resolutions From 2021 HSA Annual Convention

July 8, 2021

Prior to adjournment of the HSA Annual Convention on June 4, 2021, delegates referred a number of resolutions to the Board of Directors for consideration at the board’s first regular meeting following convention, which was held June 23 and 24.

110 resolutions, including one extraordinary resolution, were forwarded to the convention. 23 resolutions were covered by other resolutions, leaving 87 resolutions to be debated. During the convention, 34 carried, and 8 were defeated, leaving 49 that did not make it to a vote by delegates and were referred to the Board of Directors for decision.

The union’s Resolutions Committee, comprised of one elected member-at-large from each of HSA’s ten regions across the province, met in advance of convention to consider, discuss, and debate each resolution before making its recommendation and developing rationales to support its decisions to recommend concurrence or non-concurrence with the resolutions.

At the board meeting, each referred resolution was considered. Board members were informed by the committee’s rationales, feedback from delegates, and perspectives raised in the course of the board’s own discussion of each of the resolutions.

The outstanding resolutions were dealt with as follows:

#	Resolved	Resolutions Committee Rationale	BoD vote
12	That Health Sciences Association (“HSA”) strongly encourage the leadership of the Municipal Pension Plan fund to divest from investments that involve fossil fuel and oil industry; and BE IT FURTHER RESOLVED: That they seek out investments that are socially responsible.	The valuation of the Municipal Pension Plan at year end 2019 was over 59 billion dollars. The power of 59 billion dollars is substantial. The MPP investment portfolio is managed by the BC Investment Corporation and per the MPP website, they “take the approach that asset owners can make the biggest difference by engaging with companies to prepare for a low-carbon future rather than divesting”. While the Resolutions Committee understands that HSA cannot direct the Trustees of the plan, the committee supports the intent of the resolution that HSA communicates the wishes of its membership to the plan Trustees.	Carried

15	That Health Sciences Association (“HSA”) support and educate members on the Right to Repair movement.	HSA members have always supported the idea that a strong economy depends on a healthy environment. It's better for the environment to repair an item than to recycle or buy a new one. However, manufacturers today often make it expensive and difficult to get items repaired, encouraging consumers to purchase a new replacement. The "Right to Repair" movement is pushing for legislation that forces brands to: <ul style="list-style-type: none"> - Give consumers access to replacement parts, software and tools for diagnosing, maintaining and repairing their products at a fair price. - Provide repair manuals free of charge, and - Reset any electronic security that may disable the device during diagnosis, maintenance or repair. Right to Repair legislation would aid to reduce environmental waste, encourage local repairs and innovation	Carried
16	THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) educate our members about the value of BC Housing Supportive Housing initiatives.	The BC Supportive Housing program develops, administers, and subsidizes a wide range of housing options across the province. The program aims to create safe, affordable and quality housing for British Columbians in need and offers subsidized and supported housing to low income families, seniors, and individuals with disabilities. BC Housing also offer a range of services aimed at supporting individuals experiencing homelessness and women fleeing violence. The resolutions committee considers that education and awareness of the BC Supportive Housing program is valuable to our members both professionally ad personally.	Carried
21	THEREFORE BE IT RESOLVED That education events in the year immediately following convention be focused on rebuilding steward teams, and support for members post COVID-19. This would include, but not be limited to, frequent steward training, advanced steward training, education on collective agreements, contract negotiation, representing members in meetings, pension workshops, member involvement opportunities, and post-events recordings for members unable to attend sessions.	Members of the committee had a thorough discussion about this resolution. HSA values the participation and engagement of its members through education workshops, and strives to provide pertinent and progressive education to its members. HSA also recognizes the importance of supporting steward teams, and providing value in a way that is meaningful as a responsive presence in the workplace. The committee was, however, not enthusiastic about the call for posting recordings of all education sessions, as members had concerns about privacy, as well as the impact of recording workshops for later public broadcast would have on participants’ comfort in participating freely on difficult subjects, including workplace labour relations issues. The committee does not interpret the resolution to instruct the union to post recordings of all sessions, and believes its concerns can be addressed by judicious decision-making about workshops and events that are appropriate for broader circulation. In addition, obtaining consent from participants to record and broadcast would be required before posting online.	Defeated
22	THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) increase capacity for educational workshops and offer greater diversity of topics.	HSA members have an appetite for education. Over the past 5 years our education budget has increased from \$645,000 to \$886,000 per year. Even with an almost 40% increase in the budget, many training courses and workshops fill up within an hour after registration opens to members. Educating our members does come at a significant cost, including members’ wage replacement, travel, accommodations, meals, staff wages and externally sourced specialized program facilitators. The resolutions committee feels that this is money judiciously spent on member engagement and supports the allocation of budget to continuing to deliver a range of union education to our members.	Carried

23	<p>THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) host town hall meetings including in years that do not have active bargaining to educate members on the bargaining process and to discuss plans and status of bargaining; and</p> <p>BE IT FURTHER RESOLVED that HSA create space in these meetings for open forum discussion so that members can bring forward their wants and needs in regards to bargaining.</p>	<p>While contract negotiations would be a topic of interest for many members, the committee felt that the resolution would not achieve useful outcomes.</p> <p>HSA members belong to different bargaining associations, each with distinct bargaining structures, strategies, and processes.</p> <p>The progress of negotiation through the life of a collective agreement is fluid, but ultimately it is based on a set of principles and issues achieved through bargaining.</p> <p>HSA conducts regular surveys of the general membership to keep abreast of the contract issues important to the membership. In bargaining years, more focused research is conducted to support direction to the bargaining proposal conferences and ultimately the bargaining committees.</p> <p>The union also holds regular annual regional meetings which are opportunities for members to raise issues of interest, and in the lead-up to bargaining the union historically has and will continue to focus on communication with members through established communication tools including email, the quarterly magazine and consultation including meetings and surveys. In addition, the union encourages member participation in developing bargaining proposals, electing local members to represent their interests at bargaining proposal conferences, and ensuring members are well represented at the bargaining table in negotiations.</p>	Defeated
25	<p>THEREFORE BE IT RESOLVED that Health Sciences Association provide more education and information opportunities to members on the changes made to the Municipal Pension Plan and how those changes will affect members.</p>	<p>This resolution asks that HSA take on the responsibility and expense of educating our members about the Municipal Pension Plan changes that are going to take effect on January 1, 2022.</p> <p>Thorough information about the changes and how they will affect our pensions is provided on the Municipal Pension plan website. (www.mpp.pensionsbc.ca/plan-changes).</p> <p>There is also a call centre to answer questions that a member may have about their particular situation. MPP also provides free pension workshops to chapters who invite them to their sites. Many chapters have hosted these workshops for members locally, and the union has worked with MPP to deliver the workshops out of the union office. These workshops cover pension planning for those who are close to retirement, as well as those who are not. They are hosted by pension experts who can answer to particular concerns regarding individual plans, as well as to the changes that are coming in 2022. MPP staff are well versed in the details of our pension plan and it is within their scope to provide education to our members. Organizing additional education for HSA members by the union would be a duplication of the efforts already made by the Municipal Pension Plan staff.</p>	Defeated

27	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) fund union-paid education to facilitate member knowledge regarding the lives of Indigenous women and girls in Canada and how to become an effective ally; and</p> <p>BE IT FURTHER RESOLVED That HSA invite and fund expert speakers Fay Blaney (Aboriginal Women’s Action Network) and Diane Redsky (Ma Mawi Wi Chi Itla Centre) to provide member education.</p>	<p>While the Committee agrees with the importance of offering education to members on decolonization and effective allyship with Indigenous communities, particularly women and girls, this resolution asks HSA to limit their consideration of facilitators to specific individuals. HSA continues to offer well-attended education sessions on decolonization aimed at providing non-Indigenous HSA members with the skills, compassion and abilities to take on an active and meaningful role in decolonization. In the interest of ensuring this valuable education continues to be available for members, the resolutions committee considers it important that a flexible approach be used when seeking available facilitators and educators. As such, the resolutions committee is opposed to this resolution as it is written.</p>	Defeated
29	<p>THEREFORE BE IT RESOLVED THAT Health Sciences Association (“HSA”) open registration to all workshops to members regardless of race, ethnicity, gender or other protected class under the BC Human Rights Code, unless the Board agrees that a specific group requires attention and support.</p>	<p>HSA is committed to offering member education exploring the issues of justice, equity, diversity and inclusion from both the individual and collective experiences. In order to provide safe and meaningful education for all members it is sometimes necessary to create dedicated spaces for our members from marginalized communities. Racism, sexism, transphobia and other forms of oppression are deeply systemic and not only the result of interpersonal issues; intentional space creation provides safe spaces for members who identify as women, BIPOC and LGBTQ2I+ to share their experiences of systemic oppression without the presence of those systems. HSA continues to offer education opportunities focused on effective allyship which are also dedicated spaces for members to share and learn from one another. Rather than focus on the exclusion of majority groups in specific workshops, the resolutions committee feels it is necessary to acknowledge the important benefit for members who identify as part of a minority or marginalized group to have safe spaces to share their experiences.</p>	Defeated

33	<p>THEREFORE BE IT RESOLVED that members be permitted to bank hours based on their own typical workday when participating in union events on their days off in order to be kept whole with regard to their FTE and associated benefits.</p>	<p>Under the HSA Policy "Paid Union Leave for HSA Members", Article 5.1 states that members on Paid Union Leave for approved HSA business on a Regularly Scheduled Day Off will be compensated for actual hours worked to a maximum of 7.5hrs. Members, who, for example, usually work a 10-hour shift, cannot take a full day off in lieu and receive their usual daily pay and the unpaid hours would negatively affect their pensionable service. Under this aspect of the policy, members are not made whole. The committee supports the concept of members being able to access a full day off in lieu of working on a day off so believes that they should be able to bank the time that is needed to allow for that. The situation where a member might seek to be paid out by the union for time banked on a day-off is not make-whole. If the member was to ask the union to pay out greater than 7.5 hours of pay then they would be receiving a greater benefit than other members at the same activity. The Resolutions Committee wishes to support HSA members who work shifts that are longer than 7.5 hours shifts to be able to attend union education and other events without penalty. It is expected that the union can amend the Paid Union Leave for HSA Members policy to allow them to access days off in lieu without incurring a penalty.</p>	Defeated
35	<p>THEREFORE BE IT RESOLVED that the Health Sciences Association ("HSA") renew its commitment to reach out to high schools and post-secondary institutions via direct engagement and career fairs to advertise HSA professions.</p>	<p>High school and post-secondary students have a lot of options to consider as they choose their career paths. There are many fulfilling professions that they may not be aware of, as well as union rights and protections available to them as they enter the workforce. Often young people entering the workforce are unaware of the work unions are doing to make their workplaces better, and to make progressive change in our communities. They may be unaware of how they can participate, or what to expect once they graduate and begin working. Having union members presenting to and participating in at high school and post-secondary institution career fairs could help students consider programs they may have never considered and to make some practical decisions about next steps after graduation. Engaging with students and institutions raises HSA's profile in the community, as well as the profile of each of our professions. It also helps to inspire future union activists and build a stronger foundation for the union as a whole.</p>	Carried

36	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) negotiate collective agreement language with our staff union to establish a process for membership recruitment, on a priority basis, to fill temporary or regular positions they are qualified for or could reasonably become qualified for given sufficient training and opportunity.</p>	<p>The committee does not agree with tying the union’s hands as an employer to go to the bargaining table with a mandate that focuses on recruiting staff from the membership for specialized representation work. This could potentially put the union in the position of hiring unqualified staff on spec to be trained up to the standard required to provide members with representational and other services. HSA does not have an oversupply of labour relations and legal staff to allow the luxury of on-the-job training.</p> <p>The committee does not agree with tying the union’s hands as an employer to go to the bargaining table with a mandate that focuses on recruiting staff from the membership for specialized representation work. This could potentially put the union in the position of hiring unqualified staff on spec to be trained up to the standard required to provide members with representational and other services. HSA does not have an oversupply of labour relations and legal staff to allow the luxury of on-the-job training.</p> <p>That being said, HSA has established recruitment measures to ensure fair and equitable criteria for members to apply for staff positions in the union. As part of its recruitment and hiring practice, the union’s human resources department is attuned to the value of having experienced stewards and other members on staff, and is committed to hiring members when they can demonstrate the abilities and qualifications for the work.</p> <p>The primary objective is to serve the best interests of the membership. That is achieved by having an optimal mix of skills, experience, and expertise on staff.</p> <p>HSA has a strong history of recruiting members onto staff. In fact, we currently have 13 professional staff working at the union who came from the membership.</p>	Defeated
37	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) disseminate results of the formal evaluation of convention by delegates to all HSA members via email, publication on the HSA website and in The Report.</p>	<p>The purpose of the HSA convention evaluation is for HSA delegates to have an opportunity to provide confidential feedback which then enables organizers to evaluate and continuously improve the event. Since HSA members who fill out the survey are not asked for permission to share their answers and comments with other HSA members, as well as the general public, it would be inappropriate for HSA to publish this information on the website and in the Report.</p> <p>As well, there is the issue of the amount of information collected through the survey. Last year's Convention survey included multiple choice questions in addition to many questions asking for "free text" answers. The resulting document is over 50 pages in length, and not appropriate for publication in The Report.</p>	Defeated
38	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) holds Town Hall meetings in which members can publicly discuss ideas and concerns with the Board if they so choose.</p>	<p>The Union prides itself on being democratic; with democratically elected representatives who are responsible to their Regions and the membership at large.</p> <p>Telephone town hall meetings are another tool that the Board of Directors could utilize as an avenue for discussion of issues important to members. It is a tool that HSA has used for many years, including in providing bargaining updates, information about collective agreements, and other issues of concern to members. In fact, this past year members had an opportunity to hear and ask questions about the union’s and the government’s efforts related to the COVID-19 pandemic, including an opportunity to ask the Minister of Health direct questions.</p>	Defeated

42	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) commit to reviewing and revising policies and procedures with the Constitution to ensure that professions that are underrepresented at Chapters have the means and opportunity to be equitably represented at HSA events, including Convention and bargaining.	HSA represents more than 18,000 professionals working in health care and community social services across BC. We are a diverse group... some professions being well represented in certain chapters while other professions may have only 1 or 2 members. For example, if you are the only anesthetic assistant employed in a chapter, you possibly cannot leave your department to attend union meetings and it could be challenging to get your issues heard. The resolutions committee supports the many professions in our union who face barriers to equitable representation. This is a common feature of being an industrial union, in which all workers in the same industry are in the same union, although specific job functions and qualifications are varied. This resolution presents a challenge that requires a review of policies and practices and demands exploring creative solutions.	Carried
46	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) enhance member engagement by forming an engagement committee to support the growth, education, challenges and awareness of their membership.	Member engagement continues to be a priority for HSA, and there are several initiatives underway with the specific objective of increasing member participation in the union, including many education workshops, the union’s communications efforts on social media and other platforms, and the successful Core Member Engagement Team program. Other member groups, including the Political Action and Women’s Committees and the Young Workers’ Advisory Group, Constituency Liaisons and Labour Council delegates are working on a number of levels - through campaigns, education, and communication to attract more members into opportunities for involvement on issues of interest to them. Forming an additional committee is not required, in the committee’s view, as the union’s committees and programs are already doing the work of offering and promoting many different avenues for involvement by members.	Defeated
47	THEREFORE BE IT RESOLVED that the Health Sciences Association Elections committee consist of three members. who are from a region from the non-electing year.	In the event of a tie vote, a third member would break the tie, and the work of the committee would not be frustrated by the prospect of deadlocks on issues requiring decision from the committee tasked with overseeing union elections. The committee recommends an amended resolution to be less descriptive of who the members should be as that is already defined in the committee’s Terms of Reference.	Carried
48	THEREFORE BE IT RESOLVED That all candidates seeking election for all positions of Board of Directors, Member at Large and Trials Committee in Health Sciences Association (“HSA”) be advised of the oath of office and code of conduct and be informed that there is an expectation that they take the oath of office and code of conduct in order to be confirmed as elected to their position in the union.	The Resolutions Committee is in favour of this resolution that asks for potential candidates to be made aware that there is a requirement to take an oath of office and follow a code of conduct once elected. The committee is in favour of this resolution, as it is a relatively simple fix to make the union’s expectations of elected officials known, and to remove any confusion for newly elected members.	Carried

50	THEREFORE BE IT RESOLVED That elections for regional directors be completed well in advance of nominations opening for officer positions.	<p>The Constitution states nominations of Regional Directors must be received at Union office at least 70 days before Annual Convention. Nominations to fill vacant Regional Director positions shall be declared open for 21 days. At the close of nominations, balloting shall be conducted for a period of at least 35 days.</p> <p>The current election of President policy states at least 90 days prior to Convention, the Communications Department shall publish the call for nominations for President. The campaign period commences effective the date the election is announced and ends when the ballots are counted.</p> <p>Thus, as the current Constitution and the current election of President policy read, it would be possible to complete the Regional Directors elections prior to the call for election for President.</p>	Carried
51	THEREFORE BE IT RESOLVED That the union organize more opportunities for Presidential Candidates to present their platforms to all HSA members prior to Convention.	<p>The Resolutions Committee is in favour of this resolution, and in fact the recently updated policy on election of president reflects what is contemplated in the resolution. The policy was updated and put in place this past year, and in the lead-up to the upcoming election for president, the Elections Committee hosted two debates of the presidential candidates in advance of the convention: a telephone town hall on May 28, and the online debate during the pre-convention plenary session Wednesday, in addition to circulating candidate statements through the Annual Report and the union's website.</p> <p>In addition, the policy increased spending limits to allow for increased campaigning using tools like social media and email to increase opportunities for candidates to reach convention delegates and other members with their messages.</p>	Carried
53	THEREFORE BE IT RESOLVED That no Health Sciences Association Member may speak twice during debate on any motion.	<p>The committee felt it would be extreme to dictate that 'no' HSA member may speak twice during debate on any motion. For example, a member may want to rebut a statement made in the debate, or express a change of mind based on the debate.</p> <p>Rather than limit a speaker to only one opportunity to speak at the microphone on the debate of a motion, other procedural tools are available to reduce repetitive debate, including calling the question, which is non-debatable. The use of a virtual platform has its own challenges, such as not being able to be to have visual cues about the number of delegates prepared to speak at the pro or con microphones, but this is an issue that can be dealt with by the chair informing delegates about the status of the speakers' list.</p>	Defeated
54	THEREFORE BE IT RESOLVED That Health Sciences Association ("HSA") publish attendance records and activities of the Board of Directors, quarterly in the HSA Report; and BE IT FURTHER RESOLVED that quarterly publishing will start immediately with the first Report after the 2021 HSA Convention.	<p>Members of the Board of Directors currently report out to members on a regular basis, and some report on their meeting attendance and activities. Attendance is also tracked and reported annually at convention. The data is available and could easily be included in HSA's membership magazine, The Report, which is published quarterly.</p>	Carried

57	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) members vote on HSA staff to represent them at the bargaining table; and</p> <p>BE IT FURTHER RESOLVED That HSA members run the union and determine which staff represent them at bargaining.</p>	<p>HSA has very experienced staff members who take part in the bargaining process. Currently, these staff members include Jeanne Meyers (lead negotiator), Derek Wong (the lead for classifications), labour relations officers and other professional and support staff with invaluable experience and know-how in the complex and structured process of bargaining. In the last round of bargaining, HSA did not allow any roll back from the collective agreement and did not leave a single penny on the negotiating table. The experience of the staff who allowed the bargaining committee to negotiate in a very strong position. The Resolutions committee felt that this decision is best in the hands of those who are knowledgeable about the skills and competencies of the staff and which staff members are best suited to represent and negotiate on behalf of members on the wide range of collective agreement issues that will arise through the course of bargaining. The staff negotiators work closely with members elected to serve on the bargaining team to ensure their valuable perspective and expertise related to the impact of bargaining proposals on the members doing the work is well represented and understood, and reflected in bargaining outcomes.</p>	Defeated
58	<p>THEREFORE BE IT RESOLVED That the Health Sciences Association (“HSA”) board of directors and staff ensure the articles of the Constitution, policies adopted, procedures and practices implemented, do not supersede our protected rights and freedoms as British Columbians.</p>	<p>HSA policies and procedures respect the Human Rights and Labour codes. The HSA constitution is no exception and as such should not contain any language that supersedes individuals’ legal rights and freedoms.</p>	Carried
63	<p>THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) lobby the government to increase funding for autism assessment services at the BC Autism Assessment Network (“BCAAN”).</p>	<p>The BC Autism Assessment Network is operated by the Provincial Health Services Authority and other regional Health Authorities across BC. BCAAN is a network of clinicians who assess and diagnose children and youth who may have Autism Spectrum Disorder. ASD affects reasoning, social interaction and communication. It can affect the functioning and development of the brain and is usually evident before a child turns three years old.</p> <p>BCAAN provides diagnostic assessments for those with suspected autism spectrum disorder and accepts referrals from all physicians. Assessment services are provided by specialist clinicians in each of the five geographic health authorities. BCAAN attempts to provide assessments as close the child’s home as possible, and provides a diagnosis as well as a treatment plan.</p> <p>Publicly funded assessments and treatments are essential to maintaining equity in our province. All children and families, regardless of income, deserve to be supported as early as possible. Long waitlists to assess children with suspected ASD creates strain on the education and healthcare systems, but most significantly on the day to day lives of families. Supporting families by treating Autism Spectrum Disorder as early as possible creates an opportunity for all children to thrive.</p>	Carried

64	THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) lobby the BC government to include fertility treatments as part of the public health plan.	Access to fertility treatment options is an issue that is facing many British Columbians - from those facing fertility issues to those who have non-traditional family structures and need fertility treatments in order to have children. The Resolutions Committee believes that fertility treatment should be accessible to everyone regardless of financial means.	Carried
66	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) lobby the government to cover the cost of prostate cancer screening test (PSA) as a component of the Medical Services Plan.	<p>The Prostate-Specific Antigen (PSA) test is covered through the BC Medical Services Plan (MSP). The committee researched the MSP criteria for PSA test coverage. PSA testing is covered for all patients initially presenting with lower urinary tract symptoms, in the absence of more likely alternate diagnoses (e.g., acute prostatitis, urinary tract infection). It is also funded for asymptomatic patients with known risk factors including African descent, family history of prostate cancer, and/or high risk hereditary gene mutations associated with prostate cancer (e.g., BRCA2 genetic mutation in a first-degree relative).</p> <p>PSA testing in asymptomatic patients for the purpose of prostate cancer screening is controversial because of the risk of over-diagnosis and overtreatment of tumours that would not cause harm in a person’s lifetime. Potential harms include biopsy complications (e.g., pain, bleeding, and infection), and treatment side-effects (e.g., erectile dysfunction and urinary incontinence) that affect quality of life.</p> <p>If an asymptomatic patient decides to undergo PSA testing and results are within the appropriate age-based reference range, further testing in less than 2 years is not indicated. This is not an insured benefit in BC under MSP, however patients may pay about \$35 for a private test. If a patient-pay PSA level is abnormal, repeat PSA testing is an insured benefit.</p> <p>The committee feels it is not in the interest of the public for the union to weigh in on matters best left to experienced clinicians in the field of oncology practice who compile these guidelines based on the best available current scientific evidence.</p>	Defeated

69	<p>THEREFORE BE IT RESOLVED the Health Sciences Association (“HSA”) lobby the government to review and amend the breast cancer screening timelines and protocols.</p>	<p>The Committee researched the composition of the Canadian Task Force on Preventative Health Care (CTFPHC). The Task Force is an independent body of 15 primary care and prevention experts from across Canada. It consists of family physicians, mental health experts, pediatricians, other physician specialists, experts on prevention, and other relevant fields.</p> <p>The Task Force states: The 2018 “guideline updates the Canadian Task Force on Preventive Health Care’s previous recommendations, published in 2011, on breast cancer screening for women aged 40 to 74 years not at increased risk of breast cancer. This guideline does not apply to individuals at increased risk of breast cancer including persons with a personal or family history of breast cancer, persons who are carriers of gene mutations such as BRCA1 or BRCA2 or have a first-degree relative with these gene mutations, and persons who had chest radiation therapy before 30 years of age or within the past eight years</p> <p>Low-certainty evidence indicates that screening for breast cancer with mammography results in a modest reduction in breast cancer mortality for individuals aged 40 to 74 years with the absolute benefit lowest for those less than 50 years of age. Screening leads to over-diagnosis resulting in unnecessary treatment of cancer that would not have caused harm in a patient’s lifetime, as well as physical and psychological consequences from false positives. Those less than 50 years of age are at greater risk of these harms than older patients.</p> <p>A review of patient values and preferences about screening suggests that a substantial proportion of individuals aged 40 to 49 years would not choose to be screened if they were aware of outcomes for their age group. In contrast, many of those aged 50 years and older would choose screening given their more favourable balance of benefits and harms.</p> <p>The Canadian Task Force recommendation is to screen every two to three years because screening intervals in the trials on breast cancer screening ranged from 12 to 33 months with a pooled analysis indicating similar benefits across trials.”</p> <p>In BC, the BC Cancer guidelines to screen for breast cancer for higher risk individuals are: For higher than average risk, ages 40-74 to get routine screening mammograms every year. For high risk, ages 30-74 to get screening mammograms every year.</p> <p>The update balances risks and benefits of breast cancer screening for those aged 40 to 74 years not at increased risk of breast cancer.</p> <p>The committee feels it is not in the interest of the public for the union to weigh in on matters best left to experienced clinicians in the field of oncology practice who compile these guidelines based on the best available current scientific evidence.</p>	Defeated
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71	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) lobby the Ministries of Health, provincial and federal, to provide universal Pharmacare; and</p> <p>BE IT FURTHER RESOLVED that HSA lobby the provincial and federal Ministries of Health to fund medications prescribed by physicians and conduct further research to explore potential health impacts of biosimilars.</p>	<p>In May 2019, BC PharmaCare launched a Biosimilars Initiative to switch patients using originator (reference biologic) drugs for certain indications to their biosimilar versions.</p> <p>As patents expire for originator drugs, other manufacturers may produce new versions of the biologic drugs called biosimilars. Because originator drugs are often large and complex, biosimilars are highly similar, but not identical, to the originator drug. As the biosimilar is not identical to the originator, Health Canada requires that biosimilars go through rigorous clinical trials to prove safety and efficacy before they are allowed to be marketed in Canada. In 2018 originator biologics accounted for just under 2% of prescribed drugs in Canada, but they accounted for nearly 30% of the total national drug cost. Biosimilar drugs provide the same therapeutic outcomes at considerably lower cost. This cost saving is used to fund other therapies. This debate also occurred when generic medications became available. That debate has been settled in the medical and scientific community and generic medications are commonly used today at considerable cost savings without any detrimental health effects. Much of the push to not use biosimilars has come from industry and patient advocacy groups which are funded in part by the makers of originator drugs.</p> <p>For some patients, it may be medically necessary to continue using the originator if the patient cannot switch to a biosimilar due to a medically necessary reason. In these cases, the prescriber must determine the medical requirement and request exceptional Special Authority approval for continued coverage of the originator. Thus, a reasonable pathway exists that allows the use of originator biosimilar if necessary.</p> <p>Committee members felt that asking for research on only the negative health impacts was a biased assumption. The committee agrees that the provincial and federal governments provide universal pharmacare and further research the potential health impacts of biosimilars whether they be positive or negative.</p>	Carried
75	<p>THEREFORE BE IT RESOLVED That the Health Sciences Association direct employers to comply with the HSPBA Collective Agreement and allow their employees adequate time to conduct union business.</p>	<p>HSA collective agreements clearly speak to the requirement of the employer to allow sufficient time while on-duty to conduct the business of the union in the workplace.</p> <p>Stewards are increasingly pressured by time constraints and workload issues to feel forced to reduce the priority to address steward work while on scheduled work time, and this can result in spending less time on the work, or doing more of the work outside of scheduled work time.</p> <p>Ensuring that employers appreciate and understand the importance of the steward role – which is to address workplace issues at the local level -- and securing the time to perform this role in the workplace is critical to improving labour-management relationships and addressing workplace conflicts and issues.</p> <p>Employers must be reminded of their obligations around steward representation, and the union must assert members’ right to timely representation.</p>	Carried

78	<p>THEREFORE BE IT RESOLVED That New Member Orientation sessions be regularly organized and scheduled by Health Sciences Association (“HSA”) admin in order to allow stewards to focus on presenting the material and engaging in conversations with new members.</p>	<p>While employers are required, under collective agreements, to include an orientation to the union by the union as part of their onboarding of new employees, many employers have moved to online pre-packaged orientations and union involvement is minimal.</p> <p>The union currently sends new members a welcome and orientation email, which provides information about the resources available to support HSA members.</p> <p>The committee recognizes the value of orientation, and particularly understands that personal connections are the key for stewards to develop relationships with members and support their understanding of the role of the union, the union contract, and the local steward team.</p> <p>While the committee supports the resolution, which is to find ways to relieve the burden of work on stewards, it cautions that if the responsibility of scheduling regular new member orientation sessions falls on union staff, delegates must recognize that the impact on staff workload will potentially result in union staff being forced to shift their priorities to be able to meet the demands of scheduling regular new member orientations in consultation with stewards at chapters across the province.</p>	Defeated
79	<p>THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) support services provide support to newly elected stewards within one month 2 weeks of HSA being notified of the election results by providing a welcome email that includes immediate information regarding the role of the steward including the name of a contact person from HSA head office for immediate questions, followed by a welcome package sent in the mail containing relevant products to support and encourage next steps and in addition, ongoing support services and mentorship for the first 6 months following election.</p>	<p>A strong steward team at each chapter in the province is essential to the functioning of the union and the protection of our collective agreement rights. New stewards are stepping into a role which may be unfamiliar to them, and at times without an established local steward team to welcome them into their new position. There are also situations in which stewards are elected into chapters that do not have an established union presence or another steward available to mentor them. It is important that new stewards know the union appreciates their contribution and that they are not alone facing the employer and supporting members at their worksites. Timely communication and mentorship is key in keeping enthusiastic new stewards engaged and committed to helping the union do its important work.</p> <p>This work is actually already underway by the communications and education staff and delegates can expect to see a communications and information program in place in fairly short order.</p> <p>In addition, for the past few months the organizing staff have been holding online “learn and grow” sessions for chief stewards, focusing on different issues identified by stewards for discussion. These sessions are instructive and are recorded and available to stewards on the Portal and the steward resources section of the website.</p>	Carried

80	THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA” provide more support and opportunities for virtual engagement and gathering among members.	Virtual meetings and gatherings have become the norm over the past year, and continue to be an important and necessary part of engagement. Virtual gatherings will continue to be part of the union toolbox into the future. All chief stewards now have access to the union’s WebEx account and are able to schedule and host online meetings with stewards and members. Union staff support the coordination of meetings by preparing and providing email notices to members, and LROs and organizers often participate in meetings as a resource to steward teams. In addition to these resources, HSA staff this year developed the one-hour online Learn and Grow monthly sessions for chief stewards to encourage discussion among stewards about their work and strategies to support them and their steward teams at the local level. Finally, all union education moved online last fall, and staff continue to deliver an increased number of workshops, as well as making external workshops and union education opportunities available to members. The union will continue to work to support increased engagement for members using the tools we have all had to adopt and adapt to thanks to the past 16 months of living, working, and learning in a pandemic.	Carried
85	THEREFORE BE IT RESOLVED That chapters with multiple candidates running for chief steward positions with paid steward time, the candidates must have completed the basic steward training before being eligible to run for the chief steward positions.	Under the union’s constitution, members in a chapter have the right to elect their stewards. This resolution imposes conditions in certain circumstances, and is contrary to the constitution. Furthermore, there is a finite amount of steward training the union is resources to offer. While new stewards are given priority for training, it would take away training opportunities for actively elected stewards if all candidates interested in stepping up for a paid steward role were trained, with no guarantee they would go on to take up a steward role. When members elect stewards, they would be well advised to have a good understanding of the skill sets candidates offer.	Defeated

86	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) explore continuing to offer an online option for future meetings; and</p> <p>BE IT FURTHER RESOLVED That the exploration considers creating a secure, password-protected web portal with transcripts and recordings of said meetings available.</p>	<p>The Resolutions Committee supports the continued use of technology and services available to members to participate in meetings online.</p> <p>While the intent of the second part of the resolution is appreciated, committee members expressed concerns about the impact on member participation in local chapter meetings if their conversations, deliberations, and free sharing of ideas and points of view are to be made available online for others to view.</p> <p>The committee supports exploring the goals stated in the resolution, keeping in mind that the privacy rights of meeting participants must be protected, and considering whether the value of discussion of differences in points of view on the various issues that may arise at a meeting is hindered by a requirement to record and keep verbatim transcripts of any meeting.</p> <p>The committee supports meeting reporting practices that serve to keep members unable to participate in them informed about issues that are of importance to them, but feels that the value of sharing information must be weighed against the impact on member participation if the practice is not conducive to free exchange of ideas and protection of members’ privacy.</p>	Carried
87	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) return to its original purpose of negotiating fair and higher wages and improving working conditions and limit financial support and time spent on social programs.</p>	<p>Unions have always played an important role in advancing social movements and fighting for systems and structures that benefit workers and communities. The Resolutions Committee considered that it would be a loss for our communities and the general workforce should HSA or any union remove themselves from movements and conversations aimed at promoting social justice.</p> <p>The Resolutions Committee also considered the diverse interests of our membership and that HSA’s involvement in these programs supports and increases member engagement by broadening the ways that members can be involved with their union.</p> <p>Lastly, the Committee challenged the idea presented in this resolution that by directing resources to social programs HSA is somehow abandoning its fight for improved wages and working conditions. It is felt that HSA has never strayed from its commitment to fight for improved wages and working conditions and that our involvement in social movements is very much a part of this ongoing work.</p>	Defeated

88	<p>THEREFORE BE IT RESOLVED that the Health Sciences Association ("HSA") lobby the Health Authorities to ensure the non-smoking policy is strictly enforced at all sites to prevent Health Science Association ("HSA") Members and other staff being exposed to second-hand smoke and its associated health risks; and BE IT FURTHER RESOLVED that HSA work with the health authorities to find creative solutions to prevent individuals smoking at all sites.</p>	<p>The resolution calls for the union to raise awareness about the impact of second hand smoke and the lack of enforcement of non-smoking policies on health authority grounds.</p> <p>This is an important occupational health and safety issue, and the committee agrees there must be a coordinated effort to improve enforcement of policies designed to protect staff and patients from the harms of the effects of second-hand smoke.</p>	Carried
89	<p>THEREFORE BE IT RESOLVED That HSA review Article 12 of the Constitution to better reflect the complexities of choosing and defining the role of the Occupational Health & Safety ("OHS") steward and Joint Occupational Health & Safety ("JOHS") committee worker reps.</p>	<p>The committee supports this resolution calling on the union to review Article 12 of the Constitution to improve governance structures to oversee mandatory union participation on worksite Joint Occupational Health and Safety Committees.</p> <p>While the constitution gives authority to elect JOHS stewards to represent chapters and worksites, the employer structures are changing to require a mix of representative structures, including worksite based, representation on multi-site committees, and single discipline based committees.</p> <p>The union's constitutional structure does not align with evolving practices, and must be reviewed to improve the union's ability to ensure adequate members representation on these committees. Not only is representation mandatory by law, it is also critical to ensuring members have input to occupational health and safety issues and practices in their workplaces - however their workplace is defined by their employer.</p>	Carried
92	<p>THEREFORE BE IT RESOLVED That Health Sciences Association ("HSA") continue to lobby the federal government through the National Union of Public and General Employees and the Canadian Labour Congress to increase the length of time for Medical EI coverage, and report back to the membership.</p>	<p>Championing equity means building robust supports for workers when they are unable to work due to illness. While long term disability coverage is a benefit not all workers have access to, the financial strain imposed by limited EI coverage while a chronically ill or disabled worker is making a transition to long term disability coverage is unnecessary and potentially damaging to their health.</p> <p>According to the Canadian Cancer Society, 88% of Canadians support an extension to Employment Insurance (EI) sickness benefit to at least 26 weeks from the current 15 weeks, to allow adequate time for healing and recovery.</p> <p>For many HSA members, Medical EI coverage amounts to significantly less than their employment income, but provides for some financial certainty during a time members need all their energies focused on addressing their health.</p>	Carried

96	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) lobby the provincial and federal Ministries of Health to provide universal Pharmacare, eliminating the income based deductible that causes hardship for many British Columbians.	A national public drug plan that is universal, accessible, comprehensive, and portable is needed. The appeal of universal coverage and the potential cost savings are great. Bulk buying can drive down the cost for prescription drugs. In addition to providing health benefits, a universal public drug plan would provide Canada with many economic benefits, from having more money to invest in themselves, to paying down debt, improving their standard of living, and pursuing education and other interests.	Carried
98	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) explore ways to encourage the Ministry of Advanced Education and Skills Training to expand training programs into northern, rural, and underserved communities, including distance learning options.	Staff shortages continue to be a problem in many HSA disciplines. Increasing opportunities for education that is closer to home can help keep health professionals stay in their home rural or underserved communities. Distance education in health sciences is also an important option for expanding training and making education in these in-demand professions more accessible for those from outside the lower mainland. In addition, increased training locations provides opportunities for students interested in relocating for lifestyle and affordability reasons to smaller communities.	Carried
99	THEREFORE BE IT RESOLVED That the Health Sciences Association (“HSA”) lobby the government to implement permanent Daylight Saving Time (“DST”) in British Columbia in 2021, taking the lead and not waiting for other jurisdictions (the USA) to commit to DST.	The data supporting a permanent change to Daylight Savings Time is certainly compelling from economic and health and safety perspectives. As the westernmost province, BC is well positioned to be a leader in this initiative, and has already introduced legislation to end time changes. The committee supports encouraging the provincial government to advocate strongly with its economic partners and take a leadership role in effecting this much supported change.	Carried
101	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) lobby the BC government to incorporate publicly owned ride-sharing and ride-hailing services into a wider system of public transport aimed squarely at the shared public good.	While ride-sharing and ride-hailing services have become popular in many larger centers, the committee favours having fewer vehicles on the road. The committee instead supports promoting the improvement of public transportation options in underserved communities, including transit such as zero-emission electric buses, skytrain, and commuter rail, as well as improved cycling infrastructure.	Defeated
102	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) call on Canada’s federal parties to pass legislation to bring update the Canadian Environmental Protection Act (“CEPA”).	The Canadian Environmental Protection Act (CEPA), released in 2000, has not yet been updated to our current modern standards. There are recommendations to modernize this act that have been waiting since 2017 to be acted upon. Upon further investigation, the Resolutions Committee found that the Government released a follow-up response dated June 29, 2018, in which it renewed its commitment to passing legislative amendments to the Act “as soon as possible in future Parliamentary sessions”. The Resolutions Committee recognizes that we are in a time of a climate crisis, and feel that it is appropriate to mandate the federal government to finally amend the Canadian Environmental Protection Act.	Carried

103	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) lobby the BC government to take this opportunity to shape a world that is healthy and equitable by moving away from LNG and other fossil fuels.	Unless we collectively act to shift what is happening with energy production, distribution and use, then making meaningful inroads to tackle the health impacts of climate change will become increasingly difficult and costly. Healthcare workers can use their voice to help advocate for governments to plan for the future in ways that can best protect our environment.	Carried
104	THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) support the HEU campaign to urge the government of British Columbia to get private companies out of hospitals and Long Term Care (“LTC”) and invest in public health care for everyone.	The pandemic has reminded us of the value of public health care for hospital inpatients, outpatients and long term care residents as well as the value of ALL front line workers across BC. Privatization has hurt frontline staff with high workloads, lower wages and high staff turnover while undermining patient care. COVID-19 outbreaks were more common in BC "for-profit" long term care residences vs public run homes. The most common explanations offered were "for-profit" homes pay less to employees (therefore have challenges with filling positions and retention), spend less on residents' care, have a tougher time accessing PPE and don't have readily available experts for consultation, such as infection control educators. HSA supports public health care and strongly opposes the privatization of any hospital and/or long term care services, and the committee stand with that commitment.	Carried
106	THEREFORE BE IT RESOLVED That the Health Sciences Association (“HSA”) Allocate political and legal resources as required in an effort to promote the regulation of unregulated HSA member professions in BC.	The history of HSA’s unregulated professions seeking the implementation of regulatory colleges in BC is long. Many professional associations have been lobbying for the formation of a college for many years and the provincial government has been promising to implement regulatory colleges for many HSA disciplines for years. The primary role of a regulatory College is to protect the interests of the public and not the members that it regulates. Professional bodies may have good reason to choose to advocate for the interest of the public over the interests of their members as in doing so, they may advance the practice of their profession. That is one purpose of the professional association. As stated in the final whereas, and as found in the Objects and Purposes of the HSA Constitution, HSA’s purpose is to provide a high level of representation for the members and generally promote the interests of the members. HSA represents members in complaints and/or discipline issued by their regulatory college, so it is important to be distanced in relationships with colleges. The Committee does not agree that promoting the regulation of unregulated professions would be promoting the interests of HSA members and for this reason does not support this resolution.	Defeated

107	<p>THEREFORE BE IT RESOLVED that Health Sciences Association (“HSA”) educate the membership about the risks associated with alcohol intake, how to recognize excessive alcohol use, and treatment options available.</p> <p>BE IT FURTHER RESOLVED That HSA lobby the government to further restrict advertisements for alcohol.</p>	<p>We have come a long way since prohibition ended in Canada. Since that time consumption of alcohol has become a societal norm and is considered less harmful than it is.</p> <p>There is a strong association between alcohol consumption and the risk of cancer, injuries, and infectious diseases which counteract the protective effects it has for heart disease. Although the health risks from one alcoholic drink a day are small, they increase quickly when people drink more. Alcohol related injury and disease negatively impact health care, personal and social costs.</p> <p>The Federal Tobacco Act banned advertisement of cigarettes except in adult only establishments and by direct mail. The Canadian Code for Advertising Alcohol currently allows advertisement to adults in both broadcast and print media.</p> <p>Moderate alcohol consumption in social situations can be pleasurable. While there is no safe level of alcohol intake, if you are going to drink it is important to understand the risks and make an informed choice.</p>	Carried
108	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) continue to pursue WorkSafe presumptive coverage for mental health for all HSA professions.</p>	<p>There is no reasonable rationale for Worksafe to treat worker mental health injuries differently for any healthcare or social service worker based solely on their professional title. Employees from all helping professions are working shoulder to shoulder in departments and service sectors and yet only part of the team has presumptive coverage for mental health traumatic events.</p> <p>The Transition House Worker who discovers a client’s suicide is treated differently from her RN community colleague. An RT who has spent the last months working with the sickest patients in a COVID ICU is treated differently than the RNs that they worked beside day after day. The Technologists who work in busy trauma rooms are treated differently than the rest of the emergency team. HSA members know that this is fundamentally wrong and will continue to speak out until all health and social services workers are brought under the presumptive coverage legislation.</p>	Carried
109	<p>THEREFORE BE IT RESOLVED That Health Sciences Association (“HSA”) be in a state of election readiness and, should an early federal election be called, provide relevant information and outreach to members.</p>	<p>The last federal election took place on October 21, 2019, and resulted in a Liberal minority government. In a minority situation, governments must rely on the support of other parties to stay in power, providing less stability than a majority government. At the federal level, no minority government has lasted a standard four-year term. Most minority governments have lasted about 18 months. More than a year and a half has elapsed for the current minority government. Due to the pandemic, there is currently political will to expand and/or create social programs such as universal childcare and pharmacare. Thus, it is prudent for HSA to be prepared for the federal election to be outspoken on these important issues.</p>	Carried

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