

2016 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



ON THE COVER

Maria Tingchuy, medical radiation technologist

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DRAFT AGENDA CONVENTION 2016

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

THURSDAY, May 5 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
5:00 – 6:00 pm	Regional Meeting Dinners
6:00 – 9:00 pm	Delegate Mingle and Dessert

FRIDAY, May 6 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 2015 Convention
9:00 am	President's Report
9:30 am	Finance Committee Report
	Resolutions Committee
12:00 noon	Lunch
1:30 pm	Guest Panel
3:00 pm	Political Action Committee Report
	Resolutions Committee
3:30 pm	Committee on Equality and Social Action Report
	Resolutions Committee
5:00 pm	Adjournment
6:00 pm	Reception
7:00 pm	Convention Banquet and Entertainment

SATURDAY, May 7 CONVENTION SESSIONS

8:30 am	Call to Order Credentials Report Women’s Committee Report Resolutions Committee Occupational Health and Safety Committee Report Presentation of David Bland Award Resolutions Committee
11:15 am	Elections Committee Report Elections (Trials Committee) Resolutions Committee
12:00 noon	Lunch
1:30 pm	Education Committee Report Resolutions Committee Good and Welfare
4:00 pm	Convention Adjournment





Doris Peters, mental health clinician

EXECUTIVE REPORTS

REPORT OF THE PRESIDENT

Last year HSA's Board of Directors presented to delegates at our annual convention a strategic plan to see us through to 2020. That plan has guided HSA and helped us focus on two key areas: improving services to members, and enhancing member engagement. The plan was built on feedback from active members, less actively involved members, and years of direction set by convention delegates who meet to help adjust the course we are on as a union.

As we celebrate our 45th year as a union, we have much to reflect on, and much to look forward to.

CHANGE IS THE ONLY CONSTANT

The technology so many of us work with every day is changing rapidly. Some of the professions represented in our membership didn't even exist when we started out as a union. The work we do is changing.

But it is not only the technology and professional practices that are changing. So is the way our work is organized.

As institutions, including government, seek to challenge the status quo, and find new ways to provide the services needed, we must develop and grow with them. And growth brings with it change, specialization, and a demand for more expertise.

The same is true in the delivery of the services HSA delivers to you – as members you count on your union to bargain on your behalf for wages, benefits, and long term improvements to protect your collective agreement rights, and to advocate for and ensure healthy and safe conditions at work.

Just as your jobs have become more complex, and the budgets required to deliver the public services have escalated, so has the work of your union.

At this year's convention, delegates will consider a resolution to increase the rate of dues members pay to support the union's operations. For the past several years, different union chapters have submitted resolutions seeking an increase in dues to protect services the union delivers. For the past 19 years, HSA has succeeded in growing in specialized areas of service,

Just as your jobs have become more complex, and the budgets required to deliver the public services have escalated, so has the work of your union.

maintaining and enhancing services to members without increasing dues. To do that we have limited spending in critical areas, including advertising, organizing efforts, administration, and staff professional development.

We have now reached a point that there is nowhere left to streamline our budgets without affecting service to members.

Gone are the days of face to face meetings to resolve local issues at a worksite. The human resources operations at your worksites have been professionalized – what used to be able to be discussed and resolved at a local meeting is referred to specialists. Centralized human resources departments hold the decision-making power. The union is forced to respond in kind to ensure members have the best representation possible.

Through collective bargaining and creative problem-solving approaches, HSA has worked with our members to navigate the ever-changing terrain of labour relations.



Val Avery

HELPING OUR STEWARDS HELP MEMBERS

Stewards – the local leaders who volunteer to support members defending their collective agreement rights – are the face of the union in your worksite. They are the colleagues and peers you turn to when you are having a problem at work – whether it's not being credited on your paycheque for overtime worked, being denied leave for professional education, getting help with returning to work after an injury or illness, or representing you in a disciplinary meeting.

Over the past few years, stewards have told us the

job is getting more challenging. Earlier this year we held a series of focus groups, talking to stewards about what support they need to be better resources for you. At the top of the list was time. Out of that came discussion about how we can create time to do this important work for our colleagues – whether it's sharing the load, setting up systems for doing the work efficiently and collaboratively, or working with employers to free up time to make sure the resources and support are available when members need them. The work of our stewards and labour relations officers ultimately is about creating good relationships at our worksites that allow for the best delivery of the services HSA members provide in acute care and in the community.

On sharing the load, HSA's education and member engagement department has focused on working with stewards at their worksites to help build steward teams. At this year's convention, delegates will get a sneak peak at a technology project being developed to support stewards in their work on behalf of members. Our labour relations officers continue to work to ensure stewards are released from their job duties to support members who experience challenges around their collective agreement rights.

A successful project informing HSA's work in this area is the Enhanced Disability Management Program (EDMP), launched in 2013 to address a rapidly growing area of member advocacy and support – time loss due to injury and illness at work. Increased levels of acuity in patients and tight budgets resulting in increased workload have been factors in members' experiences at work. The EDMP was negotiated to ensure there was dedicated steward time to support members in their return to work. It is a successful program, which sees 15 stewards released part time from their jobs to provide the support members need. Employers understand the benefit of providing that support, and in bargaining agreed to pay the

Earlier this year we held a series of focus groups, talking to stewards about what support they need to be better resources for you. At the top of the list was time.

wages for the time those stewards are off their regular jobs to support members. HSA funds the program by providing the technology and case management software necessary to maintain the program.

That is just one example of how HSA has negotiated improved support for members, and it is a model we continue to pursue – in bargaining, through changes to the collective agreement, as well as at the local level.

BUILDING A BETTER WORKPLACE

Servicing and representing our members is what drives the union. Key components of that service are defending the rights you have as a result of collective bargaining. While the majority of HSA members – those covered by the Health Science Professionals, Community Social Services, and Community Health public sector contracts – will not be back into bargaining before 2019, our registered psychiatric nurses, covered by the Nurses Bargaining Association contract, and our members at West Coast Medical Imaging were in, or entering into bargaining, at the writing of this report. Nurses in British

Columbia have been without a collective agreement since March 2104. The West Coast Medical Imaging contract expired in December 2015.

Bargaining on behalf of and representing members takes many forms. For example, on health and safety issues, HSA was in the Supreme Court of Canada earlier this year to fight for compensation for members who contracted breast cancer while working at Mission Memorial Hospital's lab – where a cancer cluster was identified.

Violence in your worksites is an issue HSA has been addressing on many fronts. I have met with BC's Minister of Health and senior ministry staff to continue to advance a practical agenda that makes a difference to the safety of members at work. HSA's occupational health and safety specialist, David Durning, represents the union on labour movement and joint employer and union committees, doing the necessary work to develop and implement policies and practices that protect you. At the bargaining table, HSA's representatives at the nurses' talks have been instrumental in advancing contract language that addresses the issue.

Another example of the work we are doing is this past year's concerted campaign to address funding challenges at child development centres, where children are on impossibly long waiting lists to access services. Initiated by convention resolutions calling for the union to lobby for government action, we identified a number of members who received training and support from the union to take the issue up with their local MLAs. They were able to tell their MLAs compelling stories about their work, the children and families they support, and the need for funding of critical programs. We were also able to meet with decision-makers in the Ministry of Children and Family Development, and advocate for these families. The work will continue this year, building on the relation-

HSA was in the Supreme Court of Canada earlier this year to fight for compensation for members who contracted breast cancer while working at Mission Memorial Hospital's lab – where a cancer cluster was identified.

ships our members have established with their MLAs, to apply pressure to support these critical services.

This lobby project builds from the government relations program we have developed over the past several years. Our long-term strategy of working with specialists to make inroads with government to increase the profile of issues important to HSA members is starting to see dividends: influential MLAs know and sympathize with the issues important to our members. And while that understanding doesn't translate immediately or directly into tangible improvements for members at work, it does continue to build a foundation on which to build further.

BUILDING A BETTER WORLD

As president of HSA, I am very fortunate to meet with so many of you and hear about the issues that inspire you in your work – and also the issues that frustrate you. Because it is impossible to meet with each and every one of the union’s 18,000 members, each year HSA conducts a membership survey. It is just one of the tools we have to identify and track the issues that are important to you. The most satisfying part of that annual survey is confirmation year after year that you love the work you do. Yes, you have frustrations with parts of the job, but ultimately, you are doing work that is personally fulfilling. Members also strongly believe in the importance of being in a union, and part of a broader labour movement that supports all working people.

Elsewhere in this 45th Annual Report, you will read about the work union staff do in labour relations and legal services on behalf of members. You will also read about the union’s committees’ work on education, political action, solidarity on local and international issues, women’s issues, and occupational health and safety.

Beyond the work of committees, as a union affiliated to the BC Federation of Labour and Canadian Labour Congress, and a member of the National Union of Public and General Employees, HSA is an active player in campaigns addressing issues important to fairness and equality, and the delivery of public services.

I have participated in a number of BC Federation of Labour planned events to support the \$15 dollar minimum wage and affordable child care for all. Last May, I was joined by members in Region 10 at the BC Federation of Labour regional conference in Terrace, where the focus was on local issues, including a discussion on resources, and the Highway of Tears. In November, the BC Federation of Labour Confer-

ence focused on organizing – including a number of very practical workshops to help equip union activists with the tools to succeed in campaigns. At that conference I was able to share with about 300 participants a presentation on HSA’s work defending against the raids by the BC Nurses.

Last month HSA Board member Anne Davis joined the BC Federation of Labour Women’s Committee in a lobby of the BC government. The three issues for the lobby were child care, women’s economic security (\$15 minimum wage) and the lack of ability to carry out full forensic exams in all BC hospitals following a sexual assault. The “rape kit” issue came from HSA, following the passing of an emergency resolution at last year’s convention.

In June, I was honoured to be invited by CLC President Hassan Yussuff to make a presentation to the Federation of Canadian Municipalities on women in leadership. It was a great opportunity to talk about HSA and the work our members do to a national audience of municipal leaders.

At the NUPGE board table, and through NUPGE-led initiatives, we have a national voice on public services and labour rights issues. This year, we will see some changes at NUPGE, as long-time President James Clancy will not be running for the position again. He has been president of NUPGE as long as HSA has been in the national union, and has worked hard to drive an agenda of promoting public services and labour rights across the country. He has been an important voice in the Canadian labour movement, and we wish him well for the future.

Our contribution to the national dialogue on these important issues doesn’t stop at our affiliation with national labour bodies. As participants in the BC Health Coalition – HSA supports our member Edith MacHattie as a co-chair of the coalition – your union

We are celebrating 45 years as a union. We have come a long way from when we started – when HSA represented nine professions and did not have the right to strike as a tool. In a changing world, we have continued to adapt and be innovative.

has strong representation in the provincial and national conversation on protecting Medicare. The BC Health Coalition has taken a leading role in the protection of medicare through its involvement in a legal challenge by private medical clinic owner Brian Day, who is attempting to open up the province for a two-tiered health care system. As our representative, Edith also recently participated in a lobby of the new federal Liberal government MPs to promote a new health accord, national pharmacare, and a national seniors' care strategy.

THE ROAD AHEAD


Our strategic plan has helped focus the work of the union, to ensure we are moving forward on our strategic priorities:

- improving service to members
- enhancing member engagement

- defending and strengthening the collective agreement and representational rights
- effectively managing our essential relationships
- matching organization needs with resources

On every front, these priorities inform our work. Whether it is providing stewards with the education and resources to deal with labour-management issues at a local worksite, providing funding to support a legal challenge to protect medicare, representing members in the highest court in the land, promoting your professions through advertising, defending RPNs and other professions against hostile raiding campaigns, negotiating a transfer of control over the future of your benefits, or representing you at the bargaining table, HSA stewards, board members and staff are committed to getting positive outcomes for our members.

We are celebrating 45 years as a union. We have come a long way from when we started – when HSA represented nine professions and did not have the right to strike as a tool. In those 45 years we have grown to represent many professions that did not even exist at our inception. In a changing world, we have continued to adapt and be innovative. We have been through job actions that helped achieve improvements for members, and others that challenged our strength to continue united. We have made significant gains for members, and service to members has always been, and will continue to be, our priority.

I look forward to meeting with delegates to convention, and working together with you to achieve our goal of advancing and defending members' rights and interests in our workplaces, communities, and society. 

Respectfully submitted,
Val Avery, President

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

With a focus on servicing, refining the internal process for grievance and arbitration, and preparing to implement the Joint Health Science Benefits Trust, 2015 has proven to be an extremely busy year.

We have made significant progress in moving through our classifications files. Our legal department has advanced an unprecedented number of matters through to a final resolution. In addition, our hard work at the Labour Relations Board has successfully minimized our losses to the BC Nurses' Union raiding activity. We are actively developing procedures to ensure timely reporting and easier access for members with outstanding collective agreement issues. Our lawyers have been appearing at all levels of court – including the Supreme Court of Canada, and we are pleased to welcome new staff in both legal and labour relations.

We also faced ongoing challenges. These include jurisdictional encroachment resulting from shifts from acute to community centered care, attempts by employers to move supervisory duties out of scope, and of course the raids by the BCNU.

The task of structuring and implementing the Joint Health Science Benefits Trust is headed toward a very successful model, which leaves us confident in our ability to manage the trust successfully and maintain the strong benefit package so important to Health Science Professionals Bargaining Association members.

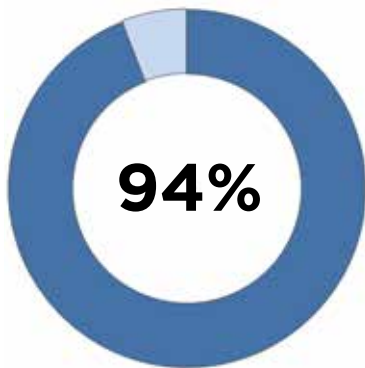
In short, your union is able to demonstrate progress towards the strategic priorities which you have identified.

BARGAINING

As of the date of this report the Nurses' Bargaining Association contract remains outstanding, and bargaining was set to begin for members at West Coast Medical Imaging.

DISABILITY MANAGEMENT

The disability management department continues to experience a steady rate of growth, guided by Membership Services Co-ordinator Alison Hietanen.



LTD APPEALS
 HSA succeeded on 16 of 17 appeals for a success rate of 94 per cent.



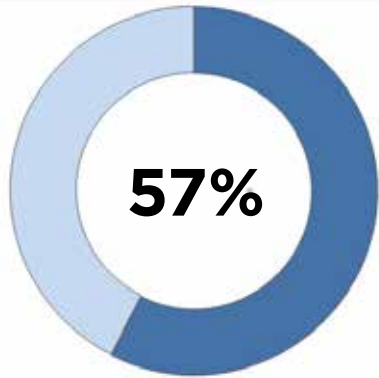
Jeanne Meyers

Long Term Disability (LTD) Appeals

HSA labour relations officers conducting LTD appeals forwarded 18 claims to the insurers for reconsideration. Of those, 14 claims were accepted at the reconsideration level while four continued to be denied. Four claims were then forwarded to the claims review committee, two of which were accepted, one denied, and one withdrawn. In sum, HSA succeeded on 16 of 17 appeals for a success rate of 94 per cent.

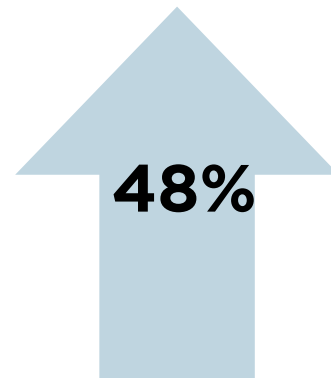
Workers' Compensation Board (WCB) Appeals

HSA WCB advocates conducted 101 appeals in 2015, which represented an increase of 48.5 per cent over the 68 conducted last year. Your staff team succeeded on 58 of these, for an overall success rate of 57 per cent. Of those, 35 succeeded at the first level of appeal at the WCB Review Division. The remaining 66 were decided at the final level of appeal, the Workers Compensation Appeal Tribunal (WCAT). Of those, HSA succeeded on 23, representing a success rate of 34.84 per cent, which is slightly higher than WCAT's overall rate of allowing appeals at 31 per cent.



WCB APPEALS

HSA succeeded on 58 of 101 appeals for a success rate of 57 per cent.



WCB APPEALS

Increased from 68 last year to 101 this year, a 48 per cent increase.

In one notable appeal, a member brought a claim for acute disseminated encephalomyelitis (ADEM) that she contracted as a result of the flu shot. Her claim was initially denied but accepted upon review. As a result of the successful review it was acknowledged by the WCB that our member had an adverse reaction to the flu shot and, as a result, suffered a significant disability that has left her permanently and seriously disabled. This has resulted in an award in excess of \$1,000,000 over her lifetime. Additionally, health care benefits, home modifications, and other benefits are anticipated to increase the value of the award by \$500,000.

Supreme Court of Canada – Cancer Cluster Cases

Our departments often work together and despite a high degree of specialization, the Legal Services and Labour Relations departments function as a team. An example is our recent appearance at the Supreme Court of Canada.

The appeal in the “Cancer Cluster Cases” was argued before the Supreme Court of Canada on January 14. Tonie Beharrell and Randy Noonan, our in-house legal counsel, represented the appellants, three former employees of the Mission Memorial Hospital laboratory who had developed breast cancer. Also in attendance were representatives on behalf of Fraser

Health Authority, the WCAT and several intervenors. We expect the high court's decision to be handed down in about six months. A webcast of the appeal is viewable on the SCC website by accessing the webcast page and choosing Winter 2016. It is listed as "Workers' Compensation Appeal Tribunal, et al. v. Fraser Health Authority, et al."

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

Since the 2015 convention we have welcomed Laura Sworn and Leah Kawa to the department as our new labour relations officers working with duty to accommodate files. They join Aaron Wilson in managing a caseload which just keeps growing and growing. Our enhanced disability management program representatives continue to do strong work under the direction of our head office team. The software resources, developed by HSA's information technology specialists, are instrumental to their ability to manage such a demanding caseload. The DTA/RTW labour relations officers have been responsible for management of on average 322 files every month throughout 2015.

LEGAL

Gurleen Sahota and Adam Picotte have now joined Membership Services Co-ordinator Tonie Beharrell, Stephen Hutchison and Randy Noonan as the most recent additions to our legal team. The legal department continues to be supported by a full time paralegal and a full time legal administrative assistant.

The legal department has had a very active year. In 2015, we opened 132 new files. We have also continued to represent members in matters before their professional colleges. The department has settled many matters before hearing and has recovered well over \$300,000 for our members in the past year.

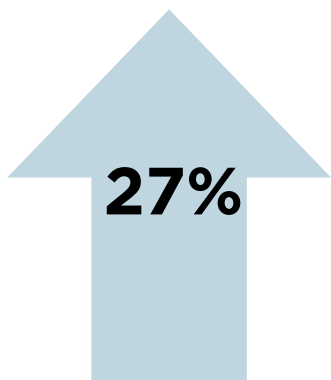
As in past years, a large amount of staff and other resources in this department have been devoted to defending against the raid applications brought by the BCNU. Flowing from 2014 raiding activity, we brought a number of unfair labour practice complaints against the BCNU. As a result, in 2015 we received decisions from the Labour Relations Board entirely dismissing the raiding application at Royal Inland Hospital. We were successful in having the Labour Relations Board issue declarations and cease-and-desist orders with respect to BCNU worksite activities at Surrey Memorial Hospital and Royal Jubilee Hospital. The BCNU has since applied to the BC Supreme Court to have two of these decisions judicially reviewed.

As a result of raid applications filed in 2015 the BCNU was successful in raiding HSA registered psychiatric nurses at both Kelowna and Mills Memorial hospitals, resulting the loss of 45 RPN members. In addition, the BCNU expanded its raiding activities beyond RPNs and has filed a number of applications to raid psychologists and psychometrists in the HSA as well as in the Professional Employees Association. HSA has filed full submissions in this matter, and a number of other unions have been granted intervenor status. The issue is still under consideration by the Labour Relations Board.

We are very fortunate to have such an experienced legal team capable of handling cases before arbitrators, the human rights tribunal, professional colleges and all levels of court.

ISSUES IN LABOUR RELATIONS SERVICING

The Labour Relations Department continued to have a busy year in 2015 under the leadership of Membership Services Co-ordinators Sheila Vataiki and Josef Rieder. Following Josef Rieder's move to the position of Director of Human Resources, effective January 1,



GRIEVANCES

There were 291 classification grievance files opened in 2015, a 27 per cent increase.

we were pleased to welcome Dani Demetlika as Assistant Membership Co-ordinator.

During the past year, our labour relations officers handled 1,384 active grievance files and spent many hours advising stewards and members on matters which did not result in the filing of active grievances. The total monetary value of the grievance files managed to completion by our labour relations officers was just under one million dollars.

Our labour relations officers administer and assist our stewards to ensure the collective agreement rights of our members are protected. In that regard, they have seen a wide range of issues over the past year, many of which are generated by budget cuts

and cost-saving measures made at the expense of collective agreement rights, or reorganizations and jurisdictional disputes which stem from changes in service delivery. Protecting leave, managing scheduling disputes, issues of on-call and misuse of casuals were all too common this year. As well, our labour relations officers played an active role supporting our members during the BCNU raids.

CLASSIFICATIONS

The Classifications Department has seen some recent transition as we welcome Derek Wong to his new position as Membership Services Co-ordinator. Derek not only supervises the classifications labour relations team but also sits as the HSA representative at the Community Bargaining Association table. Kathy McLennan has accepted new challenges as HSA's Director of Operations, bringing her wealth of experience and organizational knowledge to the management team.

Like the other departments, the Classifications Department deals with administration of four bargaining association collective agreements as well as separate agreements and separate memos. The impressive success rate in classifications seen in previous years continues. In 2015 the classifications department received and reviewed 368 job descriptions. There were 291 classification grievance files opened (a 27 per cent increase over 2014) and 340 files resolved (a 10 per cent increase). Many of these cases involve multiple grievors and incumbents.

The expedited arbitration process for classifications, negotiated in 2013, continues to be a most useful process for achieving positive classification outcomes for members. In 2015, 28 cases were referred to expedited arbitration. Of these, 17 cases were resolved prior to a hearing being conducted, and three settlements were achieved through mediation on the day

of hearing. Of the eight matters that were ultimately decided by expedited arbitration, five were awarded in the union's favour.

Classifications files resolved in 2015 saw HSA members receiving lump sum and/or retroactive salary adjustment payments totaling \$373,290. The pay rate increases achieved result in an ongoing value of over \$182,000 per annum.

FILE ACTIVITY

	Files Opened	Files Closed	Job Descriptions Received/Reviewed
HSPBA	247	305	269
NBA	1	3	8
CBA	9	4	22
CSSBA	34	28	66
Other	3	3	3
2015 TOTALS	291	340	368

VALUE OF RESOLUTIONS ACHIEVED:

Retro/Lump Sum Payments	\$373,290
Annualized	\$182,772
TOTAL	\$556,063


JOINT HEALTH SCIENCE BENEFITS TRUST

The JHSBT was negotiated as part of the 2014-2019 Health Science Professionals Bargaining Association collective agreement to protect and enhance benefits for health science professionals.

The HSPBA/Health Employers Association of BC working group made substantial headway on a long list of tasks necessary to facilitate the hand-over of

administrative responsibilities to the joint trust on April 1, 2016. Effective that date, the JHSBT entered a transition phase with benefits still administered by Health Benefits Trust (HBT) and provided under contracts with Pacific Blue Cross and Great West Life.

Before April 1, 2017, we expect to have concluded a request for proposals process to select a third party administrator and a review of benefit providers to ensure the very best benefit delivery for HSPBA members. We are pleased with the funding formula that has been agreed upon, and are confident in our predictions that this is the best possible vehicle to manage benefit delivery. Key documents for the new trust are in place and the work of companion agreements are nearing completion as we move closer to concluding the formal negotiation stage, which began in 2014.

Any outstanding issues as at March 31 have been referred to the trustees. As the lead "table" the HSPBA/HEABC working group has approached this project in a scrupulous manner to ensure the smoothest transition possible and to identify and resolve problems ahead of time. This has been a thorough and collaborative effort that reflects the importance of these benefits for the members and their families. This due diligence is the foundation for a new partnership that will ensure the continuance of quality benefits and opens the door for exciting innovation in plan design. Once the Joint Health Science Benefits Trust is fully operational, trustees will be looking for opportunities to further enhance and improve health benefits for members. 

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

REPORT OF THE DIRECTOR OF OPERATIONS

This is my inaugural report as Director of Operations. I begin by acknowledging the Board of Directors' foresight for deciding to relocate HSA's offices from Vancouver to New Westminster's Brewery District, where HSA's plans to create a LEED-standard office building came to fruition in 2015, under the leadership of President Val Avery and then-Director of Operations Rebecca Maurer.


HSA's budget includes the building's operating and maintenance costs, which represent 2 per cent of the 2016 proposed budget. Those same costs were budgeted at 1.9 per cent of the 2015 budget (for the New Westminster property) and at 2.1 per cent of the 2014 budget (for the Vancouver property). That is to say that the portion of HSA's budget allocated to its building's operating and maintenance costs has remained relatively stable between the two properties.

In accordance with HSA's strategic priorities, operations staff continue to effectively manage our essential relationships, including those within the city of New Westminster and Wesgroup, the developer of HSA's and adjacent property.

Also in accordance with strategic priorities, operations staff in information management services continue to improve service to members by developing databases and

software that enable staff to efficiently access records and input data, all of which serves to optimize turnaround time for members' and stewards' information requests. Given HSA's extensive searchable records, labour relations staff have a wealth of information available at their fingertips for grievance-handling purposes.

HSA members serving as Enhanced Disability Management Program representatives speak highly of HSA's web application, the EDMP Case Management System, the latest release of which allows users to tailor the software experience to their preference. A notification system allows EDMP representatives to track changes to those files for which they have conduct. Features include workflow enhancements that facilitate the smooth transfer of file conduct responsibility between the representatives and HSA's disability management labour relations staff.

The evolution of this HSA-designed and developed software continues to keep users engaged and excited. It also represents the prototype for a future electronic grievance handling system to be included with the steward resource portal. 

Respectfully submitted,
Kathy McLennan, Director of Operations



Pharmacists Dean Elbe and Sharon Ho

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



Your Resolutions Committee (L-R) Karen Hamilton (Region 2 Member at Large), Sheila Anderson (Region 10 MAL), Miriam Sobrino (staff), Dean Avender (Region 8 MAL), Ramzan Anjum (Region 5 MAL), Sukhdeep Parihar (Region 3 Alternate MAL), Val Barker (Region 6 MAL), Janice Morrison (Chair, Vice-President and Region 9 Director), Joyce Pielou (Chief Steward, Region 1), Mandi Ayers (Region 10 Director), Jas Giddha (Region 7 MAL), Alwyn Chan (Region 3 MAL), Edie Elias (Region 9 MAL), Rosemary DeYagher (staff)

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

Again this year there was diversity on the committee, with members coming from the Nurses’ Bargaining Association, Health Science Professionals Bargaining Association and Community Social Services Bargaining Association bargaining units. We had two psychiatric nurses, a child and family counselor from Campbell River Family Services, and health science members from a variety of disciplines. There were seven committee members who were “first timers” to the resolution process. They brought new eyes, enthusiasm, and thoughtful constructive debate to the process.

This year the deadline for resolutions to be received in the HSA office was February 12, 2016. The committee met on February 18 and 19 to review all of the submissions. Of the 75 resolutions submitted by the deadline, 65 were accepted. One was withdrawn and nine were rejected. No resolutions were received after

the deadline. Letters of notification were sent to the chapters whose resolutions were not accepted.

When resolutions are received they are reviewed 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 overall implications of the resolution?
- What are the financial implications of the resolution?
- Does the resolution support current policy and strategic direction?

The Resolutions Committee takes its work on behalf of the membership very seriously. There is considerable debate on each resolution. Where needed, further research is done and in some cases the submitting chapter is contacted for clarification. Once all factors have been considered and all committee members

have had opportunity to speak, the question is called. Committee members then vote to recommend “concurrence” or “non-concurrence” on the given resolution. A straight majority vote establishes the recommendation that will go forward to the 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 also like to acknowledge and thank Miriam Sobrino for her contributions in assisting the discussions of the committee and to Rosemary Deyagher for her expert organizational skills. 

*Respectfully submitted,
Janice Morrison, Chair*

Resolutions

1. COMMUNICATIONS

WHEREAS: The general public is unaware of who or what radiation therapists do.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) **CONTINUE TO** vigorously promote **ALL PROFESSIONS IN HSA, INCLUDING** the radiation therapy profession, in any future advertising campaigns.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee recommendation:

Concurrence as amended

Carried

Defeated

2. COMMUNICATIONS

WHEREAS: There are many ongoing resolutions from previous Conventions; and

WHEREAS: These are important to members.

THEREFORE BE IT RESOLVED: Updates be provided to members when significant progress has been made for these ongoing resolutions; and

BE IT FURTHER RESOLVED: Updates be provid-

ed to members no less than annually on all ongoing resolutions; and

BE IT FINALLY RESOLVED: These updates be provided from ongoing resolutions dating back to the two previous Conventions.

SUBMITTED BY: Abbotsford Regional Hospital

Committee Recommendation:

Non-concurrence

Carried

Defeated

3. COMMUNICATIONS

WHEREAS: Marketing campaigns use funds gained from members’ dues; and

WHEREAS: The marketing is a reflection of Health Sciences Association (“HSA”) and its members

THEREFORE BE IT RESOLVED: That all future marketing campaigns have member input before being released to the media to avoid any objectionable or embarrassing material being released.

SUBMITTED BY: Fraser Valley Cancer Centre

COMMUNICATIONS

Committee recommendation:

Non-concurrence

Carried

Defeated

4. COMMUNICATIONS

WHEREAS: Some stewards do not want to have their name come up on search engine results; and

WHEREAS: Entering a steward's name in a search engine will bring up a result linking to their information on the HSA website.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") use a method to prevent search engines from indexing the parts of the HSA website that provide steward lists and steward contact information, essentially keeping that information out of search engine results.

SUBMITTED BY: Trail Chapter

Committee recommendation:

Non-concurrence

Carried

Defeated

5. COMMUNICATIONS

WHEREAS: The current government has consistently attacked and eroded public health care and other services in British Columbia over the last decade, and

WHEREAS: The next provincial election is to be held in May 2017.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") will invest money in media advertising over the year leading up to the May 2017 BC provincial election, highlighting and reminding BC voters of the provincial government's

failure to adequately fund the public services they rely on.

SUBMITTED BY: BC Cancer Agency

Committee recommendation:

Concurrence

Carried

Defeated

6. COMMUNICATIONS

WHEREAS: Health Sciences Association ("HSA") has been actively trying to create public awareness for several years; and

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

WHEREAS: TV commercial airtime is very costly.

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

BE IT FURTHER RESOLVED: that advertising on YouTube and other social media outlets using Geo-tagging for British Columbia, is considered over conventional TV airtime.

SUBMITTED BY: GR Baker Memorial Hospital

Committee recommendation:

Concurrence

Carried

Defeated

7. COMMUNICATIONS

WHEREAS: Health Sciences Association ("HSA") has been actively trying to create public awareness for several years.

RESOLUTIONS - COMMUNICATIONS

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) consider a video contest with an appealing cash reward(s) as an option to spread public awareness; and

BE IT FURTHER RESOLVED: That the videos in the contest be eligible for prizes, and highlight HSA member roles in patient care or roles in the modern Health Care Team.

SUBMITTED BY: GR Baker Memorial Hospital

Committee recommendation:

Non-concurrence

Carried

Defeated

8. COMMUNICATIONS

WHEREAS: Many Health Sciences Association (“HSA”) members are part of the Health Services & Support Community Subsector Association contract; and

WHEREAS: Many articles in the Report are aimed at or relate to members in the Health Science Professionals Bargaining Association contract.

THEREFORE BE IT RESOLVED: That more articles in The Report will be relevant for members in the Health Services & Support Community Subsector Association contract.

SUBMITTED BY: The Centre for Child Development

Committee Recommendation:

Concurrence

Carried

Defeated

9. CONSTITUTION

WHEREAS: The Union needs to be more accessible to all members in the province and opportu-

ities to participate should be fair for all; and

WHEREAS: Having the opportunity to connect with other members is valuable in one’s own region; and

WHEREAS: The availability of the Union to educate members is done well through regional meetings closer to home

THEREFORE BE IT RESOLVED: That the Union’s convention be held biannually.

SUBMITTED BY: Surrey Memorial Hospital

Committee recommendation:

Concurrence

Carried

Defeated

10. CONSTITUTION

WHEREAS: The role and duties of OH&S stewards in many chapters continues to grow in scope, complexity and the time commitment; and

WHEREAS: The ability to be granted time and resources from the employer to carry out WorkSafe BC legislated duties continues to be a struggle; and

WHEREAS: Some sites/chapters have more than one JOHS committee to recruit for suggesting the need for a coordinated OHS approach within each chapter.

THEREFORE BE IT RESOLVED: That a position of OHS chief steward be created within the constitution as a leadership position to coordinate all OHS steward activities within each chapter; and

BE IT FURTHER RESOLVED: that the Health Sciences Association (“HSA”) Constitution be amended to permit such a position and additional duties to be described; and

BE IT FINALLY RESOLVED: that the constitution

amendments read- additions or amendments will be in brackets.

SUBMITTED BY: Royal Jubilee Hospital

Committee recommendation:

Non-concurrence

Carried

Defeated

11. EDUCATION

WHEREAS: Health Sciences Association of BC offers a limited number of scholarships and bursaries to their members and their families.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) **INVESTIGATE** increasing the number of scholarships and bursaries that they offer to their members and their families.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee recommendation:

Concurrence as amended

Carried

Defeated

12. EDUCATION

WHEREAS: Finding appropriate venues at hospitals is increasingly becoming difficult to hold union meetings and seminars; and

WHEREAS: Local steward team building is enhanced by holding workshops and chapter meetings; and

WHEREAS: HSA now has a free standing building which can now host meetings and workshops.

THEREFORE BE IT RESOLVED: That each chapter be given a chance to attend a day-long chapter specific workshop for all stewards; and

BE IT FURTHER RESOLVED: That all stewards be approved for union paid leave as part of normal functioning of a union; and

BE IT FINALLY RESOLVED: That the agenda items be selected by the local chapter.

SUBMITTED BY: Children’s and Women’s Hospital

Committee recommendation:

Non-concurrence

Carried

Defeated

13. EDUCATION (Covers 14)

WHEREAS: All members of the Health Sciences Association (“HSA”) must continuously upgrade their skills and knowledge to meet professional requirements; and

WHEREAS: Most courses needed to upgrade are often very expensive, usually more than the \$600.00 that is in the collective agreement and not usually held in “remote” locations; and

WHEREAS: Most requests for educational leave are denied and have to be grieved.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) Education Committee develop an educational fund (other than the scholarships) to which members can apply for financial assistance when applying for courses to maintain their competencies.

SUBMITTED BY: Royal Inland Hospital

Committee recommendation:

Non-concurrence

Carried

Defeated

RESOLUTIONS - EDUCATION

14. EDUCATION (Covered by 13)

WHEREAS: Members of Health Sciences Association (“HSA”) need to upgrade skills and meet College requirements for professional development on a regular basis; and

WHEREAS: Employers cover some costs, but may not be able to cover all costs, especially for more involved courses.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) provide education funding on a more regular, predictable basis; and

BE IT FURTHER RESOLVED: That HSA communicate with its members on a regular basis, via email or newsletter on when and how funds will be available.

BE IT FINALLY RESOLVED: That funding will be distributed equitably.

SUBMITTED BY: The Centre for Child Development

Committee Recommendation:

Non-concurrence

Carried

Defeated

15. EQUALITY AND SOCIAL ACTION

WHEREAS: The Truth and Reconciliation Commission of Canada (“TRCC”) has investigated the history of Canada’s racist relationship with Indigenous peoples and has published a report on residential schools, which were “created for the purpose of separating Aboriginal children from their families, in order to minimize and weaken family ties and cultural linkages, and to indoctrinate children into a new culture”; and

WHEREAS: The physical, sexual, emotional, and mental abuse experienced by residential school

survivors has intergenerational effects that continue to be experienced by Indigenous peoples; and

WHEREAS: Other unions and organizations have already started the work of reconciliation by addressing the recommendations of the TRCC and engaging Indigenous consultants to provide guidance and support in this endeavor.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) review the 94 calls to action issued by the Truth and Reconciliation Commission of Canada (“TRCC”) of Canada and find ways to support them in the union’s policy and practice, and educate members about the issues.

SUBMITTED BY: Positive Women’s Network

Committee Recommendation:

Concurrence

Carried

Defeated

16. EQUALITY AND SOCIAL ACTION

WHEREAS: Housing shortages in urban areas in BC have reached a critical level, as evidenced by the emergence of tent cities; and

WHEREAS: There are approximately 6000 people currently wait listed for subsidized housing in the greater Victoria area; and

WHEREAS: There is an apartment vacancy rate of .06% percent in the greater Victoria area (<http://www.cbc.ca/news/canada/british-columbia/victoria-apartment-vacancy-rate-1.3369121>)

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) work with other provincial, regional and community organizations that are similarly vested in **HOUSING** issues to engage the BC government in an ongoing dialogue aimed at increas-

ing funding towards safe and affordable housing for those in need.

SUBMITTED BY: Queen Alexandra Centre for Children's Health

Committee recommendation:

Concurrence as amended

Carried

Defeated

17. EQUALITY AND SOCIAL ACTION

WHEREAS: To develop a diversity strategy the leadership of Health Sciences Association ("HSA") needs to know the makeup of their membership; and

WHEREAS: We know that the HSA membership is approximately 83% female, but we don't know the ethnicity, and other diversity related information to help us represent the members better.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") investigate conducting a voluntary survey of the membership to learn the ethnicity and any other information about members that the Board of Directors might need to inform a good diversity strategy.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

18. EQUALITY AND SOCIAL ACTION

WHEREAS: Trans* and gender variant people face severe access problems when it comes to sex gender-segregated facilities like restrooms, change rooms and shower facilities; and

WHEREAS: Trans* is used as an umbrella term that refers to the varying non-binary identities within the

gender identity spectrum; and

WHEREAS: Health Sciences Association ("HSA") strives to create an inclusive environment by removing barriers to ensure all members have the opportunity to participate at union functions

THEREFORE BE IT RESOLVED: that Health Sciences Association ("HSA") provide accessible gender neutral restrooms and other facilities at Union functions, where possible.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

19. FINANCE

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

THEREFORE BE IT RESOLVED: That Meyers Norris Penny LLP be confirmed as the union's auditor until the year 2017 Annual Convention.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

20. FINANCE (Covers 21, 22 and 23)

WHEREAS: Over the past two decades labour relations issues affecting all Health Sciences Association ("HSA") members have increased in complexity, requiring specialized labour relations and legal support and increased resources and training for

RESOLUTIONS - FINANCE

stewards to effectively represent members, and

WHEREAS: HSA represents members in many professions delivering health care and social services, and is committed to increasing its public profile, as well as supporting campaigns that promote the valuable programs and services members deliver; and

WHEREAS: HSA members' union dues have remained at 1.6 per cent of gross income for 19 years

THEREFORE BE IT RESOLVED: That in order to provide optimal services and support for the Health Sciences Association ("HSA") membership, that HSA members' dues be increased by 0.25 per cent.

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

21. FINANCE (Covered by 20)

WHEREAS: Grievance issues have become more complex and take up more resources in order to resolve

THEREFORE BE IT RESOLVED: That union dues paid increase by 0.1 per cent in 2016, or as soon as feasibly possible determined by the Board and increase again by 0.1 per cent again 12 months after the first increase.

SUBMITTED BY: Surrey Memorial Hospital
Committee recommendation:
 Carried
 Defeated

22. FINANCE (Covered by 20)

WHEREAS: The cost of the Union operations has

increased due to the cost of living; and

WHEREAS: The Union has been forced to reduce staff for many years due to increased cost of operations

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") union dues increase by 0.1% as soon as feasibly possible.

SUBMITTED BY: Surrey Memorial Hospital
Committee recommendation:
 Carried
 Defeated

23. FINANCE (Covered by 20)

WHEREAS: The Health Sciences Association ("HSA") union dues have not increased in more than 10 years, with a lower than industry average at 1.6 per cent; and

WHEREAS: The business of running the union can be costly with an increase in these costs seen in the last years of raiding from BCNU; and

WHEREAS: The business of servicing members in the union is costly.

THEREFORE BE IT RESOLVED: That Health Sciences Association increase member dues by 0.02 per cent to be in effect following Convention in May 2016; and

BE IT FURTHER RESOLVED: That the efficacy of this dues increase be assessed at convention in 2017 with the possibility of an increase of 0.01 per cent.

SUBMITTED BY: Royal Jubilee Hospital
Committee recommendation:
 Carried
 Defeated

24. FINANCE

WHEREAS: Those retiring from work will experience a significant reduction in take home income; and

WHEREAS: Health Sciences Association (“HSA”) members have been paying HSA dues often for decades;

THEREFORE BE IT RESOLVED: That severance packages received by retirees no longer be subject to Health Sciences Association (“HSA”) union dues deductions upon retirement.

SUBMITTED BY: Surrey Memorial Hospital
 Committee recommendation:
 Non-concurrence
 Carried
 Defeated

25. FINANCE

WHEREAS: Days off and weekends are of vital importance to the work life balance; and

WHEREAS: Many union activities occur on a regular day off.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) 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

26. FINANCE

WHEREAS: Rotating strikes are less costly than general strikes; and

WHEREAS: Rotating strikes impact members unequally.

THEREFORE BE IT RESOLVED: That during rotating strikes strike pay be increased, preferably to 100%.

SUBMITTED BY: Trail Chapter
 Committee recommendation:
 Non-concurrence
 Carried
 Defeated

27. GENERAL

WHEREAS: newly negotiated potential contracts can be quite complicated; and

WHEREAS: Health Sciences Association (“HSA”) members may not fully understand what they are voting on when ratifying a contract

THEREFORE BE IT RESOLVED: That Health Sciences Association (HSA) members be presented with the details of a new contract and be given two (2) weeks to consider how they want to vote to be able to make an informed decision.

SUBMITTED BY: Fraser Valley Cancer Centre
 Committee recommendation:
 Concurrence
 Carried
 Defeated

28. GENERAL

WHEREAS: Some unions have higher essential service levels in their membership; and

RESOLUTIONS - GENERAL

WHEREAS: Unions with members with lower essential service levels may choose a rotating strike; and

WHEREAS: Unions with members with higher essential service levels may choose a general strike with a picket line, causing financial strain on unions and union members with lower essential service levels, with much less impact to their own unions and members

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) consult with unions that will likely be affected by a picket line placed by HSA members with the intent of establishing new strike pay policies with those unions with the following main goal: That strike pay during a general strike with a picket line will not be paid by the unions honouring that picket line, but instead the strike pay will be paid for proportionally by the unions representing the striking members.

SUBMITTED BY: Trail Chapter
Committee recommendation:
Non-concurrence
 Carried
 Defeated

29. GENERAL (Covers 30)

WHEREAS: At the writing of this resolution BC Nurses’ Union (“BCNU”) is still engaged in bargaining with HEABC for a collective agreement; and

WHEREAS: The possibility of job action is still available for the BCNU to use as a pressure tactic on the sitting government; and

WHEREAS: The BCNU is still actively raiding our Health Sciences Association (“HSA”) members, specifically Registered Psychiatric Nurse, Psychologists, and Psychometrists, and this activity which

they have shown no intention of stopping, places them outside of the house of labour.

THEREFORE BE IT RESOLVED: That if the BC Nurses’ Union issues 72 hour strike notice that the Health Sciences Association Board of Directors meet with the leadership of the Hospital Employees’ Union and the BC Federation of Labour to issue notice that we consider this an unsanctioned picket line and grant our members the right to cross the line to avoid any and all loss of wages in support.

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

30. GENERAL (Covered by 29)

WHEREAS: The BC Nurses’ Union (“BCNU”) has not settled their collective agreement and the potential for job action exists; and

WHEREAS: BCNU is not an affiliate of the BC Federation of Labour and the Canadian Labour Congress; and

THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) does not support any BCNU job action.

SUBMITTED BY: Nanaimo Regional General Hospital
Committee Recommendation:
 Carried
 Defeated

31. GENERAL

WHEREAS: The BC Nurses’ Union (“BCNU”) has been raiding other health care unions, such as Hospital Employees’ Union (“HEU”) and Health Sciences Association (“HSA”) for Licensed Practical Nurses

(“LPNs”) and Registered Psychiatric Nurses (“RPNs”) . They have expanded their raid to include other health care professionals and paramedicals such as psychologists; and

WHEREAS: HSA has repeatedly taken them to the Labour Board for their unfair labour practices in regard to RPNs; and

WHEREAS: The BCNU has tried to exclude RPN representation in bargaining and they have been blacklisted from every labour organization, provincially and federally; and

WHEREAS: RPNs and other paramedical professionals are well represented in health care by HSA.

THEREFORE BE IT RESOLVED: That Health Sciences Association continue to challenge the raiding by BC Nurses’ Union (“BCNU”) and continue to challenge **BCNU’S** labour practices through the BC Labour Board; and

BE IT FURTHER RESOLVED: That HSA continue to support the inclusion of RPNs under its governance; and

BE IT FINALLY RESOLVED: That HSA **CONTINUE TO WORK TO ENSURE BCNU IS NOT WELCOME IN THE HOUSE OF LABOUR AS LONG AS THE RAIDING CONTINUES.**

SUBMITTED BY: Lions Gate Hospital

Committee recommendation:

Concurrence as amended

Carried

Defeated

32. GOVERNANCE (Covers 33)

WHEREAS: Recognizing Indigenous peoples as traditional stewards of the land is a way of honouring history and showing respect in a country formed

through colonization; and

WHEREAS: Indigenous protocol requires visitors to ask permission to enter a people’s traditional territory, and nowadays at events non-Indigenous people are welcomed to traditional Indigenous territories as part of this protocol; and

WHEREAS: The Health Sciences Association (“HSA”) office is located on the unceded territory of the Coast Salish peoples.

THEREFORE BE IT RESOLVED: At the beginning of official Health Sciences Association (“HSA”) events, the facilitator or chairperson offer an appropriate territorial acknowledgement (e.g., “I wish to acknowledge the traditional and unceded Indigenous territories of the Coast Salish peoples, in particular the Squamish, Musqueam, and Tsleil-Waututh First Nations on whose territory we gather.”)

BE IT FURTHER RESOLVED: At special events such as convention, HSA arrange to have a formal welcome from a local Indigenous Elder.

SUBMITTED BY: Positive Women’s Network

Committee Recommendation:

Concurrence

Carried

Defeated

33. GOVERNANCE (Covered by 32)

WHEREAS: Our country was founded on the largely unceded territory of First Nations that had a presence here for thousands of years; and

WHEREAS: Colonization has caused harm and suffering to indigenous peoples; and

WHEREAS: The Truth and Reconciliation Commission calls on all Canadians to participate in learning this history and to find ways to move

RESOLUTIONS - GOVERNANCE

forward in the spirit of reconciliation.

THEREFORE BE IT RESOLVED: That the name of the First Nation(s) on whose territory we are meeting will be acknowledged at our union's annual Convention, at regional meetings, at bargaining proposal conference and at educational workshops; and

BE IT FURTHER RESOLVED: That members and staff of the Health Sciences Association ("HSA") will be encouraged to learn and name the identity of the First Nation(s) on whose territory they may be holding meetings, including chapter meetings.

SUBMITTED BY: Comox Valley Transition Society
Committee Recommendation:

Carried
 Defeated

34. GOVERNANCE

WHEREAS: Often resolutions are brought forward to Convention year after year and there is no desire from delegates to pass a resolution; and

WHEREAS: A resolution has been defeated for two (2) consecutive years and it is obvious that members do not wish to pass a resolution.

THEREFORE BE IT RESOLVED: That when a resolution is defeated two (2) consecutive years there be a moratorium on the same resolution being brought forward for two (2) years.

SUBMITTED BY: Abbotsford Regional Hospital
Committee Recommendation:

Non-concurrence
 Carried
 Defeated

35. GOVERNANCE

WHEREAS: All the union business dealt with at Convention is considered to be of top priority; and

WHEREAS: Speakers need only make new points while speaking to a resolution.

THEREFORE BE IT RESOLVED: That after every four speakers on a resolution, the question be called to determine if the members would like to continue the debate.

BE IT FURTHER RESOLVED: That a simple majority vote be required.

SUBMITTED BY: Surrey Memorial Hospital
Committee recommendation:

Non-concurrence
 Carried
 Defeated

36. GOVERNANCE

WHEREAS: Contract negotiations can begin before Health Sciences Association ("HSA") calls for bargaining proposals from its members; and

WHEREAS: HSA office employees do not know what is currently of importance to its members

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") ask its members for bargaining proposals before entering into any in depth discussions with the employer.

SUBMITTED BY: Fraser Valley Cancer Centre
Committee recommendation:

Non-concurrence
 Carried
 Defeated

37. GOVERNANCE

WHEREAS: Health Sciences Association (“HSA”) has a large number of professions and members that require representation. There are different issues that affect hospitals (acute) and community facilities (non-acute). Funding comes from either Ministry of Health or Ministry of Children and Families. There are vast differences for those involved in each stream; and

WHEREAS: HSA was forward thinking by having representatives from various areas and contracts at the last resolutions committee. This allowed for a wider range of views and discussion of the issues. This should be continued into Member at Large Representation.

THEREFORE BE IT RESOLVED: To allow for fair representation on all committees; when electing Members at Large from each Region, one member should come from a hospital setting (acute) and one from a community based setting (non-acute) whenever possible; and

BE IT FURTHER RESOLVED: The alternates should also represent both settings.

SUBMITTED BY: Prince George Child Development Centre
Committee recommendation:

Non-concurrence
 Carried
 Defeated

38. GOVERNANCE

WHEREAS: The Health Sciences Association (“HSA”) has approximately 18,000 members; and

WHEREAS: Only HSA members elected as delegates to the Annual Convention have the right to vote for the President of the Association.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) executive council form a committee of HSA members to examine alternate methods of voting for the president which would allow more members to vote for their president; and

BE IT FURTHER RESOLVED: that the committee present a recommendation on changing the procedure of electing the president to the 2017 Annual Convention.

SUBMITTED BY: Royal Inland Hospital

Committee recommendation:

Non-concurrence
 Carried
 Defeated

39. GOVERNANCE

WHEREAS: The reasoning behind resolution committee recommendations often reduces confusion around a recommendation.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) release the resolution committee recommendation reasonings normally spoken at convention before each resolution prior to convention.

SUBMITTED BY: Trail Chapter

Committee recommendation:

Non-concurrence
 Carried
 Defeated

40. GOVERNANCE

WHEREAS: Each member attending Convention could represent up to 50 members from their chapter; and

WHEREAS: At this time the vote for president of

RESOLUTIONS - GOVERNANCE

the Health Sciences Association (“HSA”) is by delegate only vote. This system of delegate representation only works if each vote is cast; and

WHEREAS: In the last several presidential elections we have had a considerable number of delegates not vote in the elections. Meaning that their chapter’s opinions were not represented in the election for president.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) elections committee investigate some form of voter accountability for presidential elections that would account for each delegate’s vote; and

BE IT FURTHER RESOLVED: That there be a penalty for a delegate’s failure to not vote in a presidential election without good cause; and

BE IT FINALLY RESOLVED: The system developed to add accountability to delegates for the election process not infringe on the secrecy of the vote.

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

41. GOVERNANCE

WHEREAS: Delegates are elected to speak and vote on behalf of members in their chapters; and

WHEREAS: Resolutions have been submitted to deal with issues of concern to members; and

WHEREAS: Convention adjournment times are available in advance of registration; and

WHEREAS: It is Health Sciences Association (“HSA”) policy that delegates stay to the end of the convention

THEREFORE BE IT RESOLVED: That delegates plan to stay to the end of the convention; and

BE IT FURTHER RESOLVED: That delegates be given time and take the time needed to consider each resolution; and

BE IT FURTHER RESOLVED: That members leaving early complete a formal process to be excused; and

BE IT FINALLY RESOLVED: That Health Sciences Association (“HSA”) monitor delegate attendance to ensure union business is completed before delegates leave.

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

42. HEALTH SERVICES

WHEREAS: Our current medical system does not adequately address the needs of complex medical patients with extended hospital admissions.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (“HSA”) lobby the provincial and federal governments and the College of Physicians and Surgeons to address shortfalls in the care of complex patients.

SUBMITTED BY: Abbotsford Regional Hospital
Committee recommendation:
Concurrence
____ Carried
____ Defeated

43. HEALTH SERVICES

WHEREAS: Children with complex developmental and/or medical needs require specialized equipment in order to participate in activities of daily living; and

WHEREAS: This equipment is costly to purchase and not fully covered through the BC government (i.e. MSP At Home Program); and

WHEREAS: The Children’s Medical Equipment Recycling and Loan Service (CMERLS) is in Vancouver, making access to this equipment difficult for those outside of the lower mainland.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the provincial government to ensure that BC families have equitable access to required equipment **FOR CHILDREN** at no cost, **IN ORDER TO PARTICIPATE IN ACTIVITIES OF DAILY LIVING.**

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee recommendation:

Concurrence as amended

Carried

Defeated

44. HEALTH SERVICES

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

WHEREAS: Budget constraints and SCDP policy decisions have resulted in limited and inequitable access to these services; and

WHEREAS: Children with extra support needs are being excluded from child care settings, increasing the burden on families.

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

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee recommendation:

Concurrence

Carried

Defeated

45. HEALTH SERVICES

WHEREAS: Caring for children with extra needs can be extraordinarily demanding on families and many families request assistance and respite; and

WHEREAS: The options for securing respite providers have diminished; and

WHEREAS: Funding for respite benefits through the At Home Program has remained stagnant.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) advocate and lobby Ministry of Children and Family Development (Children and Youth with Special Needs) to increase funding for respite through the At Home Program.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health

Committee recommendation:

Concurrence

Carried

Defeated

46. HEALTH SERVICES

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

RESOLUTIONS - HEALTH SERVICES

and deterioration of health; and

WHEREAS: Home care services are often limited to basic activities of daily living (“ADL”), i.e. assistance with bathing; and

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

THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) continue to lobby the provincial government and the Health Authorities to provide adequate home care supports including all activities of daily living (“ADLs”) and instrumental activities of daily living (“IADLs”) that are needed for seniors and people to live safely and with dignity in their own homes.

SUBMITTED BY: Holy Family Hospital

Committee recommendation:

Concurrence

Carried

Defeated

47. HEALTH SERVICES

WHEREAS: The demand for outpatient hospital services for rehabilitation continues to grow with the increasing number of older adults/seniors; and

WHEREAS: Patients are being discharged home earlier from hospital due to shortages of acute and sub-acute care beds; and

WHEREAS: People are waiting 6 months or longer to be seen in outpatient rehab centres in the public healthcare system.

THEREFORE BE IT RESOLVED: That HSA lobby the provincial government and the Health Author-

ities to expand outpatient services to provide adequate care post acute and subacute care in a timely manner.

SUBMITTED BY: Holy Family Hospital

Committee recommendation:

Concurrence

Carried

Defeated

48. HEALTH SERVICES

WHEREAS: Access to pediatric inpatient psychiatric services ends when an individual turns seventeen (17) years old; and

WHEREAS: An adult psychiatric unit is not a developmentally appropriate setting to provide stabilization, assessment, intervention and treatment planning for children and adolescents; and

WHEREAS: The wait lists for both secondary and tertiary outpatient pediatric mental health services can be several months to a year or more long; and

WHEREAS: Youth can't access adult mental health services until age nineteen, those individuals between the ages of seventeen and nineteen have very minimal access to publicly funded outpatient mental health services; and

WHEREAS: Not receiving appropriate mental health services in a timely fashion may increase risk, exacerbate symptoms and contribute to a poorer outcome over time

THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) lobby the provincial government to address the gaps in publicly funded mental health services, both inpatient and outpatient, for the older adolescent population between the ages of seventeen and nineteen.

SUBMITTED BY: Queen Alexandra Centre for Children's Health

Committee recommendation:

Concurrence

Carried

Defeated

49. HEALTH SERVICES

WHEREAS: Funding to all sexual assault centres in BC was cut by the BC Liberal government in 2003; and

WHEREAS: Women's anti-violence services, including transition houses, counselling programs and community based victim services have provided support to victims of sexual assault since those cuts took place without having received any meaningful increases in funding in 20 years; and

WHEREAS: Members of our union passed an emergency resolution at 2015 convention to lobby for rape kits in all BC hospitals; and

WHEREAS: Robust support services for victims of sexual assault must also be properly funded

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA"), lobby for rape kits and appropriately trained staff to administer the kits in all BC hospitals; and

BE IT FURTHER RESOLVED: That HSA lobby for an appropriate level of funding for women's anti-violence and sexual assault services.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

50. HEALTH SERVICES

WHEREAS: The Provincial Office for the Early Years ("EYO") was established in recognition that improving outcomes in the early years requires involvement of multiple partners and ministries; and

WHEREAS: The mandate of the EYO includes: strategies to ensure investments and efforts result in maximum benefits for children and families; partners collaborate and leverage policies and investments to ensure an integrated system of programs and services are available to families of young children; and

WHEREAS: Families of children with developmental concerns face daily barriers of access to services and support due to low quality programs, inadequate funding for services and lengthy wait lists.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") become an active participant with groups that partner with the Early Years Office ("EYO") in developing comprehensive quality plans to ensure early intervention programs are inclusive for children with developmental concerns to aid in mitigating future developmental challenges thus reducing strain on health, education, judicial and community service systems.

SUBMITTED BY: Starbright Children's Development Centre

Committee Recommendation:

Concurrence

Carried

Defeated

51. LABOUR RELATIONS

WHEREAS: Health Sciences Association ("HSA") members are healthcare providers and as such value health and the recovery process; and

RESOLUTIONS - MEMBER SERVICES

WHEREAS: HSA members themselves may require sick leave and in doing so have at times felt harassed rather than supported by their employers; and

WHEREAS: Some HSA members have had to answer phone calls from employers when recuperating at home regarding projected length of their illness and potential to return to work

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) **CONTINUE TO** advocate for members’ rights to recuperate from illness without interference by employers.

SUBMITTED BY: Holy Family Hospital

Committee recommendation:

Concurrence as amended

Carried

Defeated

52. MEMBER SERVICES

WHEREAS: Not all Health Sciences Association (“HSA”) members have access to discounts with Translink.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) actively engage Translink in discussions about providing a discount to members.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee recommendation:

Non-concurrence

Carried

Defeated

53. MEMBER SERVICES

WHEREAS: Physical fitness improves health, wellness and productivity (and decreases sick time); and

WHEREAS: Not all Health Sciences Association (“HSA”) worksites have fitness facilities on site.

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) actively engage with rec centers and gyms to offer discounts to HSA members.

SUBMITTED BY: Fraser Valley Cancer Centre

Committee recommendation:

Non-concurrence

Carried

Defeated

54. MEMBER SERVICES

WHEREAS: It is currently difficult for stewards to find historical grievance and arbitration information without help of a Labour Relations Officer; and

WHEREAS: Making historical grievance information more accessible would empower stewards and reduces the workload for Labour Relations Officers

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) **INVESTIGATE** creating a searchable database of anonymized resolved grievances and arbitration decisions and make it available for stewards.

SUBMITTED BY: Trail Chapter

Committee recommendation:

Concurrence as amended

Carried

Defeated

55. MEMBER SERVICES

WHEREAS: Some people have absolutely terrible writing and printing skills

THEREFORE BE IT RESOLVED: That forms provided on the Health Sciences Association (“HSA”)

OCCUPATIONAL HEALTH AND SAFETY

website such as expense claim forms and grievance forms be modified so that they can be filled electronically.

SUBMITTED BY: Trail Chapter

Committee recommendation:

Concurrence

Carried

Defeated

56. MEMBER SERVICES

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

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

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

SUBMITTED BY: Nanaimo Regional General Hospital

Committee Recommendation:

Concurrence

Carried

Defeated

57. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The Workers' Compensation Act and Regulation refers to mandatory investigation of all incidents requiring medical treatment and to all incidents with the potential for causing serious injury to the worker and;

WHEREAS: Such investigations are best conducted in the presence of both an employer and "worker representative" and;

WHEREAS: A "Worker Representative" is defined

as a representative on the committee or a Worker Health and Safety Representative

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") through the BC Federation of Labour work on initiatives to expand the role of worker representatives in incident investigations

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

58. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The number of Health Sciences Association ("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") launch a Mental Health Campaign with the following goals to:

1. raise awareness about workplace causes of mental injury;
2. pursue measures to prevent mental injury, including working to have all employers adopt the CSA National Standard on Psychological Health and Safety;
3. continue to support members experiencing mental illness and injury,

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

RESOLUTIONS - OCCUPATIONAL HEALTH AND SAFETY

59. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: The present WCB Violence regulations have been less than effective and;

WHEREAS: The employers have failed to adequately protect workers from injuries related to violence

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) support the BC Federation of Labour campaign to rewrite the WCB Violence Regulation.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

60. POLITICAL ACTION

WHEREAS: Members with illnesses may not have enough time in their sick bank; and

WHEREAS: The qualification period for LTD is lengthy depending on which collective agreement our members are covered by; and

WHEREAS: The current medical EI benefit is for 15 weeks of paid time

THEREFORE BE IT RESOLVED: That Health Sciences Association (“HSA”) lobby the federal government **(THROUGH ITS AFFILIATION WITH THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES (“NUPGE”) AND THE CANADIAN LABOUR CONGRESS (“CLC”))** to increase the length of medical EI benefits.

SUBMITTED BY: Burnaby Hospital

Committee recommendation:

Concurrence as amended

Carried

Defeated

HEALTH SCIENCES ASSOCIATION

61. POLITICAL ACTION

WHEREAS: Members of our union work in health care and social services, and our workplaces and communities are impacted in countless ways by decisions and policies of the provincial government; and

WHEREAS: The terms of our employment are determined through bargaining with the provincial government; and

WHEREAS: There will be a provincial election in 2017

THEREFORE BE IT RESOLVED: That in the period leading up to the provincial election, Health Sciences Association (“HSA”) will make it a priority to inform our members about issues affecting them and our communities; and

BE IT FURTHER RESOLVED: That HSA will encourage our members’ active participation in the election campaign, including voting.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

62. POLITICAL ACTION

WHEREAS: There will be a provincial election in 2017 and the results of that election will impact our communities, workplaces and collective agreements for several years; and

WHEREAS: There will be opportunities for Health Sciences Association (“HSA”) members to receive paid union leave while running as candidates in the provincial election or working on campaigns for candidates whose parties support the objectives of our union; and

POLITICAL ACTION

WHEREAS: There will also be opportunities for members to receive paid union leave to work with the labour movement and allied organizations (such as the BC Health Coalition), on campaigns related to the election

THEREFORE BE IT RESOLVED: That the Political Action Fund be **INCREASED FROM 0.5 PER CENT OF HEALTH SCIENCES ASSOCIATION'S ("HSA'S")** total revenue to 0.75 per cent of HSA's total revenue during provincial election years.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence as amended

Carried

Defeated

63. POLITICAL ACTION

WHEREAS: For-profit surgical clinics threaten public healthcare; and

WHEREAS: BC has one of the highest concentrations of private clinics in Canada; and

WHEREAS: Our provincial government is encouraging health authorities to contract out surgeries to private clinics, and may increase the length of stay allowed in private clinics from overnight to 3 days; and

WHEREAS: Vancouver Island Health Authority is contracting out 20,000 surgeries to a private clinic.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") will work with labour and other public healthcare supporters to pressure government to:

- a) prohibit expansion of private, for-profit surgical clinics;
- b) prohibit any public funding of for-profit clinics, including through health authority contracts;

- c) ensure for-profit clinics submit to all oversight mechanisms applied to public facilities and to regular audits of clinic billing practices; and
- d) expand publicly funded and delivered surgical programs.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

64. POLITICAL ACTION

WHEREAS: during the recent federal elections, Justin Trudeau promised to work individually with the provinces to develop provincial Childcare strategy; and

WHEREAS: Childcare strategies have been unfulfilled campaign promises for decades.

THEREFORE BE IT RESOLVED: That Health Sciences Association ("HSA") lobby the federal government through the National Union of Public and General Employees ("NUPGE") and the Canadian Labour Congress ("CLC") to follow through on its campaign promise and work with the provinces to develop accessible publicly-funded, affordable childcare programs.

SUBMITTED BY: Board of Directors

Committee Recommendation:

Concurrence

Carried

Defeated

65. POLITICAL ACTION

WHEREAS: We as Canadians value our collective identity as people who are welcoming those in need from around the world; and

RESOLUTIONS - POLITICAL ACTION

WHEREAS: We as health workers recognize the impact on mental and physical health for those who have suffered severe trauma and the life upheaval of relocating to a foreign country; and

WHEREAS: It is well known that strong community supports are vital for those who are recovering from trauma;

THEREFORE BE IT RESOLVED: that Health Sciences Association (“HSA”) continue to lobby the federal and provincial governments **(THROUGH ITS AFFILIATION WITH THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES AND THE CANADIAN LABOUR CONGRESS)** to provide supports to Syrian refugees.

SUBMITTED BY: Nanaimo Regional General Hospital

Committee Recommendation:

Concurrence as amended

Carried

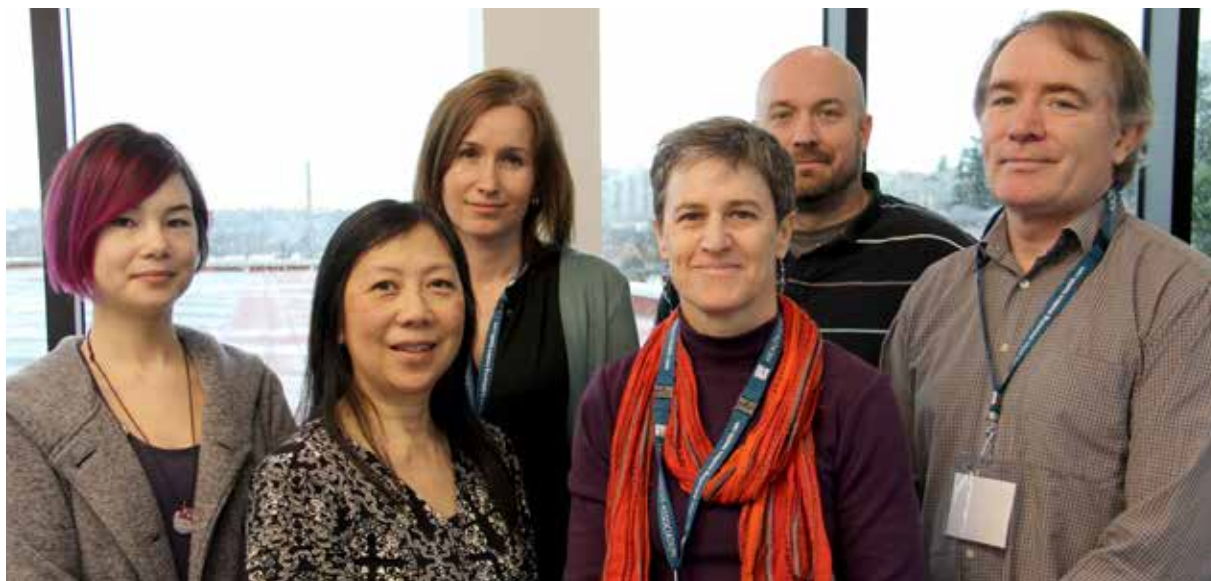
Defeated



Easter Tocol, social worker

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



(L-R) Erin Seatter (Region 5 Member at Large), Anita Bardal (Chair and Region 6 Director), Gena Walton (Region 9 MAL), Nancy Hay (Region 6 MAL), Bill Hannah (staff), Derrick Hoyt (Region 2 Director)

The mandate of the Committee on Equality and Social Action is to ensure our union supports equality, diversity and social action. The committee strives to achieve this primarily by delivering member workshops on social justice and diversity, and granting funds to outside organizations.

EQUALITY AND SOCIAL ACTION FUND

Almost 30 groups requested a total of \$173,183.16 from the 2015 CESA Fund, a number far in excess of the \$88,340 available. Each organization was allowed ten minutes for a “speed dating” presentation – with time after for questions from the committee. The decisions were difficult as all requests were worthy, and committee members take very seriously the responsibility to ensure the funds make a real difference by supporting charity, education, equity, empowerment, leadership, advocacy and solidarity.

SOCIAL JUSTICE DAY

Our inaugural Social Justice Day workshop was held on February 19, 2016, coinciding with the United Nations International Day of Social Justice.

Thirty attendees came from around the province. Committee members Ernie Hilland, Jackie Spain and Rachel Tutte were on hand to provide a history of CESA and its purpose, explaining the connection between local, regional and international social justice issues.

CoDevelopment Canada (CoDev) and Partners in the Horn of Africa were invited to speak about the international partnership work they do with support from the CESA Fund. Their work is more than charity – it’s about giving power to the communities they serve. Instead of telling them what to do, both organizations work to listen, give voice to these

communities, and help them bring about the change they seek.

In Ethiopia, for example, a community that had been offered funding to build a school instead requested help building a bridge across the river. This bridge allowed more people in the community the opportunity not only to attend school, but access health care, obtain food and engage in trade.

In Central America, workplace injuries, domestic violence, and lack of access to healthcare are common. Through CoDev, HSA partners with three local groups to fund projects for sustained advocacy and education to establish and build on human rights, labour rights and women's rights we take for granted. HSA's solidarity with these groups helps support their efforts to make social change, and exchanges are arranged through Codev so we are able to connect with our partners and support the work they do.

Member feedback on this workshop was very positive. Some had never attended an HSA workshop before, and the topic caught their interest. Many said they left feeling inspired to take action in some way. Our hope is that members can see that HSA offers many opportunities to get more involved in working for social justice globally, nationally, or in your own workplace.

BASKET RAFFLE AND AUCTION

CESA conducts the basket raffle and auction at each convention. Our goal is to raise funds to send underprivileged children to Camp Jubilee. Last year we raised enough to send five kids to camp – let's up it this year!


THANK YOU

Sometimes there was not enough time to accomplish everything we wanted, but the enthusiasm

PROJECTS FUNDED BY CESA 2015

Canada Without Poverty	\$1,200
World Peace Forum	\$750
CoDevelopment Canada	\$14,000
Downtown Eastside Women's Centre	\$4,300
Protein for People	\$3,900
Nelson and District Women's Centre	\$3,900
Check Your Head: The Youth	\$3,900
Global Education Network	
West Coast LEAF	\$4,000
Richmond Women's Resource Centre	\$1,000
South Okanagan Victim Assistance	\$3,600
Society (SOVAS)	
Vancouver Co-op Radio (CFRO)	\$4,500
Camp Jubilee (basket+)	\$2,600
Next Up Leadership	\$3,400
Partners in the Horn of Africa	\$2,400
Compassion Fruit Society/Project	\$2,100
Somos	
Sierra Club	\$2,000
Women Against Violence	\$2,100
Against Women Rape Crisis Centre	
First Call: BC Child and Youth Advocacy	\$2,900
Coalition of Child Care Advocates of BC	\$1,500
Living Wage for Families	\$2,000
Metro Vancouver Alliance	\$2,000
Canadian Feminist Alliance for	\$2,540
International Action	
Nanaimo Women's Resource Society	\$3,400
Nelson Cares Society	\$2,900
Senior Services Society	\$3,500
BC Society of Transition Houses	\$2,900
Ricochet Media	\$1,050
Greater Van GoGos	\$500
Qmunity	\$3,500

TOTAL \$88,340

was evident. Thank you to our CESA committee members for all your work this year! Special thanks to our committee staff, Bill Hannah and Pattie McCormack – we couldn't have done it without your valuable support. 

Respectfully submitted,
Anita Bardal, Chair

EDUCATION COMMITTEE



(L-R) Marg Beddis (Chair and Region 7 Director), Leila Lolua (staff), Ron Regier (Region 7 Member at Large), Anita Bardal (Region 6 Director), Brenda Kuntz (Region 6 MAL), Nicole Strong (Region 8 MAL)

The HSA 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 types of courses are offered to stewards and members throughout the year, and in 2015, we trained 1129 members around the province.

Our steward training 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.

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 a piece. Each year we receive in excess of 100 applications for these awards and the committee spends three full days reviewing the applications and making difficult choices about who will receive these funds.

The committee also reviews the applications for the

MEMBERS AND STEWARDS TRAINED IN 2015

Basic Steward Training	88
Occupational Health and Safety	102
Pension Seminars	756
INternational Women's Day	14
Constituency Liaison Workshop	47
Summer Institute for Union Women	3
RPN Summit on Violence in the Workplace	50
RPN Activist Training	4
CLC Winter School	6
On the site Steward Training	34
Women's Rights Committee Working for Change	13
Labour Council Delegate Workshop	12
TOTAL	1129

CLC Winter School – held every year in January and February – and the annual Western Regional Summer Institute on Union Women. The SIUW is a four-day residential conference sponsored by the American Federation of Labor and Congress of Industrial Organizations, hosted this year by the University of California Los Angeles Labor Center in August 2016. 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.

FEEDBACK


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 and some were offered off site in Chilliwack, Nanaimo and at Women's and Children's Hospital in Vancouver. 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.

Sincere thanks to the staff for their assistance in the collation of the scholarship and bursary applications. This is a very labour intensive process as all parts of the application need to be prepared for the committee before they meet to evaluate the applications, and the volume of applications makes this a very time consuming process. 

*Respectfully submitted,
Marg Beddis, Chair*

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



(L-R) Osita Hibbert (Region 3 Member at Large), Allen Peters (Chair and Region 8 Director), Joseph Sebastian (Region 4 Director), Sheila Anderson (Region 10 MAL), David Durning (staff).
Missing: Madhu Maharaj (Region 4 MAL)

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

The past year was a busy one with active involvement in violence prevention, BC Federation of Labour initiatives, the Canadian Mental Health Association's Bottom Line conference in February, providing training for HSA safety stewards and in planning for the provincial occupational health and safety conference coming up in June, 2016.

HIGHLIGHTS

1. In April, 2015 the Ministry of Health convened a provincial summit on violence. This was in

response to demands from HSA to take action on the growing number of incidents of violence and aggression directed towards health sector workers. Following that, HSA hosted a summit of registered psychiatric nurses to discuss best practices in violence prevention and to identify gaps in the current systems. Work on violence prevention continues this year with a number of initiatives underway.

2. The union continues to commit significant time and energy to the Provincial Occupational Health, Safety and Violence Prevention Steering Committee (OHSVPSC) which is overseeing two major initiatives. One involves a complete review and updating of the BC Health Sector Violence Prevention Curriculum and its delivery and evaluation systems. Updates to the provincial violence prevention curriculum have been completed and delivery of the new course material is underway. Registered psychiatric nurse Larry

Bryant represents the HSA on the Curriculum Working Group.

The second provincial initiative of the OHS-VPSC is the establishment of an online OHS and Violence Prevention Resource Centre. A design has been approved and it is anticipated the building of the Resource Centre will begin shortly. In the meantime, a Resource Centre Working Group – with participation from HSA – has been identifying and developing a wide range of health, safety and violence prevention resources and tools that will be available to all health sector workers and worksite OHS committee members through the Resource Centre.


3. Steward education – In the past year the union provided several basic OHS workshops for stewards on joint OHS committees and for the first time, in conjunction with the BC Federation of Labour OHS Centre, we provided courses for members on women’s occupational health and safety and on conducting incident investigations. In 2016, there will be regional health and safety training opportunities for safety stewards in a number of locations including Victoria, Prince George and Kelowna.

On June 6 and 7, as many as 100 HSA safety stewards and Enhanced Disability Management Program representatives will gather in Richmond to participate in our 2016 Provincial OHS Conference. Through panel presentations, workshops, speakers and the sharing of success stories, a key goal of the biennial conference is to focus on best practices for achieving safe and healthy workplaces.

4. HSA was one of the sponsors of the 2016 CMHA Bottom Line Conference in Vancouver in February, and assisted in bringing stories of workplace mental injury to an audience of more than 350 participants from across Canada. HSA stew-

ards Charlotte Nanalal, a radiation therapist at the Fraser Valley Cancer Centre, and Brendan Shields, a music therapist at Richmond Hospital, were chosen to attend on behalf of the union through their submissions to an essay contest organized by the committee. HSA members were asked to write on the theme of this year’s conference, which was “Heroes in the workplace: stories from the champions of change”. Work is underway to plan the 2017 Bottom Line Conference, which once again will be held in Vancouver.

5. In 2015, the union’s safety officer was appointed as a worker representative to the Workers’ Compensation Board Committee on Bill 35 implementation, focusing on clarifying the meaning of worker and employer participation in incident investigations, developing an evaluation tool for joint health and safety committees and establishing minimum training requirements for joint health and safety committee members. Public hearings on these topics will be held in the next few months, with regulatory changes expected later this year.

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

*Respectfully submitted,
Allen Peters, Chair*

POLITICAL ACTION COMMITTEE



(L-R) Neelam Mann, (Region 7 Member at Large), Anne Davis (Chair and Region 1 Director), Stasia Hasumi (Region 1 MAL), Linda Thoreson (Region 5 MAL), Cheryl Greenhalgh (Region 3 Director)

The Political Action Committee supports the involvement of HSA members in the electoral process and in approved grassroots political activities, as well as enhancing the skills of our members in the political arena. PAC oversees HSA's Political Action Fund and supports the work of constituency liaisons, labour council delegates and grassroots activists. The committee reports directly to each Board of Directors meeting, and to the membership at convention. PAC met four times between June 2015 and late March 2016.

HSA's Constituency Liaison program continues to be an effective means of communicating with MLAs. Our general constituency liaisons had their annual workshop in the spring of 2015, and spent the rest of the year meeting with their MLAs to discuss shortages in health science professions.

In response to several resolutions passed at our 2015 convention, HSA members working in child

development centres were recruited to serve as constituency liaisons to lobby the provincial government to increase funding for early intervention programs for children with special needs. A workshop for the child development centre constituency liaisons was held in September. Many had met with their MLAs by the end of 2015, and most reported a positive reception for our message.

PAC wishes to express appreciation to all our constituency liaisons who have done such a great job of representing our members, and the patients and clients we work with.

The federal election was a priority for PAC for the first half of our mandate. Although election financing rules prevent us from using HSA's Political Action Fund to provide wage replacement or other financial supports to members either running for federal office or working in a federal campaign, we are still able to communicate with our members about the

issues and the platforms of the various parties. At PAC's request, HSA's communications department did a great job getting that information out to our members, including National Union of Public and General Employee's excellent voting guide. We are relieved that we no longer have a federal government that is actively hostile towards unions.


PAC continues to support the work of labour council delegates and provides an annual workshop, which is scheduled for April 2016. This is an opportunity for new labour council delegates to learn about their role, and for new and experienced labour council delegates to become familiar with our union's position on some of the issues that may arise at labour councils, as well as to exchange information and ideas. Over the past year, PAC members actively recruited new labour council delegates as we continue to work towards affiliating to most of the labour councils in BC. Thank you to the HSA labour council delegates who so ably represent our union at the community level.

HSA, through PAC, continues to support the work of the BC Health Coalition, and its role in the private clinics case. We provide support to HSA member Edith MacHattie, who serves as the Coalition's labour co-chair. We are grateful to Edith for her work and leadership in the Coalition, and for being such a great spokesperson in the important fight to protect universal health care.

As PAC Chair, I represented HSA in the BC Federation of Labour's annual MLA lobby in Victoria in March 2016. This year's lobby focused on issues particularly relevant to women: women's economic security (including a \$15 per hour minimum wage), a universal system of affordable quality child care, and appropriate responses to sexual assault – including rape kits in all BC hospitals and adequate funding for support services for survivors of sexual assault. The decision to highlight the need for rape kits in more hospitals was the result of an emergency resolution

passed at HSA's 2015 convention.

Working with HSA's Women's Committee and HSA's communications and education staff, PAC provided input into workshops for our members that build on their understanding of the political arena and ways that all of us, as active citizens, can influence change.

With a provincial election looming in 2017, PAC strongly encourages HSA members to get involved. After too many years of shortages in our professions and growing workloads, bargaining that has not been true bargaining, long wait lists for necessary health procedures and social supports, and a lack of clear vision for our communities and province, it is clearly time for a change. 

*Respectfully submitted,
Anne Davis, Chair*

WOMEN'S COMMITTEE



(L-R) Mandi Ayers (Chair and Region 10 Director), Marcela Navarro (Region 2 Member at Large), Fatemah Ghanipour (Region 3 MAL), Anne Davis (Region 2 Director), Leila Lolua (staff)

Sometimes people wonder why we need women's committees. Women's committees work to achieve gender parity within their unions and committees. It is notable to see that in the federal cabinet gender parity was achieved for the first time in 2015 – it was about time.

The HSA Women's Committee continues work with the mandate to consider issues through the lens of women's eyes and contemplate the impacts of HSA policies and the effects they have on women's participation within the union. If a policy doesn't work for you, ASK! We strive to create barrier free policies for your participation but we can't foresee what may be a barrier to each member.

For the first part of our year committee members focused on raising issues of particular concern to women during the federal election. We continued to promote the "Up For Debate" campaign, which was focused on getting the federal party leaders to com-

mit to a debate on women's issues. The three main issues that the campaign concentrated on were:

1. women's economic inequality
2. national childcare program
3. domestic violence

These issues affect everyone in society, but disproportionately impact women. In the end the debate did not happen but women's issues definitely were part of the election. The committee supported the work of the Political Action Committee to highlight these issues with members through mail-outs and member to member engagement using the Canadian Labour Congress' "Better Choices" campaign materials. The purpose was to help members link issues to their election choices and the way they vote.


For the first time, the Women's Committee sat in on some of the presentations made by organizations serving women and who were seeking funding from HSA's

Equality and Social Action Fund. It was enlightening to learn about the work done by these organizations and this gave the committee the idea to invite them to speak at HSA's International Women's Day workshop, both to support them and strengthen our relationship with these organizations.

More than 30 members attended HSA's fifth International Women's Day workshop. The committee appreciates HSA's support for this event because of the opportunity it provides to deal with the issues that are dear to our hearts. This year the focus was on Murder and Missing Indigenous Women (MMIW). This is a national tragedy and we encourage everyone to take steps to ensure there is a national inquiry with follow up action to eliminate root causes. The workshop was enlightening, educational, emotional, and motivational.

The committee always finds it difficult to separate women's issues from other equity issues; they are often intertwined but different. For example, a single woman who is an immigrant may have different issues from a woman of colour born in Canada. For this reason the Women's Committee advocated that HSA undertake an audit of our membership to determine baseline data and work to ensure our activists accurately represent the diversity of our membership. We urge delegates to support this resolution.

Anne Davis has continued to represent HSA on the National Union of Public and General Employees Advisory Committee on Women's Issues and the BC Federation of Labour's Women's Committee. These are important liaisons to ensure that issues that are important to HSA members are reported and addressed provincially and federally. Anne was also the BC Fed's spokesperson at the BC Fed Women's Lobby Day in Victoria, bringing up the problem with the lack of availability of rape kits in hospitals throughout BC, a factor that contributes to under-reporting of sexual assault.

In closing I would like to acknowledge the support and hard work of Leila Lolua, the Women's Committee staff support. We are very grateful for her continued dedication to HSA and women's issues. 

Respectfully submitted,
Mandi Ayers, Chair



HEALTH SCIENCES ASSOCIATION

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

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