

2022 ANNUAL REPORT



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Executive Reports

Report of the President

As your newly elected president, it is my honour to provide this report on the activities of our union since our last convention. I'm humbled by the trust placed in me, and the seriousness of the responsibility that comes with it.

It's been just ten months since our last convention. But it feels like years. So much has happened.

We are living through an age of crisis compounded by crisis. A pandemic. Growing extremism in Canada. Attacks on health care workers and science. A terrifying war in Europe. A climate swinging wildly out of control, killing British Columbians with heat one day, and floods the next.

It falls to every generation to take the responsibility of meeting the challenges of their times. These are the ones we must confront, and I want to report to you about the work HSA is doing in facing them.

The Pandemic

From the beginning of the COVID-19 crisis HSA has led the way in advocating for a robust and science-based response to this virus.

We commissioned original research that quickly determined the aerosol spread of COVID-19, research that over time was confirmed by study after study, and by jurisdictions around the world and here in Canada acknowledging the same.

Most experts around the world, including the World Health Organization, now accept that the virus is spread by aerosol transmission, and that the best form of protection for health care workers is N95 respirators, or higher-rated protective masks that restrict aerosol transmission.

Here in BC, that acknowledgement did not come, and as a result the infection control guidance for front line workers seriously lagged.

The shortages our members have already been facing for years grew that much worse thanks to staff absences caused by more infection variants.

Working alongside other health care unions, we have pushed hard for enhanced precautions. In February, we sat down with the Minister of Health and demanded better access to N95 respirators for health care workers providing direct care to confirmed or suspected COVID-19 patients in all hospitals and community care settings. Furthermore we demanded that no health care worker should be denied access to a respirator, regardless of occupation and clinical setting.

We backed this up with results from a survey we put out to members on worksite conditions and access to N95 respirators. The survey revealed that many professions in many worksites were being denied access to N95 respirators. We were able to demonstrate the substance of our concerns, and the result is that health authorities are

now working to check how worksites respond to requests for N95.

It hasn't fixed all of the problems but it's a good start. And it shows that when we work together to identify specific problems at the worksite level, we can get movement.

Members' stories

When I was elected president last year, I committed to you that listening to members would be a priority for me. I have taken as many opportunities as possible to attend chapter meetings virtually around the province to meet members and to hear about the issues that are important to you. I've been able to join more than 60 meetings since last June, and I look forward to continuing to attend local meetings – perhaps even in-person soon – to hear from you.

The themes at these meetings have been consistent. These past two years have taken a toll on the health care and community social services systems HSA members work in – whether it's the personal and professional experiences of the COVID-19 pandemic, the poisoned drug supply crisis, the rising cost of living, the changing climate – and the impact on our members' mental health.

They are the same themes we heard through the annual membership survey we conduct to gain important information from members all around BC, including those who don't have the time or inclination to get involved in the union.

We learned that 80 per cent of members across the province, and across all professions, say that the pandemic has had a negative impact on their mental health.

- 37 per cent say their workload is not sustainable.
- 82 per cent say their workload is having a negative impact on patient care.

- And, most troubling, 41 per cent say they have considered leaving their profession because of workload.

These findings were used to inform the development of our latest ad, which depicted six of our health science professions struggling on the front lines. It was first broadcast across the province and on digital channels in November, and then once again in the weeks leading up to bargaining in February and March.

The strategy was to “set the table” for bargaining – to make sure that we used the time leading up to negotiations to raise the visibility of the work we do, the challenges we face, and the desperate need for a fair settlement that recognizes this.

It was a multi-pronged strategy. In addition to broadcasting this message to the public, we targeted the decision-makers in Victoria in two ways.

First, we deployed our Constituency Liaisons to sit down with their local MLA and walk them through the issues we are facing. These meetings continue to be incredibly important in winning allies at all levels of government, and across all political parties.

Second, we targeted the key ministers, sharing with them the stories of our members doing the work in health care and community social services with a letter-writing campaign that saw hundreds of members share their stories with letters sent directly to the Premier, the Minister of Health, and their local MLA.

I've heard from a number of MLAs about how affecting these letters are. About how they make real what they have been hearing from the Constituency Liaisons, from local contacts in the health care and community social service systems.

As part of our efforts to get the government to take the shortages issue more

seriously our research staff produced a comprehensive assessment of the state of public rehabilitation care in BC. The report's findings paint a troubling picture of severe staffing shortages, a lack of services in many communities, and long wait times for patients and clients, including children and their families. A growing number of British Columbians lack access to rehabilitative care that can help them recover from COVID-19, avoid developing other debilitating chronic diseases, or help self-manage conditions that can lead to hospitalization or require surgery.

With an aging population, increasing demand for musculoskeletal care and pain management, and the acute and post-acute rehabilitation required for COVID-19 patients, public rehabilitative care is needed now more than ever, and the report calls for immediate action on professional shortages, increased training opportunities, and greater support for public outpatient rehab care across the province.

Research is now underway for a similar investigation into the state of diagnostic services in the province.

I'm pleased to report that these efforts are paying off. In the coming months, we expect the government to make a number of announcements about increasing training seats in a number of the professions we identified as being under unsustainable workload pressures.

New training seats are welcome, but it's just a start. We need significant movement on retention and other issues causing shortages, and we'll keep pushing.

Bargaining 2022

As I write this report to members, we are just beginning negotiations at the bargaining table.

We are at the bargaining tables with an excellent team of negotiators, specialists

in labour relations issues, elected member representatives.

We come to it expecting a long, tough negotiation.

It's impossible to say at this point how it will proceed, but initial indications are that this government is not quite making the connection between the crisis in health care and community social services and the need to offer a decent contract to the people who work in it.

As I write this, a month out from convention, it's clear that members need to be prepared get involved, at the worksite level, and start building a shoulder-to-shoulder push to save the health care and community social service systems.

I want to thank the stewards and staff who are working so hard to ensure that we have structures and resources in place to support the efforts of our negotiating teams in bargaining.

Steward Resources

When our world shifted so quickly to remote communication, our staff organizing team looked for ways for our key activists to stay connected in a time where staying connected was difficult, and introduced the popular Learn and Grow sessions for chief and assistant stewards.

These monthly evening hour-long sessions are an opportunity for stewards to connect and talk about the issues they are seeing among members, to learn about the resources available, and to strategize about the best ways to support members. The past couple of webinars have focused on the importance of building good worksite networks to be able to organize members to back the contract demands our bargaining committees are making.

One of HSA's long term projects is the HSA

Portal, which is an online tool to support stewards in their work representing members in asserting and defending their collective agreement rights.

Our Information Systems team has made great progress on the portal, and we are seeing steadily increased usage by stewards. Highlights include assignment of an HSA email address to all stewards, access to case handling for stewards and integration into the HSA WebEx account to facilitate virtual meetings.

In the past year, we have seen a 53 per cent increase in steward logons to the portal, with evidence that in all areas – from opening and resolution of grievances at the local level to transferring of files to Labour Relations Officers for more complex grievances, stewards are adopting and taking advantage of the tool that helps streamline this important work for members.

Our communications and education team have also been working to develop and provide resources for stewards to support their work, including short educational videos about important union processes – including bargaining and convention – and updated stewards and job action manuals, with more resources under development. These resources are all available on the steward resources section of HSA Portal.

Core Member Engagement Team

Our organizing staff also worked this year with the Core Member Engagement Team (CMET), a project that releases members on a short term basis to work in a focused way on engaging members with the union.

This year our member engagers focused on supporting members to raise issues they want to see addressed in bargaining. Participants in this year's program came from a variety of professions and represented the experience and diversity of our membership. Starting in late September and going until the middle of

November, CMET members worked directly with HSA's organizing staff to learn to new skills and help develop local chapters and identify new activists. Working in teams, the CMET members were assigned a list of priority chapters to focus their outreach and engagement efforts on.

This year's campaign was focused on the 2022 round of bargaining and CMET members were tasked with helping priority chapters organize and hold bargaining proposal meetings. Many of these chapters had the most well-attended chapter meetings in recent memory with great discussion and participation from hundreds of members who attended these virtual meetings, some of which would not have taken place without the assistance of the CMET. It was amazing to see so many members being able to participate in the bargaining process for the very first time. The members recruited dozens of new activists and several new stewards, some in chapters where there had been little to no steward activity.

The CMET also organized a letter writing campaign where HSA members were asked to share their personal experience as a frontline worker during the COVID pandemic. These are the stories that brought HSA members' issues to life for MLAs.

Climate Change Crisis

Not long after the convention adjourned British Columbians faced a terrifying summer of wildfires and a heat wave that killed hundreds of people. Many of our members were directly affected, particularly those at St. Bartholomew's Health Centre, and the town of Lytton was completely destroyed. Families were evacuated to neighbouring communities, including health care workers, and staff were redeployed to different worksites to ensure patients and clients continued receiving essential care.

To help members directly affected by this, HSA made a \$10,000 emergency relief fund.

Members were provided access to \$500 for immediate relief to support unanticipated expenses related to evacuation, or other consequences of wildfires.

And only a few months after that, climate change delivered another unprecedented blow to our province.

The November floods saw torrents of water which swelled rivers, burst levees, flooded farms and communities, and swept away dozens of kilometres of BC's highway system. Overnight, billions of dollars in infrastructure was destroyed, the Lower Mainland completely cut off, the cities of Abbotsford, Merritt and Princeton inundated.

HSA again stepped up to provide immediate assistance, offering \$500 in emergency funding for members affected by the extreme difficulties of evacuation or loss of a home. The union also contributed directly to overall relief measures through a \$25,000 donation to the United Way's BC Flood Response Fund, and \$5,000 to the Kirpa Collective, a grassroots group in the Fraser Valley who came together to support flood victims.

It's been shocking to see how quickly climate change is moving, how destructive it is. It is deeply concerning to think about many disasters that are still ahead of us, and how we can possibly prepare our communities.

The magnitude of what happened in BC resonated around the world, and for many, these events spurred greater determination to decarbonize our civilization. At HSA we have, through our Climate Action Working Group, pushed harder to reduce our carbon footprint.

There was another disaster last summer. A different one. It started decades ago and still unfolds every day.

Truth and Reconciliation

The Tk'emlúps te Secwépemc First Nation

announced in June that it had located unmarked graves for more than 215 children on the grounds of the former residential school in Kamloops. In the months since, more graves have been found at more residential school sites around BC.

Canadians are still being asked to grapple with the truths that Indigenous Peoples have been telling the nation for centuries. Non-Indigenous people are being asked to confront the ways that we are benefitting from the harms of colonization.

HSA donated \$25,000 to the Indian Residential Schools Survivors Society, an organization with a 20-year history of providing essential services to Residential School Survivors, their families, and those dealing with Intergenerational traumas.

We also wrote directly to Prime Minister Justin Trudeau and Premier John Horgan urging all levels of government to investigate deaths in residential schools according to the desire of each community, and take immediate steps to enact the 2015 Truth and Reconciliation Commission's Calls to Action addressing the need to recover missing children and burial information.

Equity, Diversity and Inclusion

HSA's first Director of Equity, Diversity, and Inclusion, Heather Williams, joined the union last July and has been conducting a needs assessment of HSA internally. She has been working alongside Human Resources in implementing an anti-racism recruitment and hiring action plan with related benchmarking activities. As an active member of the HSPBA bargaining team, and as a consultant for the CBA and CSS bargaining teams, Heather brings an equity lens to collective agreement language that looks to address the recommendations of In Plain Sight, ensure respect for gender diversity, and consider other equity issues that our members face.

The union's focus on equity, diversity, and

inclusion is reflected in the education offered to members with new workshops looking at white supremacy and decolonization issues. These workshops are in high demand, and classes have been oversubscribed. We are pleased to have hired an EDI Education Officer who will be working alongside Heather and the education team of Jennifer Brandt and Sarah Chapple.

HSA is also striving to address systemic racism in our communities, the health care and community social services systems, and in the union itself. All members who self-identify as Black, Indigenous, or People of Colour (BIPOC) were invited to participate in HSA's BIPOC Caucus which is now focusing on the work of forming the union's Racial Justice Committee, and the work towards getting that committee operational continues.

In the coming year there will be more outreach to work with EDI efforts within HSA. There will be a demographic survey to better understand the representational needs of our members, a call for an Indigenous Advisory Council to lead the way towards decolonization, as well as a call for a member focused EDI Working Group that will inform the work of the HSA EDI portfolio alongside the Racial Justice Committee.

Political Action

In addition to the work being done to set the table on the negotiations now underway, your Constituency Liaisons and representatives at all levels of the union and through our affiliation with the BC Federation of Labour and the National Union of Public and General Employees have continued to push for important matters with the federal and provincial government.

Our government relations focus continues to raise awareness of funding pressures on child development centres, where too many children never make it off the wait lists before they age out of this critical phase of support services, compounding care throughout

their lives. We are urging government to increase funding for the Early Intervention Therapy Program that provides speech-language therapy, occupational therapy and physiotherapy. And with the government's shift resources for autism and other neurodiverse conditions to centralized hubs, we are pushing for assurances that funding and staffing levels will be adequate for the demands that will be placed on this new system.

Our efforts to ensure all working people have access to paid sick leave – long a common sense idea that during a pandemic is now urgent – met with partial success here in BC with the announcement of five paid days. It's a significant milestone, to be sure, and one that puts BC in the forefront of the nation, but it still falls short of what we think should be the bare minimum.

We need ten days of paid sick leave, and working with the BC Federation of Labour and NUPGE we are continuing to advocate for this in BC and across Canada.

The recent announcement of a coalition agreement between the federal Liberal government and the NDP opposition brought with it very good news on an issue HSA and others in the labour movement have been advocating for: a national Pharmacare program.

The Road Ahead

This year's convention presents an opportunity to gather in person again, for the first time in far too long. It's a moment of mixed emotions – joy that we can once again reconnect and share a laugh, sadness for the people we have lost, and frustration for the social divisions the pandemic has revealed and made worse.

I'm proud of the work we have all done in the most trying of times.

I'm hopeful about what we can achieve

together, even in the face of so many challenges.

So much of it starts at convention, when we make the collective decisions that will guide the year ahead, and set the course for years to follow.

I am excited to get down to work with your Board of Directors -- including four new board members --with HSA activists and staff, and with our allies throughout the labour movement.

As I look ahead I see a critical year. For so many reasons. And I know that together, we will work like never before on behalf of our members, and on behalf of the patients and clients you care for.

Respectfully submitted,
Kane Tse, President

Report of the Executive Director, Legal Services and Labour Relations

As I prepare this annual report to members, HSA is in collective bargaining for all our members covered by public sector contracts. While we made important achievements in the last two rounds of bargaining in 2014 and 2019, there have been unprecedented pressures on HSA members during the past two years. More change is needed in how we approach our lives and our work.

We need to look at who our members are, not just the work they do and the negotiated conditions they work under, but rather what carries meaning for them in their lives. We need to encourage cultural growth and learning and ask ourselves: what can HSA as an organization do to contribute to meaningful lives for its members who have the benefit of residing on stolen and occupied territories of over 198 distinct Indigenous nations?

As we respond to the work of Mary Ellen Turpel-Lafond and her [In Plain Sight](#) report, the need to work for equity and inclusion is clear. We see the need to recognize diversity. We see the need to protect our members and for our members to protect their patients and clients. We work towards these goals in a health care and community social services system riddled with chronic shortages, exacerbated by the pandemic and the tensions it has brought to society generally – and to our members working in their many capacities to provide care in these difficult times.

2022 will be a year of challenge for the union

as it carries forward with its work in legal, labour relations, classification and disability management.

Recognizing those challenges, I do want to recap what we have accomplished in the past year.

After two years of HSA staff working largely remotely, we have successfully returned to a hybrid in-office/remote work schedule, with appropriate safety protocols in effect in the office environment. Staff have welcomed the opportunity to reconnect with their colleagues in person, and are looking forward to opportunities to reconnect with member in person.

LABOUR RELATIONS SERVICING

2021 was a year of growth and change in the Labour Relations department. We have seen movement within the servicing labour relations officers positions as a result of staff moving to other areas of the organization such as communications, organizing, and disability management. We continue to manage these transitions as effectively as possible. This year we also were able to create dedicated intake and coverage positions that have assisted in minimizing the impacts of these changes.

There have been changes in the leadership of the department, Norah Miner continues as the Membership Services Coordinator with Colette Barker and Alyson Warner supporting her as Assistant Membership Services

Coordinators. In addition, through the bargaining period, Colin Brehaut and Sharon Geoghegan are providing backfill as Assistant Membership Services Coordinators.

Grievance files and resolutions

Portal

Case Files Opened	Case Files Closed	Case Files Open at End of Period
1441	913	991

Total Monetary Value of Case Files Closed
\$807,435.75

Database

Case Files Opened	Case Files Closed	Case Files Open at End of Period
3	124	424

Total Monetary Value of Case Files Closed
\$119,845.60

Labour relations officers have continued their excellent hard work on behalf of members, collaborating with stewards at the local level to solve problems and resolve issues. This has resulted in a total monetary value of \$927,299.35 across 1037 closed files.

In 2021 we successfully transitioned the vast majority of open files to the HSA Portal. This new case handler system allows for better bridging of files between stewards and labour relations officers. 325 of the remaining files not yet transitioned to the Portal will be closed by the end of April as a large group of policy grievances concludes, and the remaining files will be transitioned to the Portal as appropriate.

There has been a significant amount of work over the past year related to several key issues, which resulted in policy, as well as individual, grievances on specific issues.

Policy grievances related to the implementation of the new *Employment Standards Act* language for five paid sick days, which affected casuals, were filed under each bargaining association with every employer. We are actively pursuing these grievances as group grievances.

Policy grievances related to the new statutory holiday, the National Day for Truth and Reconciliation, were also filed and are proceeding.

The fall of 2021 saw a large number of investigation, suspension, and then termination meetings for members working in healthcare who had not received COVID 19 vaccinations. As a result, more than 300 grievance files were opened. The vast majority of these grievances have been heard at Step 3 and are now moving through to the next stages of the process.

The HSPBA Workload Working Group - established in a Memorandum of Agreement from the 2019 round of bargaining - launched a Toolkit to assist members and managers to address workload concerns. The Toolkit itself includes a number of suggestions on how to track, evaluate, and manage workload concerns, along with a guide on how to have productive conversations about workload as outlined in Article 38.05. This Toolkit was launched on a trial basis in August, and a secondary trial through December and January. A joint union/management education session on using the Toolkit and the new process was developed, and a recording of the education session will soon be made available on employer and union websites to support union and employer representatives using the tool.

We saw a significant increase in the number of departments using the workload language,

and eventually filing grievances through the new process.

Other grievance trends we saw this year:

- Respectful Workplace / Bullying and Harassment issues
- Jurisdictional issues, due to redeployment, and the shift to community-based care.
- Scheduling changes, shift callouts – errors and changes of practice
- Denial of Leaves, particularly Special Leave, and Unpaid Leaves of Absence.
- Education funding and leaves.
- Disciplinary issues – there was a significant increase in disciplinary issues in 2021

2021 saw a number of redeployments during the summer in response to the wildfire season, and a number of members, predominantly in Interior Health, were impacted by evacuation alerts and orders. The LROs received information from the employers about affected members, and reached out to them to offer assistance in that trying time. Through the flooding of the fall, the LROs worked with human resources departments to ensure that members affected by these natural disasters were well supported, including negotiating arrangements for some members to be redeployed to vacant shifts in other facilities when they could not physically report to work due to road closures.

Bargaining and essential services

Paragon Orthotics bargaining started in the fall of last year, with a number of virtual meetings between the parties. Work on this agreement continues, and we expect to see a tentative agreement with some significant improvements concluded shortly.

In order to support the 2022 round of HSPBA, NBA and CBA bargaining, the process of essential services negotiations began in November 2021. LROs negotiated job action headquarters with all employers under these

three collective agreements for almost all facilities. Where agreement could not be reached, mediation was scheduled, and the remainder of the process took place in early 2022, with almost 4000 hours of negotiation with employers to conclude the process. With the onset of collective bargaining early in the year, several staff have been assigned to negotiating tables HSPBA, CSSBA and CBA are all in active bargaining, while NBA has delayed bargaining until at least the fall.

Addressing a range of non-grievance issues

Labour relations officers deal with many matters that are not grievance files and may not become grievance files, but still require work and attention:

- general enquiries
- schedule and rotation changes
- section 54 notices and negotiations
- new certification negotiations (E&OE)
- restructuring and reorganization
- respectful workplace issues and harassment investigations
- jurisdictional investigations
- chapter meetings / steward meetings
- various steward education sessions
- attendance and participation on committees and projects arising from the bargaining associations
 - CBA Admin Committee
 - CSS Admin Committee
 - CSS OH&S Counsel
 - CSS Sector committee
 - NBA professional fees project
 - NBA DPCS
 - HSPBA Workload working group
 - HSPBA Article 24.09 additional shifts project
 - HSPBA DARC committee

LEGAL

The legal department currently consists of eight full time lawyers. Stephen Hutchison heads the department as the Membership Services Coordinator (Legal Services). The legal department is supported by a full time

paralegal and 3.0 FTE in legal administrative support.

2021 was an extremely busy year for the HSA legal department and we continued to adapt to the changing landscape that the COVID-19 pandemic required of the entire organization.

In 2021, 168 files were assigned to the legal department, an increase of more than 38 per cent. Many of these files are multi-grievor disputes. We saw a high number of discipline grievances as well as grievances related to classification and job description objections, selection grievances, and leave provisions. We have worked closely with servicing to gather and process the many discipline grievances related to the Provincial Health Office vaccine mandate and grievances related to temporary pandemic pay. The HSA legal department resolved 109 files, double that of last year. The monetary value of which exceeds \$647,000 wages and benefits recovered for our members.

In addition to receiving grievances and member advocacy files from the servicing department, the HSA legal department works very closely with staff in the organizing, disability management, and classification departments.

Arbitration Highlights

Code Up for Student Supervision

HSA resolved a number of long-standing grievances in Island Health going back to 2014 regarding the appropriate coding up rate for student supervision in the Medical Imaging department. For several years the employer devised many tactics to avoid paying the members the code-up rate of pay, including taking the position that the work done by the radiological technologists is not supervision/instruction but rather “demonstration of procedures” and therefore does not attract the Grade II rate of pay.

Starting in 2012, the employer attempted to articulate guidelines for when such coding

up would occur. In those guidelines, the employer attempted to distinguish between “Orienter” (which would be paid at Grade I) and “Trainer” (which would be paid at Grade II).

The union insisted that its members be appropriately compensated at the Grade II rate for any shifts during which they have been responsible for a student for one full shift or more. An agreement was reached between counsel where the Employer agreed to code up the Radiological Technologists to Grade II when supervising students for one full shift or more.

Classifications

HSA resolved a classification grievance involving pediatric echocardiographers. In May 2019 the employer reclassified the affected members from Grade II to Grade I. In response, grievances over wrongful downgrading and reclassification. With the assistance of Arbitrator Julie Nichols acting as mediator, the grievors were reclassified as Grade II (f), diagnostic medical sonographer.

Leave Provisions

Special Leave

HSA continues to have success at arbitration in grievances involving special leave.

In June 2021 Arbitrator Lisa Southern ruled in favour of the union on the issue of whether the character of a leave could be changed, in this case from union leave to special leave when the grievor had to leave a union event to travel to visit an imminently palliative parent residing outside of British Columbia. The arbitrator ruled that it could. Further, the arbitrator found very clearly that special leave includes travel for the purposes of “providing care.”

Disability Management

Appendix 10 – Enhanced Disability Management Program

HSA has had good success in resolving

grievances where the employer has delayed the return to work of members enrolled in the Enhanced Disability Management Program (EDMP). The language of Appendix 10, Article 11.4 was agreed to in the last round of bargaining and provides that the employer must, within four weeks of receiving confirmation that the member is fit to return to work, provide the member with transitional work (consistent with their limitations and restrictions) or the Employer must begin paying the employee at their pre-disability rate of pay.

Breach of Privacy

HSA earned a favourable decision in a grievance which alleged that the employer breached a member's privacy, the collective agreement, and the Freedom of Information and Privacy Act ("FIPPA") when it provided a member's EDMP file to a third-party provider retained by the employer to handle its WCB appeals.

The union argued that the purpose of EDMP did not include WCB appeals and that by disclosing EDMP information to a third-party who was not a party to EDMP, the employer had weaponized EDMP in order to deny a member WCB benefits, which was wholly inconsistent with the supportive purposes of EDMP.

The arbitrator found that there was a breach of the collective agreement and FIPPA and held that the use of personal information for an adversarial process does not fall within the intended purpose of aiding with processing disability benefits and cannot "reasonably be characterized as part of supportive "employee-centered" disability management or necessary for the operation of EDMP." This is a significant win for the union and upholds the integrity of EDMP as a supportive program meant to assist members.

Labour Relations Board (LRB)

2021 was also a busy year at the Labour Relations Board for HSA.

HSA applied for reconsideration of the Board's decision denying HSA's application for certification of employees hired to work at the newly opened Surrey Urgent Primary Care Centre. HSA alleged the original decision was inconsistent with the principles expressed or implied in the Code because the original panel failed to provide adequate reasons to justify certain findings in the original decision. As a result, HSA said it was denied a fair hearing.

The reconsideration panel dismissed HSA's application.

CLASSIFICATIONS

The HSA classifications department in 2021 consisted of 4.0 FTE labour relations officers, and 1.75 FTE administrative support staff. Derek Wong heads the department as the Membership Services Coordinator - Classifications.

In 2021 HSA classifications had its busiest year ever. The classifications department received and reviewed a record 575 job descriptions through the processes of the collective agreements (a 12 per cent increase over 2020).

There were 223 new classification grievance files opened in 2021 (a 55 per cent increase over 2020), including job description objections and member classification grievances. Many of the cases involve multiple grievors and/or incumbents.

The classifications department closed 234 files (a 34 per cent increase over 2020). These grievance resolutions saw HSA members receiving lump sum and/or retroactive salary adjustment payments totalling over \$593,000. The pay rate increases achieved result in ongoing value of over \$421,000 per annum.

April 2021 also saw the third-year implementation of the classification improvements achieved in bargaining in three

of HSA's provincial collective agreements.

HSA sits on the provincial classifications working committee of the Community Social Services sector. The joint union and employer committee has, as per by the 2019-2022 collective agreement, allocated the distribution of negotiated 2021 Low Wage Redress (LWR) comparability wage funding. This resulted in LWR pay increases of between 2% and 12.98% over and above the April 2021 2% general wage increases. The LWR increases continue moving CSS pay rates towards parity with similar jobs in the Health Community subsector and Health Science Professionals sector.

HSA is part of the provincial classifications working committee of the Health Community subsector. Community Health in 2019-2022 also has LWR comparability wage funding. For April 2021, the parties reached agreement on which of the revised pay grid levels is assigned to each position in the subsector that is classified as an anomalous job, i.e., a job that is unique in nature and cannot be classified using the existing benchmark classifications. Further, the Layering Over supervisory pay provision was also revised to provide better recognition of supervisors' scope and level of responsibility above that of the staff they lead. LWR pay increases over and above the general wage increases of the collective have resulted in almost every job in the subsector moving to within 98.5% of parity with the pre-existing rates of their comparator jobs in the Facilities subsector.

HSA, as the lead union in the Health Science Professionals Bargaining Association (HSPBA), advanced the work of the HEABC/HSPBA Classification Redesign Committee (CRC) through 2021 in accordance with the classification appendices of the collective agreement. The work of the joint committee to develop a prospective new profile-based classification system was completed and, if implemented, would provide consistent and objective job classification criteria across all professions within the scope of the HSPBA

bargaining unit. The HSPBA CRC forwarded reports and recommendations to the HSPBA bargaining committee for the negotiations of the new collective agreement for 2022.

The classification improvements funding for 2021 in the health science professionals sector provided for the following:

- Further rate improvements for supported child development consultants to move them to full salary structure parity with Infant development consultants.
- Early childhood educator (ECE) classifications and corresponding salary structures were revised providing for new ECE rates over the next few years will result in pay increases ranging from 7.7% to 15%.
- New classifications and corresponding salary structures introduced for the pathologists' assistant (PA) profession. The application of the new PA rates over the next few years will result in pay increases of 13.3%.
- New pay provisions (at the sole charge pay level) were introduced for 32 health science professions when staff level positions are working without general supervision

Disability Management

The past year saw a number of staff changes in the Disability Management (DM) department, with staff moving into new opportunities both within and external to HSA. Happily, HSA has been fortunate in successfully recruiting excellent applicants and DM is fully staffed with very qualified and experienced representatives.

Workers Compensation

In 2021, we experienced significant churn in our WCB Advocate staffing, with several moving to temporary and permanent assignments in other departments within HSA, as well as one extended leave. As a result, our capacity to process new and

existing appeal files and provide intake advice to members was substantially reduced. To assist with the workflow, outside legal counsel was engaged to manage a portion of the workflow. As noted above, we brought new and very experienced advocates on board during late 2020 and in 2021. As a result, all WCB appeal files are back in-house and moving ahead expeditiously.

WorkSafe BC moved its staff almost entirely to remote work two years ago, and this continued to be the case up until very recently. This has resulted in disruption in processing and progression of appeal files, delayed decisions, extensions to timelines for provision of decisions by case managers, and subsequent extended deadlines for submissions by union and employer representatives substantially lengthened and delayed the appeal process. In 2021, Review Division decisions were issued at a much slower pace than they have issued historically.

In addition, we continued to experience lengthy waits for medical reports from family doctors and specialists, as well as longer wait time for appointments for independent medical assessments. Virtual appointments have helped somewhat to relieve the delays but specialist assessments continue to lag due to a backlog.

Workers' Compensation Appeal Tribunal (WCAT) hearings continued to take place virtually throughout 2021 and into 2022. During 2021, we experienced a significant slow-down in the issuing of WCAT decisions. However, in the first quarter of 2022 we have noted a substantial uptick in the number of WCAT decisions being made, and the speed with which they are being issued.

Overall in 2021, following staffing disruptions and overall slowdown in the WCB appeal process, we have seen a lower appeal file outcome than normal. In the past year, we have successfully resolved 43 WCB appeal files. In addition to the active WCB appeal file caseload, our advocate also handled

100 WCB advice files. While these are not ongoing claim appeals per se, they do draw a significant component of advocate time to appropriately guide members through the complex WSBC system.

Long Term Disability

As with WCB, the staffing challenges with our WCB advocates had a correlating impact on the Long Term Disability appeals area, which has now been largely resolved with the hiring of two new advocates. During 2021, LTD appeal advocates continued to encounter delays in provision of file disclosure from the insurance companies, as well as in adjudication of appeal reconsideration requests following submission of supportive medical documentation. As in 2020, insurance case managers were working remotely, but technical challenges continued to plague and slow down the decision-making process. In addition, insurers have struggled with staff turnover, and the challenges of finding and hiring qualified and experienced employees.

As with WCB, obtaining physician chart notes and reports for LTD appeals was delayed throughout 2021. However, we are now starting to see improvements in timelines.

Claims Review Committee (CRC) hearings and Rehabilitation Review Committee (RRC) hearings are returning to in-person, although a hybrid process is in place so that virtual hearings can occur if appropriate. For claimants who live in remote areas, the virtual option eliminates the need for travel down to the Lower Mainland, and significantly reduces stress for those disabled members.

In 2021 our LTD Advocates successfully resolved 35 LTD appeal files. In addition, the advocates handled 82 LTD advice files.

Overall, our WCB and LTD staff successfully resolved 78 files and provided a value of \$7,151,881.62 to our members.

Duty To Accomodate

In 2021, we continued to experience strong demand from members seeking assistance with complex Duty to Accommodate concerns and requests. 380 new files were opened, 304 were resolved and closed, and our DTA LROs are currently managing 309 active accommodation files. COVID-related safety protocols restricted our ability to meet in person with members and tour employer worksites to assess accommodation needs and potential solutions. We anticipate that in the year ahead we will be able to participate more comprehensively to identify and facilitate accommodation resolutions through in-person attendances.

Over the course of 2021, our DTA LROs filed 15 new grievances, and successfully resolved 10 grievance files with a monetary value to our members of \$50,377.07.

Enhanced Disability Management

Our EDMP Regional Representatives continued to be an invaluable resource for our members in 2021: providing assistance, guidance, reassurance, and support to our members during ongoing disruption and uncertainty. They provide an essential union connection for members who have been struggling to remain at work, or have been out of the workplace due to illness, injury or COVID-related restrictions.

We did experienced turnover in our EDMP Regional Representatives due to clinical employment demands, as well as personal circumstances. The resulting vacancies have been filled with new EDMP Representatives from within the HSA membership. They have participated in our comprehensive training program, and are now on-board and eager to assist members engaged in the EDMP process.

During 2021, the provincial EDMP Regional Representatives opened a total of 1,427 new member files – an increase of 130 from

2020. We are now well into the ninth year of the EDMP, and will pass our 10,000th EDMP member file before year end.

Community Social Services Early Intervention HSA continues to actively represent our members in the community social services sector to ensure they are provided with appropriate and timely access to this early intervention program. As the window for provision of services to members in this program is quite short (five months), it is essential that they are promptly enrolled, and HSA is notified, so we can appropriately support these members.

HSA participates on the CSSEIP Working Group, and routinely advocates to problem solve issues for members and ensure the best possible services and processes are in place.

OTHER WORK OF NOTE

Professional Development Funds

HSPBA

We are pleased to be able to announce that the work of the Professional Development Fund will be able to continue its work in 2022 and 2023. Its priorities will continue to be:

1. Retraining for health science professions where there are shortages.
2. Enhancing professional development opportunities for health science professionals working in rural or remote areas of BC.
3. Assisting health science professionals throughout the province to meet their ongoing requirements for professional development.

We are now also processing applications for professional development monies of \$400,000 annually included in the HSPBA collective agreement. In order to facilitate distribution to as many members as possible, members are limited to receiving \$1000 per year.

BC Health Sector Occupational Health and Safety Society

The Society was established in 2020 with the purpose of promoting safe and healthy workplaces at all sites throughout the BC health care sector, and, through cooperation among unions, employers, and Doctors of BC, to develop and pursue a provincial framework, systems and programs aimed at improving the health and safety of BC's health care workers.

The Society's Board, under the leadership of Chairperson Roberta Ellis and CEO Victoria Schmid, has been working on staffing and operational plans to support the new organization. The Society's project initiatives will be coordinated through a Technical Advisory Committee (TAC) and a variety of joint working groups with equal representation from employers and unions. OHS Officer, Mike Wisla, represents the HSPBA on the TAC. It is expected that working groups will include secondments from among union staff and membership.

Work is proceeding on the long awaited OHS Resource Centre, designed to support the work of hundreds of Joint Occupational Health and Safety Committees. In the coming weeks and months, the Society will be launching a new website and communications plan, working towards the implementation of sector wide standards on psychological health and safety and safety management systems, reviewing and updating health, safety and violence prevention curriculum and updating OHS data sharing agreements.

Joint Health Science Benefit Trust

Information about current benefits as well as information on governance and the financial standing of the trust may be found at the JHSBT website www.jhsbt.ca.

The JHSBT website is designed to give members information on the JHSBT; its structures, policies, annual reports, and

financial statements, in accordance with the JHSBT trust agreement. The website also lists the JHSBT service providers who assist in managing the operation of the Trust, along with links to claims paying agents, Pacific Blue Cross and Great West Life, and third party administrator HBT. The JHSBT website also provides an opportunity for members to provide feedback, comments or questions to the JHSBT through questions@jhsbt.ca.

The JHSBT trustees will be considering benefit redesign in 2022. There will be two routes for members to communicate suggestions. While there is no specific timeline for any prospective redesign suggestions are welcome through by email at info@jshbt.ca for future consideration. A survey of members completed in 2021 will also assist the Trustees' consideration of member suggestions.

Finances

Report of the Finance Committee

The Finance Committee is a standing committee of the union, tasked with overseeing our finances. We resource Strategic Plan initiatives and direction given by Convention, and ensure that appropriate policies and processes are in place. We adjudicate member expense appeals, and oversee our investment portfolio. We review variances from the budget and report out our position to the Board of Directors each quarter. We handle emergent financial concerns and meet with the Auditor to review the books at year end.

All this we do with the highest degree of diligence to protect and ensure the financial viability and sustainability of the union.

The committee met quarterly to address our workplan deliverables but much of our work was done in between meetings to ensure that timely decisions were made. New to the Finance Committee this year were Cherylee Hylands (Region 8 Director), Jing-Yi Ng (Region 3 Director) and Edith MacHattie (Region 7 Member at Large) and I extend my deep gratitude to each for their commitment and conscientiousness to the work of this committee.

Our union continues to grow and we ended 2021 in a strong financial position. A brief summary of where we landed at year end:

- General Fund surplus of \$1.4 M
- Dues revenue was \$896K over expected
- Investment income was \$269K higher than projected

- Total expenses were down \$539K
- Our mortgage is \$7.3M on a building valued at \$17M

General Fund

The General Fund pays for the day to day operations of the union. This fund received 95% of our dues revenue. We maintain a healthy balance, topped up by investment income, to ensure that we always have enough cash to cover three months of expenses. The General Fund at the end of 2021 had a balance of \$6.6M. This includes internally restricted funds of \$1.7M that the Board of Directors has set aside for specific items and capital expenditures scheduled for 2022.

Bargaining Fund

The Bargaining Fund is used for negotiating collective agreements, organizing new members, retaining existing members, and other bargaining related activities. This fund was allocated 2.5% of dues and earned additional investment income of \$145K. There were some modest bargaining related expenses in 2021 but the excess of receipts over expenses in this fund was \$309K. At the end of 2021, this Fund had a balance of almost \$2.6M.

Defense Fund

The Defense fund provides resources to be used in the event of job action. This fund was allocated 2.5% of dues and earned

additional investment income of \$110K. This fund holds the title to our office building at 180 East Columbia Street and pays for its related expenses such as property taxes, building insurance, interest on our mortgage, and strata fees. The union's property is our collateral in the event that we need to draw on our line of credit. The Defense Fund has a balance of \$7.2M.

Investments

Our portfolio was put out to tender last year, and one of the first big tasks that the Finance Committee took on was interviewing and choosing an Investment Manager. To that end, we transferred our portfolio to Genus Capital Management, an independent firm based in Vancouver that has been practicing sustainable, value-impact investing for over thirty years.

The markets did well in 2021. Our investment portfolio finished 2021 with a fair market value of \$5.5M. Our annualized portfolio gain was 7.9% over the previous 12 months and 7.5% over the last 5 years.

Health Sciences Professional Education Funds

At end of 2020, there was \$109K remaining in the \$3M HSPBA Professional Development Fund (\$2.4M of which was HSA's share to distribute). In 2021, HSA received another \$2.4M. Disbursements of \$254K to members through 2021 and interest made on the balance leaves us with \$2.26M.

In 2021, we received our annual installment of \$400K per the terms of the HSPBA 2019-2022 Collective Agreement. In 2021, disbursements of \$375K to members and interest earned on the Fund, leaves us with \$162K.

Budget 2022

Budgeting is a big task that the Finance Committee does in collaboration with the

Executive Committee and the Management team before it is presented to the Board for final consideration. Our aim is membership-centric. Each item must align with our strategic plan goal of matching our needs with our resources to: improve service to members; enhance member engagement; defend and strengthen our collective agreements; or effectively manage our essential relationships. These are the priorities that ground our work. Many resolutions that pass at Convention draw on our resources, and the Finance Committee works to ensure that we are prudent in how we allocate those resources.

This year's budget builds on prior years' budgets. It is balanced and based on \$23.6M receipts.

In 2022, we are improving service to members by adding staff to Legal, Disability Management, and Education. We are continuing to build on our technology infrastructure to support the successes of remote work and hybrid engagement with staff, stewards, and members.

Much thanks to our proficient Controller, Cathy Davidson, and all the Finance staff: Christine, Teresa, Otgon, Joy, and Eleanor for their diligence and care. I am grateful for their continued dedication and support to the Finance Committee and to all the members of this union.

In solidarity,
Becky Packer
Secretary-Treasurer
Region 1 Director

Health Sciences Association of British Columbia
Summarized Financial Statements
For the year ended December 31, 2021



Report of the Independent Auditor's on the Summarized Financial Statements

To the Members of Health Sciences Association of British Columbia:

Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2021, and the summary statements of operations and changes in fund balances and cash flows for the year then ended, are derived from the audited financial statements of Health Sciences Association of British Columbia for the year ended December 31, 2021.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with Canadian Auditing Standards (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of Health Sciences Association of British Columbia. Reading the summarized financial statements, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 28, 2022.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with Canadian Auditing Standards (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Port Moody, British Columbia

April 7, 2022

MNP LLP

Chartered Professional Accountants

Health Sciences Association of British Columbia
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For the Year Ended December 31, 2021


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Health Sciences Association of British Columbia
Summarized Statement of Financial Position
 As at December 31, 2021

	#	General Fund	Bargaining Fund	Defense Fund	2021 Total	2020 Total
Assets						
Current						
Cash and term deposits	1	\$ 2,928,021	\$ 503,613	\$ 5,835	\$ 3,437,469	\$ 4,036,169
Marketable securities (Note 3)	2	1,041,038	1,783,150	2,669,092	5,493,280	3,759,748
Dues receivable	3	1,595,239	41,980	41,980	1,679,199	1,615,019
Accounts receivable	4	351,509	-	-	351,509	188,491
Prepaid expenses and deposits	5	256,913	-	154,227	411,140	361,459
	6	6,172,720	2,328,743	2,871,134	11,372,597	9,960,886
	7	2,357,503	-	-	2,357,503	109,477
HSPBA Professional Development Fund (Note 4)	8	443,670	-	17,262,370	17,706,040	18,015,483
Capital assets (Note 5)	9	\$ 8,973,893	\$ 2,328,743	\$ 20,133,504	\$ 31,436,140	\$ 28,085,846
Total Assets						
Liabilities and Fund Balances						
Current						
Accounts payable and accruals (Note 6)	10	\$ 1,411,003	\$ -	\$ -	\$ 1,411,003	\$ 1,569,143
Salaries payable (Note 7)	11	1,177,954	-	-	1,177,954	1,154,615
Current portion of long-term debt (Note 9)	12	-	-	380,000	380,000	367,800
	13	2,588,957	-	380,000	2,968,957	3,180,456
	14	(5,129,711)	(257,947)	5,387,658	-	-
Employee future benefits (Note 8)	15	2,160,096	-	-	2,160,096	1,877,127
Deferred contributions (Note 4)	16	2,698,309	-	-	2,698,309	518,379
Long-term debt (Note 9)	17	-	-	7,137,724	7,137,724	7,520,437
	18	(271,306)	(257,947)	12,525,382	11,996,129	9,827,045
	19	443,670	-	4,356,990	4,800,660	5,427,077
	20	1,763,980	2,586,690	2,871,132	7,221,802	5,583,425
	21	4,448,592	-	-	4,448,592	4,067,843
	22	6,656,242	2,586,690	7,228,122	16,471,054	15,078,345
Total Liabilities and Fund Balances	23	\$ 8,973,893	\$ 2,328,743	\$ 20,133,504	\$ 31,436,140	\$ 28,085,846

See Accompanying Report of the Independent Auditor's on the Summarized Financial Statements and Notes to the Summarized Financial Statements

Approved on behalf of the Board:


 Kane Tse, President


 Becky Packer, Secretary-Treasurer

Health Sciences Association of British Columbia
Summarized Statement of Operations and Changes in Fund Balances
For the Year Ended December 31, 2021

	#	2021			2021 Defense Fund	2021 Actual	2021 Budget	2022 Budget	2020 Actual
		General Fund	Bargaining Fund						
Receipts									
Dues	1	\$ 21,580,956	\$ 567,919	\$ 567,918	\$ 22,716,793	\$ 21,820,000	\$ 23,185,720	\$ 21,268,809	
Initiation fees	2	36,230	-	-	36,230	27,000	29,000	30,434	
Investments	3	115,839	145,029	109,694	370,562	100,700	274,500	148,755	
Other income	4	(725)	-	-	(725)	-	-	13,775	
Recognition of deferred contributions	5	768,291	-	-	768,291	86,500	75,000	892,916	
	6	22,500,591	712,948	677,612	23,891,151	22,034,200	23,564,220	22,354,688	
Expenditures									
General Fund									
Executive	7	1,648,110	-	-	1,648,110	1,501,697	1,369,256	1,491,437	
Union governance	8	1,444,385	-	-	1,444,385	938,080	1,409,235	760,699	
Affiliations	9	1,642,554	-	-	1,642,554	916,180	1,009,414	1,705,435	
Legal services and labour relations	10	8,798,147	-	-	8,798,147	8,775,542	9,126,073	8,099,460	
Strategic communications and member development	11	3,741,374	-	-	3,741,374	4,095,816	4,448,503	3,386,080	
Operations	12	2,907,602	-	-	2,907,602	3,457,812	3,486,138	2,738,754	
Human Resources	13	250,661	-	-	250,661	360,511	555,624	182,852	
Finance	14	615,750	-	-	615,750	560,153	558,110	568,615	
Bargaining	15	-	401,996	-	401,996	586,650	712,143	398,797	
Defense	16	-	-	518,929	518,929	586,650	712,143	505,010	
	17	21,048,583	401,996	518,929	21,969,508	21,779,092	23,386,639	19,837,139	
Excess of receipts over expenditures, before other items									
	18	1,452,008	310,952	158,683	1,921,643	255,108	177,581	2,517,549	
Other Items									
Amortization expense	19	(198,771)	-	(325,650)	(524,421)	(178,008)	(168,267)	(507,129)	
Unrealized gain (loss) on marketable securities	20	(1,148)	(1,965)	(1,400)	(4,513)	-	-	209,572	
Excess (deficiency) of receipts over expenditures for the year									
	21	1,252,089	308,987	(168,367)	1,392,709	77,100	9,314	2,219,992	
Fund Balances, beginning of year									
	22	5,452,153	2,277,703	7,348,489	15,078,345	-	-	12,858,353	
Internal fund transfers (Note 10)									
	23	(48,000)	-	48,000	-	-	-	-	
Fund balances, end of year (Note 11)									
	24	\$ 6,656,242	\$ 2,586,690	\$ 7,228,122	\$ 16,471,054	\$ -	\$ -	\$ 15,078,345	

See Accompanying Report of the Independent Auditor's on the Summarized Financial Statements and Notes to the Summarized Financial Statements

Health Sciences Association of British Columbia
Summarized Statement of Cash Flows
For the Year Ended December 31, 2021

	2021	2020
Operating activities		
Excess of receipts over expenditures for the year	\$ 1,392,709	\$ 2,219,992
Items not involving cash:		
Gain on sale of capital assets	725	375
Gain on sale of marketable securities	(290,931)	(41,002)
Building amortization	325,650	325,054
Computer amortization	153,407	147,513
Furniture and equipment amortization	44,229	41,655
Telephone amortization	1,136	1,136
Unrealized loss (gain) of fair value of marketable securities	4,513	(209,572)
Operating cash flow	1,631,436	2,485,150
Changes in non-cash working capital		
Dues receivable	(64,180)	69,650
Accounts receivable	(155,262)	(77,538)
Prepaid expenses and deposits	(54,413)	(75,888)
Accounts payable and accruals	(158,144)	(78,938)
Salaries payable	(65,559)	(113,549)
Cash provided by operating activities	1,133,878	2,208,887
Investing activities		
Professional Development Fund	(2,248,026)	378,767
Purchase of marketable securities net of proceeds on disposal	(1,447,109)	(268,373)
Purchase of capital assets, net of proceeds on disposal	(215,703)	(240,410)
Cash used in investing activities	(3,910,838)	(130,016)
Financing activities		
Increase in severance payable	282,969	269,591
Repayment of long-term debt principal	(370,513)	(366,342)
Increase (decrease) in deferred contributions	2,265,803	(461,629)
Cash provided by (used in) financing activities	2,178,259	(558,380)
Inflow (Outflow) of cash for the year	(598,700)	1,520,491
Cash and term deposits, beginning of year	4,036,169	2,515,677
Cash and term deposits, end of year	\$ 3,437,469	\$ 4,036,169
Represented by:		
Cash	1,433,283	1,131,383
Term deposits	2,004,186	2,904,786
	\$ 3,437,469	\$ 4,036,169

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

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

1. Association

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

2. Significant accounting policies

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

Fund accounting

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

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

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

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

Cash and term deposits

Cash and term deposits include cash held at financial institutions and various term deposits, net of accrued interest, of \$2,000,000 (2020 \$2,900,000) bearing interest at rates between 0.50% and 2.55% (2020 - 0.75% and 2.55%) maturing between September 2022 and November 2024.

Capital assets

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

	Rate
Building	50 years
Computer equipment	4 years
Furniture and equipment	5 years
Telephony equipment	5 years

Revenue recognition

The Association's major source of revenue is member dues. These dues are recognized rateably over the membership period in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Association uses the restricted fund method of accounting for revenue. Restricted contributions for the purpose of organizing new members and negotiation of collective agreements are recognized as revenue of the Bargaining Fund. Restricted contributions for the purpose of use in the event of job action and investment in real estate assets are recognized as revenue of the Defense Fund. Unrestricted contributions are recognized as revenue of the General Fund when earned. Unrestricted investment income is recognized as revenue in the General Fund when earned.

Investment income includes dividend and interest income and realized gains and losses on marketable securities.

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

2. Significant accounting policies (Continued from previous page)

Financial instruments

The Association recognizes its financial instruments when the Association becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management.

At initial recognition, the Association may irrevocably elect to subsequently measure any financial instrument at its fair value. The Association has not made such an election during the year.

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

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

Financial asset impairment

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

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

Employee future benefits

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

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

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

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

Measurement uncertainty

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

Dues receivable and accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets. Employee future benefits are based on estimated payments owing to employees upon retirement or termination.

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

Foreign currency translation

Transaction amounts denominated in foreign currencies are translated into their Canadian dollar equivalents at exchange rates prevailing at the transaction dates. Carrying values of monetary assets and monetary liabilities reflect the exchange rates at the statement of financial position date. Gains and losses on translation or settlement are included in the determination of excess of revenues over expenses for the current period.

3. Marketable securities

	2021	2021	2020	2020
	Market	Cost	Market	Cost
	Value	Cost	Value	Cost
Canadian equities	1,335,740	791,759	1,427,397	999,344
Government and corporate bonds	4,056,794	4,056,794	1,854,638	1,772,705
US equities, stated in Canadian dollars	99,686	75,219	348,376	287,671
Other investments	1,060	1,234	129,337	129,336
	5,493,280	4,925,006	3,759,748	3,189,056

As at December 31, 2021, the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$290,931 (2020 - \$41,002).

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

4. Deferred Contributions

	2021	2020
HSPBA Professional Development (\$3 million Ministry of Health) Fund		
Opening	109,477	494,663
Funds received by HSA	2,494,920	-
Interest received	7,527	851
Member reimbursements	(253,734)	(386,037)
HSA admin fees	(89,941)	-
	2,268,249	109,477
HSPBA Professional Development (annual \$400,000 per term of 2019-2022 CA) Fund		
Opening	201,467	338,238
Funds received by HSA	332,656	336,820
Interest received	2,470	3,751
Member reimbursements	(374,617)	(477,342)
	161,976	201,467
EDMP Fund		
Opening	118,042	57,714
Funds received by HSA	87,372	88,154
Expenditures	(60,000)	(27,826)
	145,414	118,042
Other deferred contributions	122,670	89,393
Total deferred contributions	2,698,309	518,379

5. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2021 Net Book Value</i>	<i>2020 Net Book Value</i>
General fund				
Computer equipment	1,380,192	1,015,876	364,316	341,052
Furniture and equipment	1,030,501	952,378	78,123	96,497
Telephony equipment	173,701	172,470	1,231	2,366
	2,584,394	2,140,724	443,670	439,915
Defense fund				
Office Premise - 180 East Columbia Street				
Land	2,300,000	-	2,300,000	2,300,000
Building	17,236,933	2,274,563	14,962,370	15,275,568
	19,536,933	2,274,563	17,262,370	17,575,568
	22,121,327	4,415,287	17,706,040	18,015,483

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

6. Accounts payable and accruals

Accounts payable and accruals includes \$165,711 (2020 - \$238,438) of remittances payable to various government agencies.

7. Salaries payable

	2021	2020
Vacation	609,396	651,096
Accrued wages	-	1,603
Overtime and lieu time	568,558	501,916
	1,177,954	1,154,615

8. Employee Future Benefits

Severance	1,653,207	1,429,698
Sick pay payable upon severance of employment	506,889	447,429
	2,160,096	1,877,127

9. Long-term debt

	2021	2020
Vancouver City Savings Credit Union Mortgage payable:		
Blended weekly payments of \$11,892 including principal and interest at 3.25% per annum (2020 - 3.25%) with a loan maturity date of May 5, 2025.	7,517,724	7,888,237
Less: current portion	(380,000)	(367,800)
	7,137,724	7,520,437

The Association's long-term debt is secured by a general security agreement providing a first charge over all assets of the Association and 100 East Columbia Street Properties Ltd. and an unlimited guarantee and postponement of claim by 100 East Columbia Street Properties Ltd. with respect to the debts and liabilities of the Association. The Association is also required to maintain certain financial reporting ratios including a minimum debt service coverage ratio and a minimum working capital ratio. As at December 31, 2021, the Association is in compliance with the required financial reporting covenants. It is management's opinion that the Association is likely to be in compliance with all such covenants throughout the next 12 months subsequent to December 31, 2021.

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

Years	Principal
2022	380,000
2023	392,490
2024	413,378
2025	419,102
2026 and thereafter	5,912,754
	7,517,724

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

10. Interfund transactions

During the year, the Board of Directors approved interfund transfers totaling \$48,000 (2020 - \$1,500,000 from the General Fund, with \$Nil (2020 - \$500,000) transferred to the Bargaining Fund and \$48,000 (2020 - \$1,000,000) transferred to the Defense Fund.

11. Fund balances

	Invested in capital assets	Unrestricted fund balance	Internally restricted fund balance	Total
Balance, January 1, 2020	5,753,735	4,055,296	3,049,322	12,858,353
Excess of receipts over expenditures	-	2,130,796	89,196	2,219,992
Net additions of capital assets	240,035	(207,537)	(32,498)	-
Internally restricted general funds	(51,335)	(2,101,016)	2,152,351	-
Capital asset amortization	(515,358)	190,304	325,054	-
Balance, December 31, 2020	5,427,077	4,067,843	5,583,425	15,078,345
Excess of receipts over expenditures	-	1,252,090	140,619	1,392,709
Net additions of capital assets	223,956	(223,956)	-	-
Internally restricted general funds	(316,975)	(855,133)	1,172,108	-
Capital asset amortization	(533,398)	207,748	325,650	-
Balance, December 31, 2021	4,800,660	4,448,592	7,221,802	16,471,054

12. Credit facilities

At December 31, 2021, the Association has a Vancouver City Savings Credit Union operating line of credit available to a maximum of \$2,500,000 (2020 - \$2,500,000) bearing interest at the financial institution's prime lending rate plus 0.25%. As at December 31, 2021, the facility was not drawn upon (2020 - \$Nil). The line of credit is secured by the Association's land and building with a net book value of \$17,262,370 (2020 - \$17,575,568) and subject to the financial reporting covenants as described in Note 9.

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

13. Related party transactions

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

	Trust Fund #1	Trust Fund #2	Trust Fund #3
Financial Position:			
Assets			
Cash and investments	1,870,177	7,374	5,552,806
Accounts receivable	-	-	-
Due from related parties	-	-	2,135
Income taxes receivable	-	-	-
	1,870,177	7,374	5,554,941
Liabilities and Fund balance			
Benefits and accounts payable	21,892	-	157,799
Due to related parties	13,644	-	-
Income taxes payable	-	-	-
Deferred income taxes	-	-	-
Reserve for future benefits	447,074	-	5,582,926
Fund balance (unfunded liability)	1,387,567	7,374	(185,784)
	1,870,177	7,374	5,554,941
Operations:			
Revenue			
Investment gain (loss)	(46,841)	55	662,377
Expenses			
Benefits	81,829	-	731,196
Income taxes (recovery)	-	85	3,160
Operations	117,530	-	182,543
Change in actuarial liability for plan benefits	(90,926)	-	(1,069,074)
	108,433	85	(152,175)
Changes in Fund Balance for Year	(155,274)	(30)	814,552
Fund Balance (unfunded liability), beginning of year	1,542,841	7,404	(1,000,336)
Fund Balance (unfunded liability), end of year (September 30, 2021)	1,387,567	7,374	(185,784)

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

14. Financial instruments

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

Interest rate risk

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

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2021

14. Financial instruments (Continued from previous page)

Foreign currency risk

Foreign currency risk is the risk that the value of investments denominated in currencies, other than the functional currency of the Association, will fluctuate due to changes in foreign exchange rates. As at December 31, 2021, the Association held equity instruments denominated in U.S. dollars with the Canadian dollar equivalent fair value of \$99,686 (2020 - \$348,376)

Liquidity risk

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

Credit Risk

The Association manages its credit risk by performing regular investigation into overdue accounts and provides allowances for potentially uncollectible accounts receivable. The Association has not made any provision for doubtful accounts at year-end after reviewing each outstanding account and determining collectability based on its knowledge of the participating employers' situation.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or foreign currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association is subject to price risk through its marketable securities as these investments are subject to price changes in an open market due to a variety of reasons including changes in market rates of interest, general economic indicators and restrictions on credit markets.

15. Budget information

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

16. Comparative figures

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

17. Significant event

The outbreak of the novel strain of coronavirus, specifically identified as "COVID-19", has resulted in governments worldwide, including the Canadian federal, provincial and municipal governments, enacting emergency measures to combat the spread of the virus commencing in March 2020. These measures, which include the implementation of travel bans, self-imposed quarantine periods and social distancing, have caused material disruption to organizations globally, resulting in an economic slowdown. Governments and central banks have reacted with significant monetary and fiscal interventions designed to stabilize these economic conditions. The duration and impact of the COVID-19 outbreak is currently unknown, as is the efficacy of the government and central bank interventions. It is not possible to reliably estimate the length and severity of these developments or the impact, if any, on the financial results of the Association in future periods.

Committee and Working Group Reports

Report of the Resolutions Committee

On behalf of the Resolutions Committee I am pleased to present the report on the committee's work in preparation for the 2022 HSA Annual Convention.

Our work schedule conflicted directly with the work of our HSPBA HSA Bargaining Committee, which was pressed into service in early March after notice of bargaining was served early in the year.

The Resolutions Committee is comprised of one elected Member-at-Large from each HSA region, the union's vice-president, and one additional member from the board of directors who has a voice, but no vote. A number of members, including the committee chair, were not available for the three-day working meeting in March because of duty on the HSA HSPBA bargaining committee. In addition, on very short notice, two members were not able to serve on the committee due to personal circumstances.

I took on the role of chair for the working meeting, and extend my deep gratitude to every member who, in spite of the many last-minute arrangements to accommodate the circumstances, participated throughout the course of three long virtual meeting days. Every resolution was thoroughly discussed, and the level of debate, thoughtfulness, and consideration for each other was an inspiration and reminder of the professionalism and respect it takes for committees to work successfully. Thank you also to our staff support, Miriam Sobrino and Pattie McCormack, who kept us on track and

our efforts organized.

The HSA constitution states that "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."

When resolutions are received they are reviewed to ensure that:

- the "whereas" statements are statements of fact;
- the "therefore be it resolved" is a statement that stands alone and provides direction to the union as to what is to be achieved; and
- the resolution is no more than 150 words (constitutional resolutions have no word limit).

When considering similar resolutions, the Committee may choose to amalgamate resolutions in to composite resolution, amend resolutions, or assign one resolution to cover others addressing the same issues and desired action.

For each resolution the Committee considered 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?

This year 130 resolutions were submitted from 30 different chapters and union committees. Guided by policy, the committee deemed 19 of these out of order. A number exceeded the allowable word count and seven were bargaining related. The committee amalgamated 15 resolutions into four composite resolutions, and identified a number that were covered by more than one chapter's resolution. In total, 85 resolutions are being taken forward to convention for debate.

The Resolutions Committee takes its work on behalf of the membership very seriously. There was considerable debate on each resolution. As needed, further research was done, or the submitting chapter was contacted for clarification. Once all the factors were considered and all the committee members had the opportunity to discuss the resolution, the committee voted on whether or not it supported the resolution. The outcome of each is published in the Resolutions Booklet.

Finally, committee members developed rationales that reflect the discussion we had that resulted in the Committee's recommendation on each resolution. Those rationales will be read out to convention delegates when the resolutions are presented for debate and decision.

A straight majority vote of the delegates is required to pass policy resolutions. Resolutions to change the union's constitution require a two-thirds majority vote to pass. Resolutions approved by convention take effect upon adjournment of the convention unless otherwise specified.

Thank you so much to all the committee members for their work to prepare the resolutions for convention. I know that all of us look forward to the debate and discussion by delegates on the many important issues

raised through these resolutions.

Respectfully submitted,
Becky Packer, Secretary Treasurer and
Region 1 Director
on behalf of the committee:

Janice Morrison, Vice President
Becky Packer, Board of Directors
Kane Tse, President
Andrew Duarte, Region 1
Brooke Carter, Region 2
Alyson Martel, Region 3
Laura Greenwood, Region 4
Arslan Butt, Region 5
Nancy Hay, Region 6
Nicole Leduc, Region 8
Gina Sanche, Region 9
Mandi Ayers, Region 10

*due to the short notice resignation of the Region 7 member-at-large, an alternate was not available in time for the working meeting.

Report of the Committee on Equality and Social Action

Every year, the Committee on Equality and Social Action (CESA) hears from dozens of organizations working to deliver vital services, education, advocacy and support on behalf of vulnerable people in BC. In the fall, CESA members gather to hear short presentations from groups applying for support through HSA's Equality and Social Action Fund. The CESA Fund is based on 0.6% of total HSA revenue, as per Resolution #27 passed at the 2012 HSA Convention.

This year, HSA provided \$132,280 for disbursement through the Fund, and the Committee received 36 requests for funding. The requests, totaling \$215,503, far exceeded the budget, so tough choices, as always, needed to be made. Committee members examined applications and materials submitted, and on November 8-10 of 2021 gathered for a virtual meeting in which presentations were delivered by representatives of each group.

The criteria used to determine successful recipients are as follows:

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

Committee members worked diligently to

assess the work of each group and make funding choices in support of Fund policy. The Committee creatively stretched out every dollar to ensure that as many community organizations as possible could be supported. The Committee stands proudly in solidarity knowing that the money will make a significant positive difference to the most vulnerable people in our society.

Following the union's regular practice, the Committee presented to the Board their recommendations on these requests, and the Board granted approval.

Social Justice Day

Social Justice Day is observed each year on February 20, and to help support this important event CESA recommended a number of important topics for a workshop led by HSA's Education Committee and staff. This workshop was held February 17 over Webex. CESA members were in attendance for the interactive session which included breakout discussion groups and an opportunity to hear from people with lived experience and expertise.

The agenda for this day-long session was facilitated by Kelly Terbasket and Denise Lecoy from kinSHIFT, an Indigenous-led social enterprise initiative supporting settlers to gain the knowledge and skills to cultivate respectful relationships with Indigenous peoples and places. The workshop focused on issues of reconciliation and explored the difficult issues arising from the legacy of

Canada's residential school system.

Respectfully submitted,
Cherylee Hylands, Chair, Region 8 Director
Mandi Ayers, Region 10 Director
Nicole McIntosh, Region 6 Member at Large
Tonya Harford, Region 3 Member at Large
Hanif Mithani, Region 3 Member at Large

Projects Funded by CESA in 2021:

Vancouver Co-Operative Radio	\$2,480
Living Wage for Families	\$3,000
Story Money Impact	\$3,000
Autism Support Network Society of BC	\$3,000
Great Van GoGos	\$500
Sher Vancouver	\$1,000
Richmond Women's Resource Centre	\$4,000
Union Protein Project	\$5,000
West Coast LEAF	\$3,000
Refugee Livelihood Lab RADIUS (Health Promotion Lab)	\$4,000
BC Civil Liberties	\$2,500
Sierra Club BC	\$5,000
First Call Child and Youth Advocacy Society	\$2,000
Project Somos	\$4,000
Castlegar and District Services Society	\$7,000
Haqq Education and Referral Services Foundation (HERS)	\$3,000
BC Society of Transitions Houses	\$4,500
Seniors' Services Society	\$10,000
Camp Jubilee	\$5,000
CoDevelopment Canada (\$14,000 donation set by Convention)	\$14,000
YWCA Metro Vancouver	\$5,000
Ann Davis Transition Society	\$7,500
Downtown Eastside SRO Collaborative	\$3,800
Downtown Eastside Women's Centre	\$4,000
Positive Living North	\$5,000
Together Against Poverty Society (TAPS)	\$5,000
Penticton and Area Access Centre	\$6,000
Single Mothers Alliance	\$7,000
Mom2Mom Child Poverty Initiative Society	\$3,000
Total Donations	\$132,280

Report of the Education Committee

Training

The committee prepared workshop recommendations for the budget year. The Education Officers, Sharon Geoghegan, John Hindle (now working in the servicing department) and Jennifer Brandt, have been offering numerous training sessions for our members throughout 2021.

They provided the following training:

- 934 members took training (all courses)
- 52 members took Occupational Health and Safety Training
- 87 members took Basic Steward Training
- 177 members took Diversity workshops

The Education Department is moving to a hybrid model where some courses will be offered in person at the HSA office in New Westminster, and some online.

CLC Winter School

The Canadian Labour Congress 2022 Winter School was cancelled due to the pandemic. Unfortunately, four HSA members who won HSA scholarships and one HSA member who won the Community Savings Credit Union Scholarship were unable to take advantage of this fantastic educational opportunity. The committee recommended that this year's recipients be prioritized for next year, with the funds restricted from the surplus and held.

Summer Institute for Union Women and Camp Jubilee for Young Workers

Both were cancelled due to COVID-19.

Pension Seminars

MPP offered these seminars in-person before the pandemic, and began offering online webinars and self-directed courses in the summer of 2021. HSA members can take two seminars, Approaching Retirement and Making the Most of Your Pension. Members can review MPP's online courses and webinars on the MPP website at mpp.pensionsbc.ca.

Stewards wishing to organize an online webinar for members at their sites are asked to contact HSA Education at education@hsabc.org to set up a time.

Madden Memorial Fund

The Madden Memorial Fund was established in 1984 to promote HSA member participation in external labour education programs. The fund covers registration, transportation, accommodation, meals and dependent care along with one day's pay. The policy provided for a maximum amount of up to \$800 per member per year.

The Education Committee recommended to the board the maximum allowable per member per year be increased to \$1000, and this recommendation was accepted.

Scholarships and Bursaries

The Education Committee met for three days in February to review applications and recommend recipients of the following HSA awards:

- 10 x \$1500 Scholarships for Full-Time Students
- 20 X \$1500 Bursaries for Full-Time Students
- 4 X \$750 Bursaries for Part-Time Students
- 2 X \$1500 Bursaries for Full-Time Indigenous Students

This year, we received 190 applications for the 36 financial awards, and the most applications received were for scholarships. The committee's recommendations have been sent to the board for approval and the recipients will be notified in May 2022.

Respectfully submitted,
Cherylee Hylands, Chair, Region 8 Director
Becky Packer, Region 1 Director
Laura Johnson, Region 1 Member at Large
Ramzan Anjum, Region 5 Member at Large
Lorna Henschke, Region 9 Member at Large

Report of the Occupational Health and Safety Committee

Once again, the COVID 19 pandemic served as the top issue in Occupational Health and Safety (OHS) for the members of the Health Sciences Association. Pandemic issues such as respirator access, Point of Care Risk assessment, and vaccinations dominated the landscape in health care and community social services. Outside of the pandemic there were a number of important issues including work-related violence, the creation of new OHS organizations, bargaining, and changes in committee structure.

In the 2020-2021 year the OHS committee held all meetings via Webex. Of the scheduled meetings one meeting was cancelled because of personal reasons, and one meeting failed to achieve quorum. The focus with the committee has been joint occupational health and safety (JOHS) committee changes, violence, psychological health and safety, the new OHS organizations, education, and training in OHS, as well as updates related to COVID-19.

JOHS Committee Changes

JOHS committee changes have been a focus on a number of different fronts. In the past year a new committee structure has been approved for Vancouver General Hospital, which has been presented as a model throughout Vancouver Coastal Health. There has also been growth in the Provincial Health Services Authority-managed lab sites throughout the lower mainland consolidated sites and their development of employer-based JOHS committees. A third front of this

has evolved in the Vancouver Island Health Authority with the formation of a number of site-based JOHS committees, replacing a large regional committee in public health. There is also now a fourth front developing with an application by Vancouver Coastal Health to create department-based committees for medical imaging in the lower mainland. These committees are continuing a trend started by the Fraser Health Authority with employer-based committees in pharmacy, and by Providence Health with biomedical technologists.

The committee has responded to the changing nature of JOHS committee structures by opening discussions on the selection of JOHS committee members and OHS stewards. The committee has proposed an amendment to the HSA constitution which would begin the change process by clarifying the election and selection of OHS stewards and JOHS committee members.

New OHS Organizations

The OHS committee has been kept informed about the development of HSA's two formal safety organizations. The union is part of the new BC Health Care Occupational Health and Safety Society as well as the new Community Social Services Safety Association. Both organizations are in various states of development.

The society, which goes under the name SWITCH BC (Safety, Well-being, Innovation, Training and Collaboration in Healthcare),

consists of representatives from the healthcare bargaining associations, the health authorities, Doctors of BC, Health Employers Association of BC, and observers from WorkSafeBC, and the Ministry of Health. HSA is represented by David Durning on the board of directors and Mike Wisla on the technical advisory committee.

HSA has also been involved in the formation of the Community Social Services Safety Association. This association is still in its infancy and will serve as a health and safety association for the CSS sector. Membership on this board consists of union representatives from HSA, HEU, and BCGEU, as well as employers from the unionized and non-union sectors, along with WorkSafeBC and Community Social Services Employers' Association.

HSA was represented by Colin Brehaut on the Community Social Services Health and Safety Council that worked to develop the structure of the new association, including the constitution and bylaws. Nina Hansen has represented HSA on the council's advisory panel.

Work-Related Violence

Work-related violence continues to be a major source of worker injuries in the health care and social services sector. HSA has been involved in consultations with WorkSafeBC on their high-risk strategies initiative involving violence, as well as ergonomics, and COVID 19.

We have also taken a leadership role on the BC Federation of Labour's working group with respect to the WorkSafeBC stakeholder consultations for the proposed regulatory changes to bring bullying, harassment, and violence under one regulation and make improvements to the current provisions.

HSA OHS staff participate in all the regional health authority violence committees.

Psychological Health and Safety

The OHS committee has been briefed throughout the year on the developments in psychological health and safety.

Committee members and OHS staff have served as representatives at various levels of psychological health and safety committees. Derrick Hoyt, along with David Durning and Mike Wisla, served as members of the provincial psychological health and safety committee as led by the Ministry of Health. Subcommittees and working groups of this committee have been attended by Mike Wisla and Nina Hansen. This committee has been dissolved over the past year, as the ministry is transferring the control of this committee to the OHS Society.

Part of the mandate for this committee was the administration of a province-wide assessment, Guarding Minds at Work. After two years in development this test was cancelled by the leadership of the health authorities.

Education

The OHS committee worked to help the development of educational opportunities in occupational health and safety for HSA members.

The committee recommended the development of advanced coursework in occupational health and safety. Occupational Health and Safety Advanced was approved, developed, and piloted by remote delivery this past year. Plans are in place for the development of additional advanced courses, providing more depth for experienced OHS stewards. The committee has also been involved in the planning of the biennial OHS conference and the 2022 conference is planned for Vancouver on June 13-14.

Other Work

Other OHS Committee work includes participation in the psychological health and safety committees in most health authorities, and we note the leadership of OHS committee member Marg Beddis as co-chair of this committee for the Fraser Health Authority.

The OHS committee has been kept informed of changes to health and safety information related to the COVID-19 pandemic. This has included the changes to the provincial guideline for personal protective equipment (PPE), updates on local policy changes, and changes implemented by WorkSafeBC regarding COVID-19 exposure control and safety plans.

The committee also reviewed the member survey results on workload and point-of-care risk assessment that has helped formulate HSA actions related to our members' access to appropriate PPE during the pandemic.

The OHS committee would like to thank all the front-line OHS stewards and JOHS committee members for their work for the members' health and safety, especially for their efforts in these most difficult times.

Finally, I want to recognize the work of former Region 2 Director Derrick Hoyt, who retired this year. He was a long-time member of the committee and active in his health authority and work site on OHS issues.

Respectfully submitted,
Cherylee Hylands, Chair, Region 8 Director
Donna Barker, Region 6 Member at Large
Marg Beddis, Region 7 Member at Large

Report of the Political Action Committee

The Political Action Committee (PAC) supports the involvement of HSA members in political action activities and campaigns. It oversees the use of HSA's Political Action Fund, supports the work of the Constituency Liaisons and Labour Council delegates, and looks for opportunities to engage HSA members in political action to support issues of importance to them.

2021 was another year of novel challenges as we continue grappling with the impacts of the ongoing pandemic, both for health care workers and the wider community.

We live in increasingly volatile times and as the importance of PAC's work has increased, so has the number of challenges addressed. PAC has met three times since the last convention, and a brief overview of this work is as follows.

Presumptive Coverage and Shortages

Launched in 2019, HSA's campaign to have the whole team of health care and community social service professionals covered under WorkSafeBC's mental health presumptive coverage continues in 2022.

Under the presumptive coverage clause, when a worker from an eligible occupation receives a formal diagnosis of PTSD or another mental health disorder as a result of a work-related traumatic event or events, it is easier to advance a Workers Compensation claim. This reduces stress for workers, encourages them to get help when they need

it, and removes onerous bureaucratic steps. We know that the faster someone seeks help, the faster they recover and the faster they are back at work.

The union continues to advocate for this coverage through direct government relations, both through the ongoing work of the Constituency Liaisons, who meet with MLAs representing all BC political parties, and through the union's senior executive and government relations team, who have met with relevant Cabinet Ministers to discuss the importance of this issue. HSA is committed to staying on this issue as we move into the next stages of the global pandemic. HSA's Constituency Liaison (CL) program trains and supports HSA members to lobby their local MLAs on policy issues important to HSA members.

The issue of severe and worsening shortages in many health science professions is of course inextricably linked to presumptive coverage and pandemic management, and has been a major focus of the CL program and the union's direct government relations. The issue has also been highlighted by a powerful new ad broadcast across the province as the union laid the groundwork for bargaining.

Labour Councils

Augmenting the important work of PAC and the Constituency Liaisons are the many HSA members who serve on local labour councils. This team continues to grow, with more of our delegates taking on leadership roles

and helping advance the work of the labour movement in their communities. A big thank you to all our labour council delegates for the time and energy they put into this work on behalf of HSA.

If you would like to get involved with the Constituency Liaison program or serve on your local labour council, get in touch through info@hsabc.org.

Federal Politics

Canadians went to the polls on September 20, 2021 to vote in a federal election – the second pandemic election for BC voters. HSA engaged members by providing critical information about voting requirements and voting dates, and shared resources and analysis on the platforms of the major political parties.

Beyond encouraging members to vote in the election, HSA engaged members throughout the campaign, ensuring that members had accurate voting information and access to the platforms and positions of the main political parties. HSA reached out to members via text message, along with the more traditional methods of email and social media. Based on convention resolutions and subsequent discussion, PAC agreed the three areas of focus should be Pharmacare, child care, and climate action. HSA members Laura Dupont and Sonia Andhi ran as candidates in the federal election. Sonia, a PAC member who ran as the NDP candidate in Surrey Central, shared her experience with the committee.

Political Action Fund (PAF)

Through the Political Action Fund, PAC continues to support the important work of the BC Health Coalition and provide HSA members with opportunities to develop their skills.

Each year PAC provides one member with a full scholarship to attend the Canadian Labour Congress Winter School, taking a course

focused on political action. This year the committee awarded the scholarship to Morag Kydd, who had planned on attending the Member Engagement, Member Action course. PAC also awarded two \$500 grants to Kris Lally and Kelsey Oxley, to help them attend Winter School. Both members received a bursary from their labour council, and the PAF award would also help off-set other expenses that arise from attending the week-long program. Unfortunately, in the end, Winter School was cancelled this year.

PAC has continued its work to increase awareness of the Political Action Fund to ensure all members are aware of this important work in community-based political activism and education.

It was a pleasure collaborating with Members-at-Large Gina, Sonia, and Ian as well as having staff support provided by Jaime, David and Pattie. Thank you to the entire committee for your work and commitment!

Respectfully submitted,
Jing-Yi Ng and Jas Giddha
co-Chairs, Political Action Committee

Jing-Yi Ng, co-Chair and Director, Region 3
Jas Giddha, co-Chair and Director, Region 7
Gina Choe, Region 5 Member-at-Large
Sonia Andhi, Region 7 Member-at-Large
Ian Taylor, Region 8 Member-at-Large
Jaime Matten, Staff (through January)
David Bieber, Staff (January to March)
Pattie McCormack, Senior Administrative Assistant

Report of the Women's Committee

The mandate of the women's committee is to: advocate for women's leadership in HSA, the union movement, and our communities; increase and support women's active participation in the union; and promote women's economic and social justice issues, labour solidarity, and equality.

This year's committee consisted of myself, Tara Chen (Region 6 Director), Christine Ambrose (Region 2 Member at Large), Glenda Burrows (Region 6 Member at Large), and Candis Johnson (Region 10 Member at Large). Both Tara and Glenda resigned from the committee in early 2022 due to personal reasons.

The committee is looking at ways to encourage women to become more involved in the union. As a union that is approximately 85 % women, it became apparent that we still need to work on this issue during the last presidential election. We had six candidates: five men and one woman. This is not reflective of our membership. It is a good reminder that women face more barriers to political participation, and we have to be cognizant of this and continue to find ways to encourage and support women to be involved in the leadership of HSA.

The gendered impact of the COVID-19 pandemic will come as no surprise to anyone. Statistics show that women have borne the brunt of the burdens caused by the pandemic. It is women who have primarily been negatively impacted by issues such as childcare and economic hardships.

Another generation of women will have to wait for gender parity, according to the [World Economic Forum's Global Gender Gap Report 2021](#). As the impact of the COVID-19 pandemic continues, the timeline for closing the global gender gap has increased by a generation from 99.5 years to 135.6 years.

A report from the Canadian Women's Foundation: [Resetting Normal: Lessons from the Pandemic/Building Intersectional Gender Justice in Post-pandemic Canada](#) looks at the flaws in our Canadian society that the pandemic highlighted and what actions are necessary to make a more just society for the future.

Another threat to gender equality in Canada has been the rise of the alt-right, as highlighted in the report by the [Canadian Institute for the Advancement of Women, The Rise of the Alt-right in Canada: A feminist analysis.](#)

The Covid pandemic precautions have also enabled the incidences of intimate partner violence to surge. The committee will be looking at ways to help stewards to understand and recognize and the impacts of intimate partner violence so they can support our members who may be experiencing it.

The theme for this year's International Women's Day workshop was "Women and the Pandemic – Impacts on Work, Health and Recovery". Approximately 30 attendees listened to speakers provided in conjunction

with the BC Women's Health Foundation on the health impacts of the pandemic and how legislation can have an impact on recovery from the pandemic.

We also had a speaker from Unite Here Local 40 introduce their BC Unequal Women campaign. This campaign highlights the unfair treatment of workers in the hospitality industry, who are primarily women of colour. Women who have worked at unionized hotels were laid off early in the pandemic and not recalled to their jobs as the hospitality industry opened back up. Please take time to visit <https://www.bcunequalwomen.org/> to sign the petition and search the BC travel alert to ensure the hotels you are patronizing aren't treating women unfairly. We are very happy to verify that the union's convention hotel, the Hyatt Regency Vancouver, is a fair employer.

As we hopefully come out of the pandemic the HSA Women's Committee and all HSA members can't lose sight to the work that still needs to be done to promote gender equality.

Respectfully submitted,
Mandi Ayers, Chair, Region 10 Director
Christine Ambrose, Region 2 Member at Large
Candis Johnson, Region 10 Member at Large

Report of the Young Workers Advisory Group

It has been a busy second year for the Young Workers Advisory Group (YWAG). In year two, we've continued to meet and connect using online communication. We've honed in on using digital tools to make sure we met regularly to focus the aims of the YWAG and to plan young worker outreach throughout the year.

The Young Worker Advisory Group is comprised of five young worker representatives from various regions appointed by the union's executive committee through an expression of interest. Over 1/3 of our union membership is young workers. YWAG works together to organize around issues facing young workers and build member engagement between young workers both within our HSA membership and across the broader labour movement and communities.

It has been difficult to connect with members as the COVID pandemic hit shortly after YWAG was created, but we continue to grow despite numerous barriers. We are very proud that 78 new young worker stewards have been elected since the 2021 convention, bringing our total to 177! We also have a total of 7 Constituency Liaisons, 3 Labour Council Delegates, 3 Regional Directors, and 1 Member At Large who are young workers, and a young worker is currently participating in HSA's Climate Action Working Group.

Another layer of work that the YWAG does is submitting recommendations to the HSA Board of Directors for consideration. This

year a recommendation was made to stand in solidarity with the Indian farmers' protests, alongside our labour movement partners from the National Union of Public General Employees (NUPGE) and the BC Federation of Labour (BCFED). HSA members, including members of YWAG, participated in a letter writing campaign to Members of Parliament, attended rallies, and raised awareness through social media. The Indian Farmers' protest was the largest labour strike ever to happen in the world and lasted a full year. We are glad to see that as a result of this movement, the Indian government repealed the bills that favoured big corporations and stripped farmers of their rights.

In the fall, HSA presented a young worker education session with 30 participants. The workshop was facilitated by young workers from the Prairie Youth Radical Organizing School who provided training on how to organize together to address our most pressing challenges such as inequality, oppression, and climate change.

One month later, 22 HSA young workers came together for a day-long virtual forum hosted by the YWAG. We got to know each other while we learned about our union and different ways we can become more involved. We discussed the importance of issues like affordability, housing, education, work life balance, mental health, occupational health and safety, and how we can join together to take action on these issues.

In the year ahead we would like to refocus

on engaging with HSA young workers and allies. We plan to continue building HSA young worker representation with our provincial and national affiliate labour federations, including the National Union of Public General Employees (NUPGE), the Canadian Labour Congress (CLC) and the BC Federation of Labour (BCFED). In November, we participated in a NUPGE video conference dedicated to young workers. We have an HSA member representative who participates actively on the BCFED Young Workers Committee, but we are always looking for more members to get involved!

The Young Worker Advisory Group looks forward to building further on the work accomplished over the last two years. Young workers are keen to be more involved to bring positive change in our union, the labour movement, and across communities. We would like to hear from other young workers on issues and ideas on how to make our union better. We encourage members who would like to learn more about what we do and how to get involved to please reach out to us at info@hsabc.org

In Solidarity,
Jas Giddha, Chair, Region 7 Director
Alexandria Walenciak, Region 1
Karen Sandhu, Region 4
Gordon Ling, Region 10
Christopher Tan, Region 10

Report of the Climate Action Working Group

HSA formed the Climate Action Working Group (CAWG) in response to a composite resolution passed at the union's 2020 convention. The current participants are Janice Morrison (Region 9 Director, Chair), Alexandria Walenciak (YWAG), Sonia Andhi (PAC), Ramzan Anjum (Education) and Mandi Ayers (CESA).

This year's CAWG has continued to follow up on the great work plan developed by the inaugural working group, reviewing the operations of the union through the lens of climate change and contemplating how to best inform and motivate our members to be involved.

The CAWG meets virtually, not only due to COVID-19 but as part of our commitment to reduce our travel-related greenhouse gas emissions.

Heat domes, atmospheric rivers, wildfires, and floods. Over the past year we have all felt the impacts of climate change, both personally and professionally. The need for action is imperative. All levels of government need to develop strong mitigation and action plans, and a just transition for workers and marginalized groups. As individuals, we need to be pushing governments to implement these plans, but we also need to look inward to ensure we are making the best decisions we can to minimize our personal climate impact.

Ongoing Tasks

HSA continues to conduct an annual climate audit and the working group is now investigating the potential purchase of carbon offsets to mitigate our greenhouse gas emissions. We have seen our union's emissions decrease over the past two years, due to COVID-19, and we will be looking closely at the numbers over the next two years as we return to the office and staff return to travelling to service the members.

The print run of The Report magazine will be reduced, and many members have switched to a paperless subscription. The union's staff are looking at a new strategy for engaging members with fewer print materials. The union has also moved to purchase only non-plastic swag items wherever possible; new items (such as lip balm in a metal tin) have proved to be popular with members.

HSA is working with the broader labour movement to promote climate action. Right now, this looks like participating in the BC Federation of Labour's newly formed Climate Change Standing Committee, which is currently developing its terms of reference, as well as NUPGE's Advisory Committee on the Environment (ACE). Both committees are working on a variety of issues, but it is heartening to a shared focus on a Just Transition. It is important that workers are included in the transition to a cleaner economy.

Did You Know?

HSA participates in the City of New Westminster's Solar Garden. We own ten panels in the array, and twice a year we get a credit on our bill for the electricity they generate. Since joining the program in 2018 we have earned a credit of \$700.38. For more information, check out www.energysavenewwest.ca.

HSA also has two electric vehicle charging stations in our underground parking area for use by staff and members, along with secure bike storage and end of trip facilities for those pursuing active transportation options.

Last year, our Finance Committee changed investment managers to Genus Investments to bring our investments in line with members' climate concerns. We are now investing in fossil-free funds and companies with strong environmental, social, and governance policies.

Looking for a Good Read?

Seth Klein, who is a familiar name to many due to his years of work with the Canadian Centre for Policy Alternatives, has penned a book. His publication is called *A Good War: Mobilizing Canada for the Climate Emergency*. It is available as an e-book and may be a free download depending on the e-reader you own. The book is also available at BC public libraries.

Individual Action

The CAWG has adopted as guiding principles in our work the United Nations Sustainable Development Goals. These are a collection of 17 interlinked global goals designed to be a blueprint to achieve a better and more sustainable future for all. It is important that we all takes steps to reduce our carbon footprint and improve the current global condition. As a committee we have tasked each other to "adopt" one or more of these

goals personally and take action towards them. We now ask HSA members to review the [Good Life Goals](#) and consider adopting one or more.

Once again I would like to thank the members of the CAWG for their time, commitment and thoughtful discussions. The group also acknowledges the invaluable assistance of Katie Riecken of the HSA communications department.

Respectfully Submitted,

Janice Morrison, Chair, Region 9 Director
Mandi Ayers, Region 10 Director
Alexandria Walenciak, Region 1
Sonia Andhi, Region 7
Ramzan Anjum, Region 5



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

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This annual report was produced on the unceded homelands of the Qayqayt First Nation and printed in Richmond, BC, on the unceded territories of the Kwantlen, Tsawwassen, Stó:ló, Stz'uminus, and Musqueam peoples. Unceded means that Aboriginal title to this land has never been surrendered or relinquished.

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

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