

2014 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



ON THE COVER

Adesh Kahlon, ultrasonographer

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AGENDA

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

THURSDAY, APRIL 10, 2014

PRE-CONVENTION PLENARY AND MEETINGS

- 8:00 AM Registration
- 12:00 PM New Delegates Luncheon
- 1:00 PM Plenary Session
- 4:00 PM Regional Meetings
- 5:00-7:00 PM Regional Meeting Dinners
- 7:15 PM Movie: *"These were the reasons..."*
Sponsored by CESA and HSA Women's Committee

FRIDAY, APRIL 11, 2014

CONVENTION SESSIONS

- 8:00 AM Registration
- 8:30 AM Call to Order
 - Credentials Report
 - Diversity Awareness and Anti-Harassment Statement
 - Adoption of Rules of Order
 - Adoption of Agenda
 - Adoption of Minutes of 2013 Convention
- 9:00 AM President's Report
- 9:30 AM Elections Committee Report
 - Resolutions Committee Report
 - Finance Committee Report
- 11:00 AM Guest Speaker
 - Sarah Laslett
Director, Washington State Labour Education and Research Center
- 11:30 AM Resolutions Committee
- 12:00 PM Lunch

- 1:30 PM Guest Speaker
Jim Sinclair, President, BC Federation of Labour
- 2:00 PM Committee for Equality and Social Action Report
Resolutions Committee
- 3:00 PM Guest Speaker
James Clancy, President, National Union of Public and General Employees
- 3:15 PM Occupational Health and Safety Committee Report
Resolutions Committee
- 5:00 PM Adjournment
- 6:00 PM Reception
- 7:00 PM Convention Banquet and Entertainment

SATURDAY, APRIL 12, 2014

CONVENTION SESSIONS

- 8:30 AM Call to Order
Credentials Report
Election of President
Women's Committee Report
Education Committee Report
Resolutions Committee
- 11:15 AM Election (Trials Committee)
- 12:00 PM Lunch
- 1:30 PM Guest Speaker
Amber Hockin, Regional Director, Canadian Labour Congress
Election Results
Political Action Committee Report
Resolutions Committee
Good and Welfare
- 4:00 PM Convention Adjournment





Danielle Garden, registered psychiatric nurse

EXECUTIVE REPORTS

REPORT OF THE PRESIDENT

HSA rose to the challenges of the past year

On behalf of the Board of Directors, it is my pleasure to present to you the 2014 Annual Report.

It has, without question, been a busy year for HSA.

In April last year, we left the annual convention with work to do on a number of fronts. First up was a provincial election. The union's political action fund helped support a number of members working on the election, continuing our conscious commitment to increase awareness about HSA and the work of our members among decision makers, and to play a role in the political system.

Against all conventional thinking and expectation, the BC Liberal government was re-elected with a majority. It was clear on so many fronts, including operationally, that they hadn't expected to be in that position.

The people of BC made a clear choice that day in May, and from the outset, HSA was prepared to work constructively with the government.

In the wake of the government's re-election, HSA and other public sector unions were quietly approached by employer groups and government to consider entering into early bargaining, in advance of

the expiry of the 2012-2014 collective agreements.

We believed we had an obligation to our members to accept the invitation to bargain and find ways to negotiate contracts that would bring stability and certainty for members working to deliver the services British Columbians count on.

Our members were experiencing real issues, frustrations, and loss as a result of some elements of the 2012-2014 HSPBA collective agreement. With government developing an appetite for settlements, we entertained the approach and entered into those talks with a view to addressing some of the problems arising from that contract.

In that previous round of bargaining, government had been working hard to try to provoke labour strife, as it desperately looked for ways to stop its death spiral in the polls.

As the recent court decision against BC's teachers shows, government had a deliberate strategy to try to provoke a strike in the public sector in order to turn voters against unions.

And there is no doubt that was the strategy. It was the strategy they brought to health science professionals table in December 2012. As chair of the

As chair of the HSPBA Bargaining Committee, I witnessed the employers' bargaining association be swept aside from the bargaining table by government negotiators who slapped down a provocative government-concocted offer with a "take it or leave it" ultimatum. Thanks. We'll leave it, we said.

HSPBA Bargaining Committee, I witnessed the employers' bargaining association be swept aside from the bargaining table by government negotiators who slapped down a provocative government-concocted offer with a "take it or leave it" ultimatum. Thanks. We'll leave it, we said.

We didn't bite, and we stepped calmly away from the table, and pulled back on the measured strike activity we had been involved in. There was no way we were going to be bullied into a strike to give the government any public support for imposing a contract. Reading the details of the government's strategy in court documents from the BCTF more than a year later brought back all the memories of that battle, and reinforces for me that we took the right position defending our right to bargain collectively and without



Val Avery

threat.

The government's unexpected re-election last May appears to have come with the recognition that labour peace cannot be imposed, but negotiated. We entered into the early negotiations and were able to negotiate a five-year agreement that won the support of members, and that gives us an opportunity to focus on upholding the collective agreement language and representing members rather than just focus on bargaining. Similar agreements followed in community social services and community health, as well as in the direct government service sector (BCGEU).

Against the background of these negotiations

through 2013, we continued to work full tilt on a number of fronts: the 37.5 hour work week grievance, negotiating essential services, and the flu prevention policy grievance. These issues are outlined in more detail by Jeanne Meyers, Executive Director, Legal and Labour Relations, in her report.

We also knew coming out of the 2013 convention that we had an unprecedented challenge to the union with the concerted raid campaign by the BC Nurses Union and the Union of Psychiatric Nurses, who were mounting a campaign to take registered psychiatric nurses out of HSA and put them into those unions.

After months of tireless work by RPNs, many stewards and HSA staff, we succeeded in defending against the raid at most facilities. Members told us it was important to them to be represented by a union that understands the unique needs of RPNs and their role in the delivery of health care. It was also important to our RPNs that their union have the resources to support them in labour relations disputes, matters involving their college, and on occupational health and safety, disability management, and related issues.

What we learned from that defence against the raid is that we all have a responsibility to listen to and engage with each other – as union members, as colleagues, and as members of a broader health care team. For me and for your Board of Directors, that means finding ways at all levels of the union to remind ourselves of the importance of solidarity and to practice solidarity every day – whether it's as a steward representing a member in a labour relations conflict, identifying an occupational hazard when we see it, or speaking up when we see an injustice in our community.

In September, I took over as president of HSA when we experienced a number of changes at the board.

Reid Johnson, who was elected president in 2007, and had been re-elected to a two-year term at the 2013 convention, decided over the summer that

he would not be able to continue in the position. As vice-president I stepped into the position to lead our union.

Reid was first elected to the board in 1997. In addition to serving on a number of HSA's committees, he was secretary-treasurer for three years. During his tenure as president, he worked to increase HSA's public profile and influence in the broader labour movement.

The Board of Directors wishes Reid well in all his future endeavours. During his tenure we experienced challenging issues and he helped the union navigate through those waters.

Region 5 Director Kimball Finigan also stepped off the board for personal reasons, and in the fall we held elections to fill the vacancies created. We welcomed Derrick Hoyt from Region 2 and John Christopherson from Region 5 to the Board of Directors.

Retiring from her job as a lab technologist at University Hospital of Northern BC and the Board of Directors is Heather Sapergia, who has been an important part of our board since first being elected in 2008. Keenly interested in occupational health and safety issues and a diligent constituency liaison in her region, she helped develop a strong awareness about HSA and the issues important to our members in the region. We will welcome Mandi Ayers, a lab technologist at Bulkley Valley District Hospital in Smithers, to the board in 2014. Elections are currently underway in Regions 2 (Lower Island) and 4 (Vancouver Coastal), and the representatives elected from those regions will return to or join the board along with Mandi in April.

When I stepped in as president in September, I used the opportunity to take a look at the work the union is doing for members. As a board member and vice-president, I had previously had responsibilities around governance of the union – ensuring that the members' dues are properly accounted for, and that the work of the board and committees is in the best interest of the members. Management of that work,

After months of tireless work by RPNs, many stewards and HSA staff, we succeeded in defending against the raid at most facilities.

by the staff we entrust to deliver the goods, is the role of the president. When I stepped in, I wanted a clear picture of where we are at, what the future holds, and how we are going to address the challenges of the future. To start the process, I instructed our senior staff to develop an operational plan for the 2014 year that includes an environmental scan and specific work plans to address the challenges and opportunities that present themselves.

That work is underway. And a part of that will be the development of a working strategic plan. Our last strategic plan covered a five-year span ending in 2013. When we went through strategic planning in 2009, we consulted members, activists and others about the union's work and focus. Out of that exercise came consensus that the statement of purpose under the union's constitution still holds true for our members. The next step is to go back to activists and members to get input to develop a strategic plan with measurable goals, objectives, and outcomes that we can look to as a guide to the work we do at all levels of the union.

With the completion of five-year agreements, we have a tremendous opportunity to plan for the future, examine our responsibilities as a union, and our role in the broader labour and social movements.

The labour movement is under attack right across

the country, and if we don't prepare now for the future, we do so at our own peril.

It's a reality that demands action. This past year, HSA – through our national union NUPGE – was involved in the initial stages of a grassroots-based campaign by the Canadian Labour Congress to engage union members to talk about the value of membership. The CLC Campaign, Together Fairness Works goes hand in hand with NUPGE's All Together Now campaign, similarly aimed at motivating members to talk with their colleagues about the importance of unions. We have to be able to understand and be able to talk about those values amongst ourselves if we are going to be able to get the broader community to understand and support those values – and recognize that unions are the key to fairness and equity in our society.

And let there be no doubt that we have challenges ahead.

This spring marked the end of the federal transfer system – from needs-based to per-capita based. The impact will be felt in the delivery of health and social services. The cost of health care and social programs doesn't slow, it grows. Without a plan to ensure our federal system works for all Canadians, the impact will be devastating, and has already been felt as services are eroded in anticipation of the lost funding.

And while we see the erosion of services continuing, we know that the pressure continues to build from private health care providers and profiteers. As you know, Dr. Brian Day, owner of Vancouver's for-profit Cambie Surgery Centre and the leading proponent of privatized health care, has launched a constitutional challenge to break Medicare via the courts and establish a US-style system in Canada.

Parties in the case, including the BC government, are calling this the most significant constitutional challenge in Canadian history.

This case goes to trial in 2014 in BC's Supreme Court. The BC court level is our chance to make sure

this challenge is defeated. By the time the case makes it to the Supreme Court of Canada it will be too late.

This case has potentially very big implications for workers and the labour movement – including the direct impact on health care workers, and creating a system where unions would have to negotiate additional health care coverage with employers as in the US.

The BC Health Coalition and Canadian Doctors for Medicare are interveners in this case. As a supporter of the BC Health Coalition, and the primary funder to date for the ongoing legal case, HSA is participating directly in court to defend Medicare. And although this case has been launched in BC, it will almost certainly advance to the Supreme Court of Canada.

That means the fate of Medicare will be in the hands of a Supreme Court dominated by Harper appointees. The Supreme Court's decision would apply across the country – and could be one that destroys Medicare in Canada.

This challenge aims to break Medicare in Canada by striking down provincial health legislation that limits the for-profit delivery of medically necessary services, claiming that these rules violate the Canadian Charter of Rights and Freedoms.

And there are more changes to the delivery of health care services coming. In February, the BC government introduced Bill 7, legislation paving the way for an overhaul of one of the critical aspects of health care diagnostics – laboratory services. The legislation leaves it to the Minister of Health's discretion to decide on the best way to deliver the services. The challenge for us is to make the case strongly that the best way is still through publicly-funded and accessible delivery. It is important that HSA be well-positioned to make the case for timely access and quality service for patients. To ensure we are well-informed and responsive to the government's examination of the system, I have instructed union staff to strike a reference group of HSA lab technologists

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from across the province to keep abreast of the issues and inform the union's response to the legislation and potential restructuring of services to ensure that we are a respected and authoritative voice for patients on this issue.

We are also seeing the effects of neglect on mental health services and the impact that has had on our communities, families, those of us who deliver the care, and the patients and clients who access our services. HSA was invited to join the Vancouver Mayor's Task Force on Mental Health and Addictions, and as this report was going to publication, HSA staff and a representative group of members working in the field of mental health were planning a public forum for March 31 to help steer our participation on that task force. The objective of the forum was to discuss the state of mental health services in the Lower Mainland, the growing challenges to our members who deliver the services, and to initiate a discussion about practices and solutions to address this ever-growing crisis.

At this year's convention, delegates will help set the agenda for the future. The challenge is to resist being drawn into chasing every rabbit down every rabbit hole, and to focus our resources and energies on what we do best as a union: delivering quality services to our members and protecting the work you

all do through concerted and focused efforts aimed at improving our worksites, the services our members deliver, and the communities we all live in.

It is your board's responsibility to ensure our union is working for us all to achieve those goals; to make sure that the dues you entrust us with are used to give members and activists who work for our members the skills we need to advocate for ourselves and for our colleagues.

We do that through the services union staff deliver: labour relations, legal, WCB, disability management, and occupational health and safety advocacy; union education to equip stewards; and government relations and public relations expertise to ensure the decision-makers know our issues and British Columbians understand the value of the services you provide.

As a board, we have a responsibility to our members and staff to ensure we have the tools we need to accomplish all our work. As has been reported in the past two Annual Reports, HSA has been short on space in our building on Joyce Street in Vancouver almost from the time we located there in 1998. Last year, we bought land in New Westminster and in the summer began to build a new stand-alone building, purpose-built to meet the needs of the union.

Construction continues on-time and on-budget for a move-in date of December 2014. For your Board of Directors, in consultation with senior staff, oversight of this project has been an important role, and I am pleased that through prudent financial management, and excellent project management, we are succeeding in increasing the value of our members' major asset – a critical element for long-term planning – and that we are doing so without any reduction in services, and no increased cost to members.

The work on all these fronts would not be possible without the commitment and professionalism of the HSA staff.

And I must acknowledge a tremendous loss experienced by staff, and members, this summer when


long-time staff member, and most recently Membership Services Coordinator for Labour Relations, Dave Martin, passed away in August.

Dave was a key member of our HSA staff. I personally had worked closely with Dave as a steward at the Royal Jubilee Hospital, later in the office as a member working in labour relations, and more recently on several bargaining committees. He brought experience, level-headedness and a keen understanding and pragmatic approach to labour relations. He was a strong mentor for members and staff, and he is sorely missed.

On a personal note, 2013 was a year of loss for me. Without the strong support of friends, family and my HSA family, including my colleagues at Royal Jubilee Hospital, and the caring and compassionate members of our Board of Directors and staff, the challenges of taking over as president mid-term may have felt insurmountable.

Without the stewards who step up to advocate for their colleagues, the HSA member representatives to joint occupational health and safety committees, the bargaining committee members, the members-at-large who work on union committees, the activists who represent HSA at their labour councils, the members who keep politicians up to speed on our issues, and the members who work day in and day out to provide quality health and social services in communities across BC, we would not be the strong union we are today.

I have spent all my adult life – since graduating as a physiotherapist from UBC – as a member of HSA and I know this union, and the individuals who make up this union, are incredibly important to the future of the services we all work so hard to deliver.

I look forward to seeing many of my HSA family at our upcoming convention, and to working together into the future. 

*Respectfully submitted,
Val Avery, President*

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

Hard-won success despite unprecedented difficulties

HSA faced bargaining pressures in a tough fiscal climate as well as raids by the BCNU and UPN in 2013. It is against that backdrop that all the work of the labour relations and legal services department was carried out throughout the year. I want to take this opportunity to thank the membership services coordinators and all labour relations and administrative support staff for their outstanding work on behalf of HSA members this year.

LEGAL DEPARTMENT

HSA counsel represent members before the Labour Relations Board, the Human Rights Tribunal, professional colleges and boards of arbitration. In addition to the two in-house counsel who provide daily legal advice and opinions to labour relations staff, HSA retains outside legal expertise to act for HSA or the Health Science Professionals Bargaining Association (HSPBA). HSA considers a number of factors before retaining outside legal counsel, including the urgency of the matter, the area of legal expertise required, and the current caseload of the staff lawyers.

In 2013, the legal department opened more than 60 new files, consisting of individual and policy grievances, complaints before professional/regulatory bodies, and human rights complaints. Twelve of the

case files sent to the department involved discipline (written warning, suspension or termination). There were three complaints against members to the member's professional college, one of which also gave rise to the termination of the member. HSA lawyers continued a strong record of achieving success through negotiation, arbitration, and mediation.

HSA made two applications to the Supreme Court of British Columbia for judicial review of lower tribunal decisions; one involving a decision of the umpire under the Nurses' Bargaining Association Articles of Association, and the other seeking reconsideration of the BCNU raiding applications.

The HSA legal department has been very closely involved in the last two rounds of bargaining and in the ongoing raid by the BCNU and the UPN of HSA's registered psychiatric nurses. Our in-house lawyers spent many hours in consultation with the HSA organizing team and many days at the Labour Relations Board fighting the raid applications. The non-stop barrage of raiding applications required a tremendous effort on the part of all departments within HSA and we are prepared to continue to fight these applications.

The flu vaccine policy grievance, filed on behalf of the HSPBA, was one of our most high profile arbitration cases in 2013. Both parties (union and

In 2013, the legal department opened more than 60 new files, consisting of individual and policy grievances, complaints before professional/regulatory bodies, and human rights complaints.

employer) retained some of the best scientific experts to make their cases. The expert medical evidence during the hearing indicated that immunization was beneficial for health care workers themselves, but was divided as to whether immunization of health care workers reduced transmission to patients. The evidence was similarly divided as to the utility of masking. In dismissing the grievance, Arbitrator Robert Diebolt held that a provincial government policy requiring health care workers to get a flu shot or wear a mask while caring for patients during flu season was a reasonable and valid exercise of the employer's management. With limited grounds for appeal and limited opportunity for successful appeal, we did not pursue this further.

Other grievance files, while perhaps less high



Jeanne Meyers

profile, are often complex in nature. We have seen great success in management of these files. Some of the issues we are dealing with on behalf of members are attempts by health authorities to pawn off the costs of service delivery to members by failing to pay travel expenses, mileage, and parking. We are seeing an increase in "pilot" projects where employers bypass the requirement to post positions as well as the failure to fill chief paramedical positions and to code up where no chief is present. We continue to see employers attempting to apply an "old" approach or practice to the special leave provisions of the Collective Agreement which was negotiated in

Preparations are well underway for moving forward to a joint-trust model of benefit governance and administration – just like we’ve had for the Municipal Pension Plan since 2001.

2010. There were several grievances flowing out of previous rounds of bargaining, and we have achieved some resolution to these issues through the extension of the collective agreement (Pharmacare tie-in, joint benefits review) and through arbitration (37.5 hour work week).

We anticipate that the relative stability achieved by a longer contract term should help to restore balance to not only the legal department but all departments within HSA.

PENSIONS AND BENEFITS

The pensions and benefits area was very active during the last year for HSA.

The transition from the work of the Joint Benefits Review Committee – deadlocked last May over how to find \$3.8 million in health and welfare savings – to a new agreement that will see the creation of a Joint Health Sciences Benefit Trust (“JHSBT”) was an intense eight-month negotiation process.

Preparations are well underway for moving forward to a joint-trust model of benefit governance and administration – just like we’ve had for the Municipal Pension Plan since 2001.

This work will be overseen by HSA’s in-house benefits expertise, supported by the necessary legal,

actuarial, and benefits specialists required to bring the new benefit model into operation. Members can expect further reports as this process unfolds over the next 24 months; ahead of the JHSBT becoming fully operationalized in April 2016.

On the pension front, HSA continues to monitor developments between the plan partners over possible changes to the Municipal Pension Plan (MPP). The plan partners – the Union of BC Municipalities, the provincial government, and the Municipal Employees Pension Committee – sponsor the MPP, and must approve any changes to the joint trust agreement that governs the work of the MPP trustees. These discussions have been going on for some time and involve such issues as sustainable inflation protection, early retirement subsidies, and ensuring inter-generational equity for all MPP members. The MPP is an extremely valuable benefit to members and requires our continual attention to ensure the long-term viability of these precious entitlements for members.

DIRECT SERVICING

The time since last convention has been extremely busy and difficult for direct servicing staff. In August, we were deeply saddened by the passing of Membership Services Co-ordinator and friend Dave Martin, a skilled and respected labour relations strategist.

In the spring of 2013, we began dealing with the monumental task flowing from bargaining of the implementation of the 37.5 hour work week schedules for our members covered under the HSPBA and NBA agreements. Problems encountered with the employers’ interpretation of the process led to the filing of more than 1300 grievances. Handling the grievances and moving them forward through the collective agreement process has required a tremendous amount of resources not only by staff, but also by local stewards and members. HSPBA and HEABC agreed to a process to deal with the grievances and Arbitrator Vince Ready will conduct a streamlined

LROs have been juggling their regular work of servicing members while stick-handling the 37.5 hour work week implementation and negotiating essential service levels. We greatly appreciate the patience and understanding of the members and stewards.

approach aimed at reaching an expeditious resolution to these grievances.

Despite having concluded collective agreements for the majority of our members in the public sector, essential service levels must be negotiated, as neither the Nurses' Bargaining Association nor the Facilities Bargaining Association have concluded collective agreements beyond March 31, 2014, and we are required to have an essential services plan in place in the event of job action in either sector.

LROs have been juggling their regular work of servicing members while stick-handling the 37.5 hour work week implementation and negotiating essential service levels. We greatly appreciate the patience and understanding of the members and stewards, and the invaluable assistance of our stewards during this difficult year.

CLASSIFICATIONS DEPARTMENT

There were numerous classifications hearings during this period. It is clear that a referral to arbitration generates results. Eight grievances were resolved just before the hearing got underway. Another six were resolved through mediation during the hearings. In addition five more hearings, affecting 42 members, are underway or scheduled to commence early in 2014.

Currently, there are 281 HSPBA member-initiated active classification grievances. There are also 266 active policy grievances, including those arising from this year's scrutiny of 500 job descriptions. In 2013, the average number of resolved files (29) per month was offset by the average number of new grievances filed (23) per month. The resolved files have generated significant settlements (both as annualized salary increases and retroactive adjustments) for members covered by the corresponding grievances, including the impending completion of a multi-year process aimed at resolving nearly 133 social work/social program officer grievances. Five disputes remain to be decided by the arbitrator.

To address the growing number of HSPBA disputes, and to further shorten the timeframe for grievance resolution, an expedited arbitration process is being used for all classification grievances until April 2016, beyond which the process may be extended by mutual agreement. It is expected that the joint Classification Redesign Committee will next meet in the autumn to continue designing its process.

The classifications department is devoting considerable resources to the newly-bargained HSPBA Recruitment and Retention Committee committee which is mandated to consider initiatives to address concerns about professions identified as having retention and recruitment issues; considering initiatives to address employee engagement; and, where appropriate, developing a joint proposal requesting a labour market adjustment.

DISABILITY MANAGEMENT

In response to sharp increases in WCB appeal files, staffing in the WCB advocacy area was increased to maintain continued service that bears outstanding results for members.

Long awaited funding to get the Enhanced Disability Management Program (EDMP) for HSPBA and NBA members off the ground was achieved through bargaining. We appointed 11 EDMP representatives and launched the program November 1, 2013. During 2013, the duty to accommodate caseload increased sharply, while the number of new LTD appeal files opened each month has levelled off. This resulted in a reallocation of servicing staff.

As of June 1, 2013, the Pharmacare Tie-In came into effect for HSPBA and NBA collective agreements, generating a flood of issues and member concerns. Through the most recent bargaining process, a significant improvement was negotiated for the HSPBA providing 100 per cent coverage for drugs listed on the BC Pharmacare formulary, and automatic 50 per cent coverage for non-formulary prescription medications, retroactive to September 1, 2013. Issues raised by HSA RPNs covered under the NBA collective agreement are actively being addressed through a grievance process overseen by a committee established by the NBA.

BARGAINING

Health science professionals

The collective agreement for health science professionals is negotiated between employers and the Health Science Professionals Bargaining Association (HSPBA). It covers more than 14,000 members of HSA along with members of the Hospital Employees Union (HEU), the Canadian Union of Public Employees (CUPE), the Professional Employees Association (PEA) and the BC Government and Service Employees' Union (BCGEU). HSA entered into early negotiations after being approached by

government, which was looking to meet some shared objectives on recruitment and retention and find stability in health care. In December, Health Science Professionals voted 76 per cent in favour of a five-year agreement that expires on March 31, 2019.

Highlights of the tentative agreement include:

- Wage increase totaling 5.5 per cent over five years; with a possibility for improvements dependent on the performance of BC's economy (Economic Stability Dividend) and a "me too" clause to other public sector union compensation increases.
- Protection of benefits; current benefits provided by the collective agreement will be maintained until April 1, 2016. A jointly-run trust will be established by April 1, 2016 to allow for joint administration and decision-making about participation in and management of benefits.
- Resolution of issues arising out of Pharmacare Tie-In drug benefits coverage program, introduced in the 2012-2014 contract.
- Increase Enhanced Disability Management Program union representatives.
- A joint recruitment and retention committee designed to address issues and initiatives to ensure long-term supply of highly skilled health science professionals and identify barriers to retention and recruitment.
- Joint union/management requests may be made to government for labour market adjustments to address recruitment and retention issues.

Community social services

HSA Community Social Service members along with members of nine other unions voted in favour of ratifying the 2012–2014 collective agreement. The success of the bargaining committee was due to the support of membership and job action taken in early 2013.

Some of those successes include the Labour Ad-

justment Education Fund secured during the 2010 – 2012 Collective Agreement. Approximately 20 HSA members have gained access to education funds in the neighborhood of \$35,000 in education funds. A new call for applications was announced February 4, 2014. Details can be found on the HSA website.

HSA labour relations officers participated in a committee to oversee the allocation of the \$400,000 labour market fund negotiated within the 2012–2014 agreement. The unions are working with the Community Social Services Employer's Association to arrange the disbursement of those funds.

Throughout the year the labour relations officers represent members at the Community Social Services Administration Committee. This committee represents members in three subsectors: general services, community living services and aboriginal services. The committee work involves sector-wide issues such as: vacation, union leaves, and required certificates.

The unions were successful at arbitration and received a decision affirming all members are to be reimbursed for the costs related to certificates relating to employment, such as medical exams required for drivers licenses. HSA, through this committee, was represented at various government meetings to address the shortfall of funding of the 2012-2014 contract.

The Community Social Services Bargaining Association engaged in early contract discussions in October 2013. The negotiations resulted in a new 2014-2019 collective agreement that includes wage adjustments and increases of up to 11.5 per cent over five years.

Nurses Bargaining Association

HSA RPNs met November 20, 2013 to vote on proposals for the next round of bargaining. Of primary concern was the Pharmacare Tie-In. An NBA industry-wide grievance was resolved December 1, 2013 which grandparented in out-of-province employees on LTD back to April 1, 2013, provided coverage for

designated drugs for employees and their dependents, remedied individual grievances and improved Pacific Blue Cross coverage.

The 37.5 hour transition remains disproportionate in its impact to our part-timers and these concerns will need to be addressed in bargaining. We have confirmed with each health authority that HSA professional responsibility forms will be dealt with by HSA stewards and LROs only. We continue to address the ongoing issue with the employer's interpretation of backfilling nurses and how this is impacting RPN workloads.

We continue to request meetings of the constituent unions under the NBA to review union bargaining proposals and discuss dates for NBA renewal talks with the employer. The NBA at every turn has blocked or limited HSA's right to participation in the bargaining association, and HSA has filed a complaint to the umpire Vince Ready to address this difficult impediment to the union's ability to represent the unique interests of registered psychiatric nurses at the bargaining association table.

Community Health

The Community Bargaining Association (CBA) represents over 15,000 community health sector workers across the province – including over 750 HSA members – that provide services to seniors and others in their own homes, alcohol and drug counselling, work with adults and children in community settings and provide administrative support to other health care workers.


The multi-union community health bargaining committee entered into discussions with Health Employers' Association of BC (HEABC) in November 2013 and a tentative agreement was reached on November 30.

In January 2014 CBA union members voted in favour of accepting the new five-year collective agreement with the HEABC that expires on March 31, 2019. The agreement provides guaranteed wage increases which total 5.5 per cent over five years for

all members including workers whose wages were red-circled. Economic Stability Dividends in four of the five years provide the possibility for further wage increases dependent on the performance of BC's economy.

Additionally, the new agreement includes wage comparability adjustments totaling 2 per cent over the life of the collective agreement for members with occupations similar to those covered by the facilities subsector agreement.

Other highlights include improvements to health and welfare benefits to the level of the facilities subsector, maintained provisions on employment security and protection against contracting out, increased mileage and meal allowances, additional funding for the Enhanced Disability Management Program, seniority accrual while on sick leave, and a Benchmark Review Joint Working Committee.

In summary, we continue to face head-on the servicing and legal challenges confronting the HSPBA membership. The success achieved by the HSA on behalf of its members in both bargaining and servicing are the incentive that keeps driving this hardworking dedicated staff. 

Respectfully submitted,
Jeanne Meyers, Labour Relations and Legal Services





Chris Frketich, medical laboratory technologist

ELECTIONS



PRESIDENTIAL ELECTION 2014

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

The Annual Report prints statements and photographs of candidates submitted prior to the February 28 deadline publicized in December. For more information, talk to your steward, or contact the HSA office at 1-800-663-2017 or 604-439-0994.

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



PRESIDENTIAL ELECTION 2014

Val Avery

I graduated from UBC in 1983 with combined qualifications as a physiotherapist and occupational therapist. My workplace is the outpatient physiotherapy department of Royal Jubilee Hospital in Victoria.

My involvement with HSA began in 1991. After 23 years, and serving in many HSA positions (chief steward, casual labour relations officer, regional director, vice-president, chair of the Health Science Professional Bargaining Association bargaining committee), it was my privilege to become the president of HSA on September 12, 2013.

HSA has had key accomplishments while I have been president:


- the new five-year collective agreements for health science professionals, community social

- service and community health workers;
- the successful defence against the raid of our registered psychiatric nurses (RPNs).

These new collective agreements, which protect health and welfare benefits and provide modest wage increases, are major achievements when bargaining with a provincial government intent on fiscal restraint. After seemingly endless rounds of bargaining in recent years, HSA is in the unique position of having five years without the burden of collective bargaining in three of our sectors. To have these agreements in place allows us to get out from under the significant financial stress and staff workload that bargaining entails.

I believe RPNs are the nurses of choice in mental health settings and that their home is with HSA. Should there be further attempts by any other union to raid our RPNs I will once again support a vigorous defence to keep them in HSA.

It will be my goal as president to ensure that we address member needs and expectations. Much of this will involve clearing the backlog of grievances, offering timely servicing, and continuing to provide excellence in education. I have worked with staff on a one-year operational plan for HSA that will form the basis of a five-year strategic plan. It's my intent to build relationships with employers and government by giving and demanding respect, so that we can work together on the issues of workload, and shortages in our disciplines. Our participation within the broader labour movement assists us to defend Medicare, promote public services and the value of unions.

I'm aware that for many members, trust in the union needs to be rebuilt; I believe I have demonstrated the leadership that is required to take on this task. I look forward to the challenge of working with members to create a promising future for HSA. I respectfully ask for your vote to elect me as president. 



PRESIDENTIAL ELECTION 2014

Joseph Sebastian


My name is Joseph Sebastian and I am taking this opportunity to announce my candidacy to be your union president. I have been a medical radiation technologist for over 15 years and a Vancouver General Hospital union steward for over ten years. My experience working on the frontlines and advocating for members' rights has given me invaluable knowledge and perspective that has helped me understand what has frustrated members. This experience has also helped me understand what the most effective solutions would be to address the root problems.

The basic definition of a labour union is "an organization of workers formed for the purpose of

advancing its members' interests in respect to wages, benefits and working conditions". I made the decision to run for president based on a growing sentiment that the goals of the union leaders are increasingly disconnected from the goals of its members. I would like to reverse this trend.

You, the members, must ask yourself two basic questions. First, does the candidate understand the issues that affect the average member? And second, does the candidate have an effective plan for meaningful change? If you give me the privilege of representing you as your president, my focus will be:

1. Increasing awareness and protecting members' rights, including those injured at work. Fundamental to member rights would be for wages to keep up with the cost of living, as they do with other health care professionals.
2. Making sure that we work in a more transparent environment by demanding accountability, with regular updates, so you could judge for yourself the effectiveness of your union.
3. Resolving grievances professionally, legally and in a timely manner. Right now grievances can drag on for years.
4. Getting a strike mandate sooner (rather??) than later and to have a majority go on strike with at least 51 per cent of the union.

I'm asking for your vote because we must go beyond the campaigns and empty speeches to strengthen our union to act in the best interest of all its members. I will work tirelessly towards this goal if elected. In the coming weeks prior to our annual 2014 convention, I will provide more details about my platform for a more effective and inclusive union. Follow me on Facebook at Joseph Sebastian 2014. 





Tara Chen, speech language pathologist

FINANCIAL REPORTS

REPORT OF THE FINANCE COMMITTEE



Your Finance Committee (L-R), Cathy Davidson, Janice Morrison, Bruce MacDonald.
Missing: Brendan Shields

What can you possibly say about 2013 except that the old adage “the only constant is change” is true? The global economic forecast at the start of 2013 was for slow growth as economies recovered from the 2008 meltdown. Who could have known that a late year-end rally would see the US equity markets increase 41.5 per cent and that this would result in our investment portfolio providing us with a return that was much better than we thought going into the year?

Did any of us expect or foresee that the HSPBA would ratify not just one but two contracts in 2013? Or that in 2014 we would complete five-year agreements for our members in community social services and in community health? We now can expect to see five years of reasonable stability with our budget, without the unpredictable financial draw that comes from perpetual bargaining.

We now have an opportunity to catch our breath. With the move to a new building on the horizon along with five-year agreements covering the majority of our members, I truly am hoping for predictable and even times during which we can rebuild while at the same time continue to provide high quality educational opportunities and public profile for our members. And finally, as always, to focus the attention of the union on what we do best: servicing, protecting, and upholding the collective agreement on behalf of the membership.

THE UNION'S FUNDS

General Fund

The General Fund is used for the day-to-day operations of HSA. This fund is maintained as a safeguard

to cover approximately three months of regular and ongoing union costs and expenditures. The General Fund at the end of 2013 had a balance of \$3 million.

Bargaining Fund

The Bargaining Fund is used for negotiating collective agreements, organizing new members, retaining existing members and other bargaining-related activities. The fund was allocated 5 per cent of dues and received investment income totaling \$715,000. HSA spent over \$1.2 million on bargaining activities in 2013. This overspending was necessary as the union took the opportunity to secure five-year agreements, and provided resources to defend the RPNs against the raiding in 2013. At year end, \$456,600 was transferred from the Defence Fund surplus to cover this deficit. The fund balance at the end of the year is zero.

Defence Fund

The Defence Fund serves to provide resources to be used in the event of job action. This fund also holds title to the union's land and buildings. It is this asset that we use for collateral in the event we have to draw on our line of credit, currently unused with a value of \$2 million. The Defence Fund at the end of 2013 had a balance of \$8.4 million.

Building Fund

The Building Fund was developed to provide resources to lease, purchase or create space for union activities. During 2013 this fund spent \$147,910 for expenses related to the planning, design and building of our new office space. The fund balance at year end is \$84,700.

BUDGET 2014

The budget projection for 2014 anticipates a surplus of \$343,400 on projected revenue of \$14.1 million. HSA continues to efficiently utilize its operations staff and reduce expenses in the operations and communications divisions so more resources can be focused on strengthening member support and services. The Board of Directors felt it necessary to cushion the budget with some surplus resources, as

further raid attempts on our RPNs are expected in 2014. Some tough decisions had to be made in tabling this budget and were done so under two guiding principles:


- No reduction in services to members
- No staff layoffs

To achieve this, the communications budget was cut by \$200,000, information technology projects were put on hold, vacant staff positions are being held, education for staff was cut, and the CESA committee was suspended for a year.

INVESTMENT PORTFOLIO AND CASH POSITION

Since inception we have seen a portfolio increase of 7.9 per cent. This surpasses the industry benchmark of 4.4 per cent for the same period. We continue to maintain a conservative mix of bonds and stocks as per HSA's investment policy. Our investment managers Leith Wheeler Investment Counsel Ltd. became signatory of the UN Principles of Responsible Investment; this just formalizes their already socially and environmentally responsible investment philosophy. The investment portfolio closed the year at \$4.7 million.

Our overall cash position at the close of 2013 was \$984,000 with \$320,000 in short term deposits and a deposit of investment in our future building of \$2.5 million. I am pleased to report the current position of cash, investments and other assets is \$9.9 million.

I would like to thank Finance Committee members Janice Morrison and Bruce MacDonald for their commitment to HSA and their hard work throughout 2013. I would also like to thank Cathy Davidson and the accounting staff for their continued dedication and support in preparing the year-end financial statements and assistance to the auditors and Finance Committee. 

Respectfully submitted,
Brendan Shields, Chair and Secretary-Treasurer

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

Financial Statements *December 31, 2013*

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To the Members of Health Sciences Association of British Columbia:

We have audited the accompanying financial statements of Health Sciences Association of British Columbia ("the Association"), which comprise the statement of financial position as at December 31, 2013, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Health Sciences Association of British Columbia as at December 31, 2013 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Port Moody, British Columbia

March 3, 2014

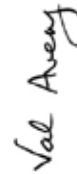
MNP LLP
Chartered Accountants

Health Sciences Association of British Columbia
Statement of Financial Position
As at December 31, 2013

	General Fund	Bargaining Fund	Building Fund	Defense Fund	2013 Total	2012 Total
Assets						
Current						
Cash and term deposits	\$ 661,058	\$ -	\$ 283	\$ 322,718	\$ 984,059	\$ 1,162,862
Marketable securities (Note 4)	2,236,401	-	84,190	2,356,567	4,677,158	4,836,031
Dues receivable	1,316,994	69,315	-	-	1,386,309	1,243,769
Accounts receivable	202,627	-	-	-	202,627	15,274
Accrued interest receivable	2,056	-	228	1,585	3,870	5,772
Prepaid expenses and deposits	116,750	-	-	2,510,291	2,627,041	2,581,840
Interfund balances	4,535,885	69,315	84,701	5,191,162	9,881,064	9,845,548
Capital assets (Note 5)	1,828,868	-	-	-	1,828,868	432,314
Total assets	\$ 6,507,974	\$ 69,315	\$ 84,701	\$ 10,135,941	\$ 16,797,931	\$ 15,504,732
Liabilities and fund balances						
Current						
Accounts payable and accruals	\$ 1,567,477	\$ -	\$ -	\$ -	\$ 1,567,477	\$ 1,257,871
Salaries payable (Note 6)	512,410	-	-	-	512,410	533,675
	2,079,888	-	-	-	2,079,888	1,791,545
Interfund balances	-	69,315	-	1,759,553	1,828,868	432,314
Severance payable (Note 6)	1,211,877	-	-	-	1,211,877	1,093,652
Member Professional Development Fund	186,030	-	-	-	186,030	158,302
Fund Balances (Note 7)	1,397,906	69,315	-	1,759,553	3,226,775	1,684,267
Invested in capital assets	143,220	-	-	4,944,779	5,087,999	5,226,870
Internally restricted	-	-	84,701	3,431,609	3,516,310	3,941,833
Unrestricted	2,886,960	-	-	-	2,886,960	2,860,216
	3,030,180	-	84,701	8,376,388	11,491,269	12,028,919
Total liabilities and fund balances	\$ 6,507,974	\$ 69,315	\$ 84,701	\$ 10,135,941	\$ 16,797,931	\$ 15,504,732

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Approved on behalf of the Board:



Val Avery, President



Brendan Shields, Treasurer

Health Sciences Association of British Columbia
Statement of Operations and Changes in Fund Balances
For the Year Ended December 31, 2013

	2013		2012	
	Actual	Budget	Actual	Budget
Receipts				
Dues	\$ 13,105,626	\$ 13,296,369	\$ 13,941,204	\$ 13,116,587
Initiation fees	22,405	18,000	18,000	23,700
Investments	67,915	215,200	158,830	349,652
Member professional development recognized	197,272	-	-	482,672
	13,393,218	14,213,042	14,118,034	13,972,611
Expenditures (Schedule of Expenses)				
General Fund				
Executive	886,313	851,628	1,037,552	836,551
Union governance	1,205,126	1,080,325	1,019,590	1,059,192
Affiliations	659,369	639,387	687,407	671,115
Legal services and labour relations	5,827,148	5,051,725	5,361,666	5,263,024
Strategic communications and member development	2,643,485	2,566,717	2,215,562	2,680,719
Operations	1,930,081	2,138,680	2,195,275	2,018,971
Finance	339,576	312,646	339,211	295,669
Bargaining Fund	-	1,227,530	487,942	1,856,040
Building Fund	-	147,910	-	48,334
Defense Fund	-	192,821	192,821	177,625
	13,491,098	13,416,826	13,701,323	14,907,241
Excess (deficiency) of receipts over expenditures before other items	(97,881)	112,743	416,711	(934,630)
Other items				
Amortization	(87,175)	(168,136)	(73,308)	(178,047)
Gain on sale of Apartment	-	101,362	-	-
Unrealized gain (loss) on marketable securities	181,057	375,442	-	193,300
Excess (deficiency) of receipts over expenditures for the year	(3,999)	5,447	343,403	(919,377)
Fund balances, beginning of year	3,034,179	12,028,919	-	12,948,296
Interfund transfer (Note 8)	-	-	-	-
Fund balances, end of year	\$ 3,030,180	\$ 11,491,269	\$ -	\$ 12,028,919

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia Schedule - Expenses

For the Year Ended December 31, 2013

	Actual 2013	Budget 2013	Budget 2014	Actual 2012
Executive				
Administration, professional development	\$ 5,806	\$ 11,000	\$ 2,500	\$ 7,042
Staff travel and expense	11,398	13,000	42,500	17,436
Salaries and benefits				
President	200,504	164,673	165,405	166,379
Division Directors & Controller	486,895	482,210	641,263	468,233
Executive administration	181,710	180,745	185,884	177,461
	\$ 886,313	\$ 851,628	\$ 1,037,552	\$ 836,551
Union Governance				
Annual Convention	\$ 659,162	\$ 620,000	\$ 668,000	\$ 599,486
LTD Referendum Vote	-	-	-	44,667
Board of Directors	131,793	118,000	88,000	123,883
Professional fees	48,169	-	10,000	-
Committee meetings				
Constitutional and organizational policy	278	2,000	1,000	884
Education	9,469	9,000	9,000	8,797
Elections	1,980	2,000	2,000	166
Equality & social action (CESA)	12,528	9,000	-	7,654
Executive	11,643	7,000	6,500	7,050
Finance	9,697	9,000	9,000	9,197
Occupational health and safety	11,007	12,000	10,000	8,281
Political action	6,526	10,000	9,000	9,516
Presidential issues	-	-	-	934
Resolution	15,809	15,000	18,000	19,326
Run for the cure	-	-	-	6,600
Womens'	10,594	8,500	8,500	8,842
Committee programs				
Equality and Social Action Fund	81,177	81,177	-	79,651
Political Action Fund	52,353	67,648	70,590	14,731
Regional meetings	142,941	110,000	110,000	109,530
	\$ 1,205,126	\$ 1,080,325	\$ 1,019,590	\$ 1,059,192

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia

Schedule - Expenses

For the Year Ended December 31, 2013

	Actual 2013	Budget 2013	Budget 2014	Actual 2012
Affiliations				
B.C.F.L. convention and meetings	\$ 16,629	\$ 18,000	\$ 78,000	\$ 76,839
B.C.F.L. per capita dues	91,400	91,400	92,400	82,080
C.L.C. convention and meetings	1,418	-	-	2,442
C.L.C. per capita dues	84,000	86,400	86,400	79,800
Labour councils meetings	3,068	4,600	4,600	4,551
Labour councils per capita dues	11,710	11,560	11,789	11,040
NUPGE Secretariat	10,333	8,000	8,000	8,032
NUPGE convention and meetings	61,963	46,000	40,000	28,738
NUPGE per capita dues - 2% of dues	275,908	265,927	268,718	262,332
Affiliate support & memberships	24,440	30,000	15,000	43,190
BC Health Coalition	10,000	10,000	10,000	10,000
Canadian Breast Cancer Foundation	35,000	35,000	35,000	35,000
CCPA membership	32,500	27,500	32,500	22,500
Western HSA	-	4,000	4,000	3,572
NUPGE Solidarity Fund	1,000	1,000	1,000	1,000
	\$ 659,369	\$ 639,387	\$ 687,407	\$ 671,115
Legal Services and Labour Relations				
Administration, professional development	\$ 67,350	\$ 52,000	\$ 35,000	\$ 68,314
Enhanced Disability Management Program	12,700	-	40,758	-
Staff travel and expense	238,972	178,000	188,500	201,499
Salaries and benefits				
Arbitration	526,627	453,706	452,102	449,534
Classifications	743,677	720,522	536,966	691,816
Disability Management	1,004,517	854,330	1,012,957	824,342
LRO Servicing	1,945,702	1,906,678	2,125,150	1,780,967
LRO Admin Support	393,974	382,723	397,002	375,785
Pensions	126,916	124,766	129,231	128,662
Medical reports, witness expense	227,784	114,000	99,000	144,826
Professional fees	538,930	265,000	345,000	597,279
	\$ 5,827,148	\$ 5,051,725	\$ 5,361,666	\$ 5,263,024

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia Schedule - Expenses

For the Year Ended December 31, 2013

	Actual 2013	Budget 2013	Budget 2014	Actual 2012
Strategic Communications and Member Development				
Administration, professional development	\$ 9,126	\$ 7,000	\$ 3,000	\$ 5,353
Staff travel and expense	29,536	33,000	30,500	35,828
Salaries and benefits				
Communications	657,297	644,781	529,053	684,699
Education	229,357	241,670	252,004	204,642
Mobilizing, organizing	130,232	122,090	126,473	135,229
Occupational health and safety	104,464	121,176	125,532	83,097
Chapters, mobilizing	67,144	63,500	60,000	67,092
Communication Programs				
Annual report, constitution	9,617	13,500	13,500	42,787
Campaign material	25,179	30,000	30,000	28,624
Committee support	25,169	63,000	31,000	47,005
Education support material	3,335	7,000	3,000	2,348
Public relations	532,201	559,000	414,000	381,478
Report	83,955	103,500	52,500	104,905
Member Development				
Internal Labour Training Forums				
Steward Training Level I	190,742	150,000	150,000	67,925
Steward Training Level II	195,288	230,000	175,000	171,046
OH & S Training	50,392	70,000	125,000	48,803
Activist Training	43,381	30,000	30,000	27,272
External Labour Training Forums	24,356	37,500	25,000	28,729
Member professional development fund	197,272	-	-	482,672
Scholarships	35,440	40,000	40,000	31,188
	\$ 2,643,485	\$ 2,566,717	\$ 2,215,562	\$ 2,680,719

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia
Schedule - Expenses

For the Year Ended December 31, 2013

	Actual 2013	Budget 2013	Budget 2014	Actual 2012
Operations				
Administration, professional development	\$ 15,988	\$ 20,800	\$ 19,100	\$ 26,562
Staff travel and expense	7,347	7,700	9,152	7,118
Salaries and benefits				
Administration	242,191	234,017	267,235	247,968
Information Technology	650,003	715,056	659,003	695,330
Office Manager	98,657	95,921	99,458	95,448
Payroll/Human Resources	88,988	84,396	88,186	86,516
Facilities and supplies				
Building maintenance, utilities and taxes	99,213	183,900	296,100	196,605
Courier	14,807	16,300	16,300	21,278
Equipment lease, maintenance	16,033	17,500	17,500	16,124
Furniture amortization and small purchases	4,067	7,500	7,500	8,391
Insurance	30,561	31,000	32,000	30,625
Office and kitchen supplies, bank charges	62,016	53,700	51,700	65,035
Postage, printing	30,999	29,000	29,000	30,269
HR management and organizational development	81,491	74,000	54,000	49,864
Information technology				
Computer software	47,692	47,000	19,500	51,818
Computer supplies, maintenance, support	188,823	210,400	210,570	145,590
Records management	13,670	9,725	19,725	12,812
Telephone, fax lines, mobile devices	237,537	300,765	299,245	231,620
	\$ 1,930,081	\$ 2,138,680	\$ 2,195,275	\$ 2,018,971
Finance				
Administration, professional development	\$ 417	\$ 2,500	\$ 500	\$ 3,003
Staff travel and expense	4,453	4,500	4,500	4,029
Professional Consulting fees	31,164	31,000	30,000	16,141
Salaries and benefits - Accounting	303,542	274,646	304,211	272,495
	\$ 339,576	\$ 312,646	\$ 339,211	\$ 295,669

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia

Schedule - Expenses

For the Year Ended December 31, 2013

	Actual 2013	Budget 2013	Budget 2014	Actual 2012
Bargaining Fund				
Advertising	\$ 16,206	\$ -	\$ -	\$ 450,416
Collective Bargaining:				
Community Social Services	36,503	-	-	35,260
Community Health	17,722	-	-	85,780
Nurses Bargaining Association	46,372	-	-	41,636
Health Science Professionals	645,969	-	-	659,170
Polling	7,280	-	-	-
RPN campaign	95,180	-	-	-
Staff Wages & Benefits	363,568	-	-	579,591
S.54 Consolidation Meetings	(1,269)	-	-	4,188
	\$ 1,227,530	\$ 664,818	\$ 487,942	\$ 1,856,040
Building Fund	\$ 147,910	\$ -	\$ -	\$ 48,334
Defense Fund				
Apartment				
Property taxes	\$ 1,325	\$ -	\$ -	\$ 1,334
Strata fees	4,716	-	-	5,840
Utilities and maintenance	16,437	-	-	10,388
Building - Office				
Property taxes	58,575	-	-	55,597
Strata fees	92,425	-	-	66,268
Maintenance	-	-	-	7,848
Job action activities	19,313	-	-	30,351
	\$ 192,821	\$ 110,900	\$ 357,118	\$ 177,625

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia Statement of Cash Flows

For the Year Ended December 31, 2013

	2013	2012
Operating Activities		
Deficiency of receipts over expenditures for the year	\$ (537,650)	\$ (919,377)
Items not involving cash:		
Gain on sale of capital assets	(101,362)	-
Gain on sale of marketable securities	(30,347)	(137,571)
Apartment amortization	4,246	3,802
Building amortization	76,715	67,447
Computer amortization	65,360	69,567
Furniture and equipment amortization	21,815	32,474
Telephony amortization	-	4,757
Recovery of fair value of marketable securities	(375,442)	(193,300)
Operating Cash Flow	(876,665)	(1,072,201)
Changes in Non-Cash Working Capital		
Dues receivable	(142,541)	(18,133)
Accounts receivable	(187,352)	2,115
Accrued interest receivable	1,902	1,294
Prepaid expenses and deposits	(45,201)	(2,669,301)
Accounts payable and accrued liabilities	309,607	260,637
Salaries payable	(21,265)	98,241
Cash Used by Operating Activities	(961,514)	(3,397,348)
Investing Activities		
Purchase of marketable securities net of proceeds on disposals	564,663	2,659,652
Purchase of capital assets, net of proceeds on disposal	72,097	(102,972)
Cash Provided by Investing Activities	636,760	2,556,680
Financing Activities		
Increase (decrease) in credit line Vancity	-	(145)
Increase (decrease) in severance payable	118,225	139,546
Increase (decrease) in deferred contributions	27,728	(238,051)
Cash Provided by (Used in) Financing Activities	145,953	(98,650)
Decrease in Cash and Term Deposits for the Year	(178,802)	(939,318)
Cash and Term Deposits, beginning of year	1,162,862	2,102,180
Cash and Term Deposits, End of Period	\$ 984,059	\$ 1,162,862
Represented by		
Cash	663,403	360,636
Term deposits	320,656	802,226
	\$ 984,059	\$ 1,162,862

See accompanying Independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia

Notes to the Financial Statements

For the year ended December 31, 2013

1. Organization

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

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations as issued by the Accounting Standards Board in Canada using the following significant accounting policies:

Fund accounting

The Association follows the restricted fund method of accounting for contributions, and maintains four funds: the General, Defense, Bargaining, and Building 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 Building Fund reports internally restricted resources to be used to lease, purchase or create space for union activities.

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

Revenue recognition

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

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

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

Cash and term deposits

Cash and term deposits include cash and highly liquid term deposits that are readily convertible to known amounts of cash.

Marketable securities

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

Capital assets

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

	Rate
Building	2.5%
Computer equipment	25%
Computer software	100%
Furniture and equipment	20%
Telephony equipment	20%

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

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

2. Significant accounting policies - *continued*

Financial instruments

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

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

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.

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 revenues over expenses 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.

Severance and termination benefits

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

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

Measurement uncertainty

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

Dues receivable and accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets.

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

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

3. Financial instruments

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

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk.

The Association is exposed to interest rate risk with respect to its investments in term deposits and marketable securities with interest rates.

The Association is not exposed to significant interest rate risk due to the short-term maturity of its monetary assets and liabilities.

Foreign currency risk

Foreign currency risk is the risk that the value of investments denominated in currencies, other than the functional currency of the Association, will fluctuate due to changes in foreign exchange rates. Equities in foreign markets are exposed to currency risk as the prices denominated in foreign currencies are converted to the Association's functional currency in determining fair value. As at December 31, 2013, the Association held no assets that are denominated in currencies other than the functional currency, the Canadian dollar.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

4. Marketable Securities

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

a) The investment noted below does not have a quoted market price in an active market and is recorded at cost.

	2013	2012
Working Enterprises Ltd. (14.3%)	1	1

b) The following are classified as held-for-trading securities and are carried at their fair value based on the quoted market prices of the securities at December 31, 2013.

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

	2013		2012	
	Fair Value	Cost	Fair Value	Cost
Canadian equities	1,915,149	1,529,591	1,987,238	1,986,522
Government and corporate bonds	2,255,079	2,237,067	2,445,216	2,302,167
US equities, stated in Canadian funds	415,549	293,483	403,577	397,148
Other investments including mutual funds and T bills	91,381	89,741	-	-
	4,677,158	4,149,882	4,836,031	4,685,837

Represented by:

General Fund	2,236,401	3,800,380
Defense Fund	2,356,567	635,798
Bargaining Fund	-	-
Building Fund	84,190	399,853
	4,677,158	4,836,031

As at December 31, 2013, the accrued interest was \$4,602 (2012 - \$5,722) and the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$30,347 (2012 - \$137,571).

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

5. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2013 Net Book Value</i>	<i>2012 Net Book Value</i>
General fund				
Computer equipment	877,399	770,481	106,918	127,055
Furniture and equipment	895,360	859,058	36,302	46,908
Telephony equipment	168,023	168,023	-	-
	1,940,782	1,797,562	143,220	173,963
Defense fund				
Apartment				
Land	-	-	-	64,327
Building	-	-	-	118,879
Furniture and equipment	10,096	444	9,652	-
	10,096	444	9,652	183,206
Office Premises				
Land	2,431,405	-	2,431,405	2,431,405
Building	3,068,598	982,065	2,086,533	2,163,249
	5,500,003	982,065	4,517,938	4,594,654
Deferred development costs				
Office building construction	417,189	-	417,189	275,047
	5,927,288	982,509	4,944,779	5,052,907
Defense and General funds	7,868,070	2,780,071	5,087,999	5,226,870

The Association entered into a letter of intent for the construction of a new office premises located at 100 East Columbia Street in New Westminster, BC with completion occurring at the end of construction. The design, development and construction costs to date have been capitalized as deferred development costs in the Defense Fund and are not subject to amortization until such time as the building is in use. Included in prepaid expenses and deposits of the Defense Fund is \$2,487,855 (2012 - \$2,455,608), representing a non-refundable deposit held in trust for the completion of the construction.

On October 23, 2013, the Association entered into a sales agreement in respect of its office premises which includes land and building for total sales proceeds of \$5,575,000 with a closing date of June 23, 2014 or earlier. As at December 31, 2013 the total net book value of the land and building was \$4,517,938. As of the date of these financial statements, all conditions per the sales agreement have not been met and the sale has not closed. The land and building continue to be used in ongoing operations of the Association until such time as the new premises if completed.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

6. Salaries and severance payable

	2013	2012
Current		
Vacation	300,690	310,940
Accrued wages and severance	10,351	37,564
Overtime	201,369	185,171
	512,410	533,675
Long-term		
Severance	861,533	765,036
Sick pay payable upon severance of employment	350,344	328,616
	1,211,877	1,093,652
	1,724,287	1,627,327

7. Fund balances

	Invested in Capital Assets	Unrestricted Net Assets	Internally Restricted Net Assets	Total
Balance, January 1, 2012	5,026,898	3,357,468	4,563,930	12,948,296
Excess of receipts over expenditures	-	334,645	(1,254,022)	(919,377)
Transfer of funds	-	(835,723)	835,723	-
Capital assets and investment additions	378,019	(174,221)	(203,798)	-
Capital asset amortization	(178,047)	178,047	-	-
Balance, December 31, 2012	5,226,870	2,860,216	3,941,833	12,028,919
Deficiency of receipts over expenditures	-	(3,999)	(533,651)	(537,650)
Transfer of funds	-	-	-	-
Net disposition of capital assets	(179,237)	-	179,237	-
Net capital asset additions and investment additions	208,502	(56,432)	(152,070)	-
Capital asset amortization	(168,136)	87,175	80,961	-
Balance, December 31, 2013	5,087,999	2,886,960	3,516,310	11,491,269

8. Interfund transactions

The Finance Committee approved the interfund transfer to the Bargaining Fund of \$456,593 (2012 - \$1,035,723) from the Defense Fund, as this represents an allocation to cover the deficit in the Bargaining Fund for the year. The Finance Committee also approved the transfer to the General Fund of \$NIL (2012 - \$200,000) from the Building Fund.

The net result of the interfund transfers was \$Nil (2012 - \$835,723) transfer from unrestricted net assets to internally restricted net assets.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

9. Related party transactions

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

Financial Position	Trust Fund #1	Trust Fund #2	Trust Fund #3
Assets			
Cash and investments	4,544,877	41,112	14,821,010
Accounts receivable	-	5,687	2,864
Future income tax assets	24,000	-	67,000
	<u>4,568,877</u>	<u>46,799</u>	<u>14,890,874</u>
Liabilities and Fund balance (Unfunded liability)			
Benefits and accounts payable	56,599	13,915	144,770
Income taxes payable	343,044	-	201,082
Future income taxes	-	-	-
Reserve for future benefits	2,632,000	-	15,044,000
Fund balance (unfunded liability)	1,537,234	32,884	(498,978)
	<u>4,568,877</u>	<u>46,799</u>	<u>14,890,874</u>
Operations			
Revenue			
Investment gain	31,059	1,489	110,875
Expenses			
Benefits	579,275	408,368	1,778,093
Income taxes	637	14,215	97,210
Operations	127,720	35,964	230,711
Change in actuarial liability for plan benefits	(821,000)	-	(3,773,000)
	<u>(113,368)</u>	<u>458,547</u>	<u>(1,666,986)</u>
Changes in Fund Balance for Year	144,427	(457,058)	1,777,861
Fund Balance (Unfunded Liability), beginning of year	1,392,807	489,942	(2,276,839)
Fund Balance (Unfunded Liability), End of Year (September 30, 2013)	1,537,234	32,884	(498,978)

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

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

The Association is associated with HSA Building Corporation, Inc., a company incorporated in British Columbia, by virtue of its ability to appoint the company's directors. The company has no assets, liabilities or operations and exists solely as a bare trustee for the Association's real estate holdings.

10. Line of credit

The Association has an operating line of credit available up to \$2,000,000 with interest at prime. As at December 31, 2013, no balance is outstanding under this facility (2012 - \$Nil). The line of credit is secured by the Association's land and building.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2013

11. 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.

12. Comparative figures

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





Edith MacHattie, occupational therapist

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



Your Resolutions Committee (L-R) Janice Clements, Naomi Andrade, Erna Erwin, Marg Beddis, Sheila Anderson, Janice Morrison, Rick Lascelle, Tammy Cranston, Penny Regier, Nancy Banks, Erna Beunder. Missing: Tim Darvell.

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

The Resolutions Committee is comprised of the vice-president (who chairs the committee), one member-at-large from each region, and one additional member of the Board of Directors.

This year the deadline for resolutions to be received in the HSA office was February 4, 2014. The committee met on February 17 and

18 to review all submissions. Of the 67 resolutions submitted by the deadline, 60 were accepted, six were rejected as they pertained to bargaining issues and one was withdrawn as the issue had already be dealt with by the Board of Directors. Three resolutions were received after the deadline. Letters of notification were sent to the chapters whose resolutions were not accepted.

When received resolutions are reviewed for:

- Structure; the “whereas” statements must be a statement of fact.
- The “therefore be it resolved” must be a statement that stands alone and provides direction to the union as to what is to be achieved.
- The resolution must be no more than 150 words. (Constitutional resolutions do not have a word limit).

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


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

- Is the intent of the resolution clear?
- Is the request something HSA can reasonably accomplish?
- What are the overall implications of the resolution?
- What are the financial implications of the resolution?
- Does the resolution supports current policy and strategic direction?

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

The Resolutions Committee also has the responsibility of determining the order of presentation of the resolutions on the convention floor subject to amendment by the delegates. A delegate at convention is entitled to cast one vote on each resolution. A straight majority vote of the delegates is required to pass any resolution presented to convention. Those which change the Constitution require a two-thirds

majority. All adopted resolutions will take effect upon adjournment of the convention unless otherwise specified.

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

*Respectfully submitted,
Janice Morrison, Chair*

Your committee:

Janice Morrison, Chair and Vice President
Marg Beddis, Region 7 Director
Janice Clements, Member at Large, Region 1
Erna Beunder, Member at Large, Region 2
Rick Lascelle, Member at Large, Region 3
Erna Erwin, Member at Large, Region 4
Naomi Andrade, Member at Large, Region 5
Tim Darvell, Member at Large, Region 6
Penny Regier, member at Large, Region 7
Tammy Cranston, Member at large, Region 8
Nancy Banks, Member at Large, Region 9
Sheila Anderson, Member at Large, Region 10
Rebecca Maurer, Staff
Rosemary DeYagher, Staff

Resolutions

1. CONSTITUTION

WHEREAS: The cost of holding the Health Sciences Association of BC (“HSA”) annual Convention could be allocated to other member services; and

WHEREAS: An alternative to holding the Convention is via teleconferencing; web conferencing or other electronic means.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) Annual Convention be held every other year rather than yearly **AND THE CONSTITUTION BE AMENDED AS PER THE LANGUAGE PRESENTED TO THE 2012 AGM (SEE SCHEDULE “A”)**.

SUBMITTED BY: BC Cancer Agency – Vancouver Cancer Centre

Committee Recommendation:

Concurrence as amended

Concurrence

Non-concurrence

2. CONSTITUTION

WHEREAS: Many members feel they do not have a voice when it comes to deciding who leads their union; and

HEALTH SCIENCES ASSOCIATION

WHEREAS: Regional Directors are currently elected via the one member one vote method. That system works fine; and

WHEREAS: Members want a say in who leads this union and have a right to have input into that decision.

THEREFORE BE IT RESOLVED: That the office of the Health Sciences Association of British Columbia (“HSA”) President be decided by a vote that includes the entire membership – one member one vote.

BE IT FURTHER RESOLVED: That the HSA Constitution be amended to allow for this change in election procedure.

BE IT FINALLY RESOLVED: That this change be implemented at the next Presidential Election.

SUBMITTED BY: Royal Inland Hospital

Committee Recommendation: Non-concurrence

Concurrence

Non-concurrence

3. CONSTITUTION

WHEREAS: Unions function best when membership is actively engaged and participating in union business; and

COMMUNICATIONS

WHEREAS: The membership of Health Sciences Association of BC (“HSA”) has become passive and complacent in their engagement with the Union governance; and

WHEREAS: There seems to be little change in the leadership of the union.

THEREFORE BE IT RESOLVED: That all elected union positions above **CHIEF** stewards be subject to a term limit of no more than three consecutive terms.

BE IT FURTHER RESOLVED: That the HSA Constitution be amended to allow for this change in election procedure.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:
Non-concurrence as amended
_____ Concurrence
_____ Non-concurrence

4. COMMUNICATIONS

WHEREAS: The recently aired television commercial was unprofessional and embarrassing to the members; and

WHEREAS: It did not send a professional message; and

WHEREAS: It was very costly.

THEREFORE BE IT RESOLVED: That a cross-section of Health Sciences Association of BC (“HSA”) members review any advertisement (print; TV; radio etc.) prior to its release.

BE IT FURTHER RESOLVED: That HSA contractual agreements with these media organizations not overly commit HSA.

SUBMITTED BY: BCCA Fraser Valley Cancer Centre

Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

5. COMMUNICATIONS

WHEREAS: There have been numerous cuts to publicly funded programs many of which offer assessment and intervention to vulnerable children and families; and

WHEREAS: Concerted efforts by the Health Sciences Association of BC (“HSA”) and the BC Federation of Labour (“BCFL”) have not addressed this crisis within the public sector; and

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) **LOBBY THE BC Federation of Labour (“BCFL”) TO ENGAGE** in a media campaign to raise public awareness **ABOUT INCREASED WAIT TIMES, REDUCTIONS IN SERVICE DELIVERY AND A DECREASE IN QUALITY OF SERVICE, LEADING TO NEGATIVE IMPACTS ON CHILD DEVELOPMENT AND FAMILY WELL-BEING; AND**

BE IT FURTHER RESOLVED: That the **BCFL BE ENCOURAGED TO** utilize cost effective measures i.e. Black Press, community newspapers, bus ads and local radio spots, to inform the public of the profound negative impact of the current lack of appropriate services, on not only the child and family, but society as a whole.

SUBMITTED BY: Queen Alexandra Centre
Committee Recommendation:
Concurrence as amended
_____ Concurrence
_____ Non-concurrence

6. EDUCATION

WHEREAS: Members have a vested interest in Union activities and benefits.

RESOLUTIONS - EDUCATION

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) provide more educational opportunities (workshops, teleconferencing) for its members at the chapter level.

SUBMITTED BY: BC Cancer Agency – Vancouver Cancer Centre

Committee Recommendation: Concurrence

_____ Concurrence

_____ Non-concurrence

7. EDUCATION

WHEREAS: Not all members have the knowledge of the history of the labour movement and why unions matter and how the Health Sciences Association of BC (“HSA”) advocated and won grievances for our members; and

WHEREAS: Not all members are aware of the dangers of “right to work” legislation, privatization efforts and anti-labour bills proposed and passed; and

WHEREAS: Our membership is diverse in many ways including the hours we work, making it difficult to find the time to attend a classroom course.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) develop a union education course to educate members on the aforementioned points.

BE IT FURTHER RESOLVED: That the course be web-based to reduce cost and allow members much needed flexibility.

BE IT FINALLY RESOLVED: That HSA inform members of the program and completion of the course.

SUBMITTED BY: Richmond Chapter

HEALTH SCIENCES ASSOCIATION

Committee Recommendation: Non-concurrence

_____ Concurrence

_____ Non-concurrence

8. ENVIRONMENT

WHEREAS: Health care in BC has a large carbon footprint; and

WHEREAS: Health Science Association of BC (“HSA”) members are involved in unsustainable and environmentally damaging practices; and

WHEREAS: The HSA Board of Directors may establish a special committee as it deems advisable.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) take measures to promote environmental sustainability in health care.

BE IT FURTHER RESOLVED: That the HSA Board of Directors establish a Sustainability Committee to campaign this cause province wide.

SUBMITTED BY: Sunshine Coast Chapter

Committee Recommendation: Non-concurrence

_____ Concurrence

_____ Non-concurrence

9. EQUALITY AND SOCIAL ACTION

WHEREAS: There is an unprecedented level of attack ongoing against the labour movement by right-wing politicians and lobby groups including an undermining of collective bargaining, challenges to free association, challenges to automatic dues check-off for union worksites, and removing the right to strike through bloated essential service laws; and

WHEREAS: Despite the clear advantages of being in a union and despite the fact that a majority of union members think unions are doing good work, many workers do not feel connected to their union, instead

thinking of unions as distinct from the membership;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) continue to build grassroots activism through their support of and participation in the Canadian Labour Congress Together Fairness Works initiative and the National Union of Public and General Employees (NUPGE’s) All Together Now campaign.

SUBMITTED BY: Board of Directors
 Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

10. FINANCE

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

THEREFORE BE IT RESOLVED: That Meyers Norris Penny LLP be confirmed as the union’s auditor until the year 2015 Annual Convention.

SUBMITTED BY: Board of Directors
 Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

11. FINANCE

WHEREAS: The Union has agreed to a collective agreement that has a five year term ending 2019; and

WHEREAS: The Union has not participated in job action involving a strike since 2001; and

WHEREAS: The Union’s **DEFENSE** fund is likely fully funded due to under-utilization.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) reduce union dues by the amount that would otherwise be paid to the **DEFENSE** fund.

BE IT FURTHER RESOLVED: That this resolution be re-evaluated in two years.

SUBMITTED BY: BCCA - Fraser Valley Cancer Centre
 Committee Recommendation: Non-concurrence as amended
 Concurrence
 Non-concurrence

12. FINANCE

WHEREAS: The Union is proud to have won the right of weekends off of work for their members.

THEREFORE BE IT RESOLVED: That if a member spends their regularly scheduled day off at Convention (Saturday) that they be provided a day off with pay in lieu.

SUBMITTED BY: BCCA - Fraser Valley Cancer Centre
 Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

13. FINANCE

WHEREAS: The cost of overnight stays for Health Science Association of BC (“HSA”) members involved in Union business can be high; and

WHEREAS: The Union pays for hotel stays for members that live in the lower mainland and can travel home.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”)

RESOLUTIONS - FINANCE

hold meetings/convention in hotels that are not in Vancouver to save costs.

BE IT FURTHER RESOLVED: The Union will not reimburse the cost of a hotel stay for a member that resides within 50 km of the hotel.

SUBMITTED BY: BCCA Fraser Valley Cancer Centre
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

14. FINANCE

WHEREAS: Stewards play an important role in the functioning and operation of each chapter; and

WHEREAS: Some chapters have inadequate steward representation to cover member needs.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) investigate an equitable honorarium system to encourage steward involvement.

SUBMITTED BY: BC Cancer Agency - Vancouver Cancer Centre
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

15. FINANCE

WHEREAS: Tolls are becoming more common for everyday travel and most people using tolls have registered with the tolling company; and

WHEREAS: Members will use tolled bridges to attend union business; and

WHEREAS: Receipts from tolling companies are not instant and will delay a member from being paid their expenses.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) pay tolls associated with union travel without receipts.

BE IT FURTHER RESOLVED: That HSA consider paying the registered amount for the tolls as it is cheaper than the non-registered.

SUBMITTED BY: Burnaby Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

16. FINANCE

WHEREAS: Casual and part-time employees may be living in low income households as defined and measured by Statistics Canada; and

WHEREAS: Low income cut off (“LICO”) tables published by Statistics Canada are the most common measure of low income in Canada. The LICO takes into account the number of people living in a household and the size of their community; and

WHEREAS: Low income individuals pay a greater proportion of their income on the necessities of food, shelter and clothing than does the average family of a similar size.

WHEREAS: Monthly union dues charged to members living in low income households may place further strain on those living in or near poverty levels.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) reduce union dues by 60% for members who fall below Statistic Canada’s low income cut off based on an individual’s income or a family’s combined net income for the preceding tax year.

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

17. FINANCE

WHEREAS: Health Sciences Association of BC (“HSA”) members are not aware of how our dues charged and services provided compare to other unions; and

WHEREAS: HSA stewards use much of their own time to advocate for members; and

WHEREAS: HSA Labour Relations Officers are often difficult to contact due to heavy workloads.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) investigate and compare our union dues charged and services provided with other unions such as the BC Teachers’ Federation, the BC Nurses’ Union, the BC Government and Service Employees’ Union and the Canadian Union of Public Employees.

BE IT FURTHER RESOLVED: That the comparison be on a percentage to total payroll and number of union staff; percentage per member and average dollar cost per member.

BE IT FINALLY RESOLVED: That HSA make this information available to the membership prior the next Annual Convention in 2015.

SUBMITTED BY: Richmond Chapter
 Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

18. FINANCE

WHEREAS: Labour relations issues constitute the

majority of steward’s time and energy; and

WHEREAS: These issues have become increasingly complex and numerous; and

WHEREAS: Workload of Labour Relations Officers (“LROs) has increased as well.

THEREFORE BE IT RESOLVED: That the budget **FOR LABOUR RELATIONS OFFICERS** be increased to improve **MEMBER** service and assist local stewards across the province.

SUBMITTED BY: Golden & District General Hospital
 Committee Recommendation: Non-concurrence as amended
 Concurrence
 Non-concurrence

19. GENERAL

WHEREAS: Some members feel that the mandatory flu shot is a violation of their right to choose to participate in their medical treatment; and

WHEREAS: The option of wearing a mask for the flu season marks them as having refused the flu shot; and

WHEREAS: This is now a condition of their employment and is being rigorously enforced with progressive discipline.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) conduct a poll of its membership to see how many members received the flu shot solely to avoid workplace discipline.

SUBMITTED BY: Royal Inland Hospital
 Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

RESOLUTIONS - GENERAL

20. GENERAL

WHEREAS: The Health Sciences Association of British Columbia (“HSA”) represents a wide variety of health care professions; and

WHEREAS: It is extremely difficult to educate the public about our integral roles in the delivery of health care; and

WHEREAS: The Variety Club assists children that without the expertise of our members would fail to thrive.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) investigate a way to get involved with the Variety Club as a sponsor.

BE IT FURTHER RESOLVED: That HSA **CONSIDER BECOMING INVOLVED** in the Variety Club Telethon to help raise our public profile for minimal overall cost.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation: Concurrence as amended
_____ Concurrence
_____ Non-concurrence

21. GENERAL

WHEREAS: The Health Sciences Association of BC (“HSA”) is a union with collective bargaining power; and

WHEREAS: The name “Health Sciences Association of BC” can create confusion for members and other organizations; and

WHEREAS: HSA bargains for other member unions and the name Health Sciences Union of BC (“HSUBC”) better reflects what we are as a union in

the labour movement.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) investigate the cost and practicality of changing the name from “Health Sciences Association of BC” to “Health Sciences Union of BC”; and

BE IT FURTHER RESOLVED: That HSA present the results and inform the membership of the investigation prior to the next Annual Convention.

SUBMITTED BY: Richmond Chapter
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

22. GENERAL

WHEREAS: Costs of living in ferry-dependent communities is higher than average; and

WHEREAS: BC Ferry rates continue to rise annually; and

WHEREAS: Many Health Science Association of BC members live and work in ferry-dependent communities.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby the BC Government to place a cap on rising ferry costs to consumers.

BE IT FURTHER RESOLVED: That HSA lobby the BC Government to promote health care in ferry-dependent communities.

BE IT FINALLY RESOLVED: That HSA lobby the BC Government to offer ferry discounts to health science professionals.

SUBMITTED BY: Sunshine Coast Chapter

Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

23. GENERAL

WHEREAS: The Health Sciences Association of BC (“HSA”) has been actively involved in health promotion for its members; and

WHEREAS: Many HSA members cycle to work.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby employers to support all their workers by providing adequate bike storage.

SUBMITTED BY: Holy Family Hospital
 Committee Recommendation:
 Non-concurrence
 Concurrence
 Non-concurrence

24. GENERAL

WHEREAS: The number of seniors and persons with disabilities (“PWDs”) is increasing; and

WHEREAS: Many of these people rely on accessible transportation to get to appointments, shopping etc.

WHEREAS: Many are already at risk for social isolation.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby the provincial government to maintain and work on expanding transportation programs including the Taxi Saver Program and **ENCOURAGE** the training of taxi drivers to work with people with special needs.

SUBMITTED BY: Holy Family Hospital

Committee Recommendation: Concurrence as amended
 Concurrence
 Non-concurrence

25. GENERAL

WHEREAS: Many seniors and persons with disabilities (“PWDs”) living in residential facilities are on fixed low incomes; and

WHEREAS: Most of their income goes to room and board leaving very little for personal needs.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby the government to drop the \$25 per month wheelchair user fee.

SUBMITTED BY: Holy Family Hospital
 Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

26. GENERAL

WHEREAS: Many seniors and persons with disabilities (“PWDs”) have limited mobility; and

WHEREAS: Many have no social support systems.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) **URGE THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES (“NUPGE”)** to lobby the federal government to provide postal delivery services to **SENIORS AND PERSONS WITH DISABILITIES**.

SUBMITTED BY: Holy Family Hospital
 Committee Recommendation: Concurrence as amended
 Concurrence
 Non-concurrence

RESOLUTIONS - GENERAL

27. GENERAL

WHEREAS: There is no specific designation from the Ministry of Housing or Ministry of Health for “rehabilitation”; and

WHEREAS: Persons with disabilities (“PWDs”) who are in rehabilitation hospitals are designated as being in a residential facility and are therefore at risk of losing their housing allowance. Under residential care, the majority of a PWD’s income goes to pay for room and board leaving little for personal needs; and

WHEREAS: Many PWDs in this situation cannot afford to keep their primary residence; and

WHEREAS: PWDs are not “residential” but rather are rehab candidates who will most likely return to the community.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby the provincial government to create a specific rehabilitation category that has provisions to protect housing and health benefits for persons with disabilities, hospitalized in a rehabilitation facility.

SUBMITTED BY: Holy Family Hospital
Committee Recommendation: Concurrence
_____ Concurrence
_____ Non-concurrence

28. GENERAL

WHEREAS: Governments and anti-union organizations across Canada are promoting the regressive “right to work” movement that has taken hold in the United States; and

WHEREAS: “Right to work” laws destroy unions, drive down wages, benefits and pensions for all

working people, and weaken support for public services; and

WHEREAS: Strong unions are critical to ensure safer workplaces and fair treatment at work; and

WHEREAS: A strong labour movement is essential to have a truly democratic and just society, and to work effectively at the political level to create the just society we desire for all;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) continue working with our National Union of Public and General Employees and the Canadian Labour Congress to protect and promote labour rights; and

BE IT FURTHER RESOLVED: That the HSA work with our allies to make the federal Conservative government’s support for anti-union measures a vote-determining issue for working people in the upcoming federal election.

SUBMITTED BY: Board of Directors
Committee Recommendation: Concurrence
_____ Concurrence
_____ Non-concurrence

29. GOVERNANCE

WHEREAS: The office of the Health Sciences Association of BC (“HSA”) president has expanded over the years to include work on many committees outside of HSA itself; and

WHEREAS: The transition of a new President after election is immediate at the close of convention; and

WHEREAS: It takes time to transition into and out of the office of the president of the HSA;

THEREFORE BE IT RESOLVED: That the Union investigate the need for **THE** creation of a **PAST**

President position of one year;

BE IT FURTHER RESOLVED: That duties undertaken on behalf of the union by the **PAST** President be reimbursed in the same manner as any Board member’s activities.

SUBMITTED BY: Royal Inland Hospital
Committee Recommendation:
Non-concurrence as amended
 Concurrence
 Non-concurrence

30. GOVERNANCE

WHEREAS: We need to ensure fair access to all committee reports held at our annual Convention; and

WHEREAS: Not all delegates are able to stay for the entire Convention due to travel arrangements; and

WHEREAS: The Occupational Health & Safety Committee report is held at the very end of each Convention and therefore is not heard by everyone.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) rotate the order of the committee reports at **ANNUAL CONVENTION** to ensure that all delegates **HAVE AN OPPORTUNITY TO HEAR** these reports.

SUBMITTED BY: Victoria Women’s Transition Society
Committee Recommendation: Concurrence as amended
 Concurrence
 Non-concurrence

31. GOVERNANCE

WHEREAS: HSA Convention is an excellent opportunity for members to learn more about their Union; and

WHEREAS: Convention is typically held in Vancouver each year and travelling to attend can be difficult for some members living out of town; and

WHEREAS: Some chapters have more members interested in attending convention than available delegate spots; and

WHEREAS: Conferences and seminars can now be digitally video-recorded and easily uploaded to the internet;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) make available, through a members-only section on their website, an archive of video feeds of convention events.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

32. GOVERNANCE

WHEREAS: Health Sciences Association of BC (“HSA”) member voting has traditionally been conducted through a mail-in ballot system; and

WHEREAS: There is a lot of paper consumed in the mail-in ballot system, leaving an environmental footprint; and

WHEREAS: Many companies and government agencies have switched over to paperless systems, while still ensuring the security and privacy of their clients’ information (internet banking; filing taxes).

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) **CONTINUE TO** investigate whether they can create a secured voting system on its website for their

RESOLUTIONS - GOVERNANCE

members thereby eliminating the need for a mail-in ballot system **WHERE POSSIBLE.**

SUBMITTED BY: Penticton General Hospital
Committee Recommendation: Concurrence as amended

_____ Concurrence

_____ Non-concurrence

33. GOVERNANCE

WHEREAS: Health Sciences Association of BC (“HSA”) has been committed to participation with Run for the Cure almost since its inception and we continue to support it as a gold level sponsor; and

WHEREAS: The membership supports this investment with both time and money; and

WHEREAS: Things were missed at the Royal Inland Hospital site due to member volunteers being busy and it creeping up to Run time

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) reinstate the Run for the Cure Committee in a limited scope to assist with organizing the Run site coordinators.

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

_____ Concurrence

_____ Non-concurrence

34. GOVERNANCE (Covers 36)

WHEREAS: The Committee on Equality and Social Action (“CESA”) connects members with the bigger social, economic and political environment picture contributing to various non-profit organizations; and

WHEREAS: The promotion of social and economic justice, labour solidarity, universal healthcare and

protection of human rights are core values to health care workers; and

WHEREAS: A healthy environment and climate action are crucial for the well-being and future of humanity.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) continue to fund the Committee on Equality and Social Action (“CESA”).

SUBMITTED BY: Richmond Chapter

Committee Recommendation: Non-concurrence

_____ Concurrence

_____ Non-concurrence

35. GOVERNANCE

WHEREAS: The Health Sciences Association of BC (“HSA”) cites significant financial/organizational pressures as reasons why the membership ought to resign themselves to a collective agreement with a five year term, delays in addressing labour relations issues, limits to democratic participation (i.e. biennial rather than annual conventions); and

WHEREAS: HSA is a small organization with limited resources, public recognition or esteem and limited political power within the province of BC or the labour movement.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) seek mutual protection to secure financial stability, political organization/power and ensure access to greater resources by merging with another health care union that shares our commitment to public healthcare equality, social and economic justice; and

BE IT FURTHER RESOLVED: That within one year, HSA identify a suitable union principally or wholly composed of healthcare workers and commence

active negotiations to complete the constitutional and legal requirements (including member ratification) to merge our unions into a single entity with a unified membership.

SUBMITTED BY: Sunny Hill Health Centre for Children

Committee Recommendation: Non-concurrence
 _____ Concurrence
 _____ Non-concurrence

36. GOVERNANCE (Covered by 34)

WHEREAS: Health Sciences Association of BC (“HSA”) members are relatively privileged members of society by virtue of wage, benefit and working conditions protected in their collective agreement; and

WHEREAS: HSA by membership decree, established the Committee on Equality and Social Action (“CESA”) and created a fund to specifically “make significant monetary contributions towards the promotion of social and economic justice, labour solidarity, protection of human rights; a healthy environment and universal health care”; and

WHEREAS: HSA acknowledges the social responsibility we share as well as the opportunity to enhance the public awareness, relevancy and esteem of our union through charitable giving and political advocacy/collaboration.

THEREFORE BE IT RESOLVED: That the Committee on Equality and Social Action (“CESA”) fund is a core political and moral commitment of our membership that should not be suspended to remedy a financial shortfall.

BE IT FURTHER RESOLVED: That the Health Sciences Association of BC (“HSA”) maintain financing of CESA and continue to disburse ongoing fund-

ing to community groups who meet the criteria as established by our policy.

SUBMITTED BY: Sunny Hill Health Centre for Children

Committee Recommendation:
 _____ Concurrence
 _____ Non-concurrence

37. GOVERNANCE

WHEREAS: The Health Sciences Association of BC (“HSA”) Constitution sets out the elements of the democratic function of the union, and

WHEREAS: One of the major goals of the labour movement is to extend the benefits of collective bargaining to workers who are not yet members of unions, (organizing the unorganized), and

WHEREAS: Some unions in the labour movement attempt to increase their union density by “raiding” members from other unions, and

AND WHEREAS: The practice of raiding is detrimental to the labour movement’s objectives of promoting trust and goodwill, building cooperation and solidarity, and conserving union resources,

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) will promote and practice union principles when organizing the unorganized, and

BE IT FURTHER RESOLVED: That HSA does not condone raiding, and

BE IT FINALLY RESOLVED: That HSA will vigorously defend against any attempt by another union

RESOLUTIONS - HEALTH HUMAN RESOURCES

to raid members of Health Sciences Association.

SUBMITTED BY: Board of Directors
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

38. HEALTH HUMAN RESOURCES

WHEREAS: There is a need for trained health science professionals; and

WHEREAS: Recruitment and retention of health care professionals is desired; and

WHEREAS: There is a great and continuing need for practicum teaching spaces.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) continue to assist the growth of the health science professionals workforce with the aid of professional associations and governing bodies in promoting awareness of the need for clinical site teaching facilities.

BE IT FURTHER RESOLVED: That HSA continue to lobby the provincial government for adequate funding and staffing to meet these needs.

SUBMITTED BY: Kootenay Lake Hospital
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

39. HEALTH HUMAN RESOURCES

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

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

HEALTH SCIENCES ASSOCIATION

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) investigate peer mentoring programs to coach new graduates in learning the worksite culture and inner workings faster than the standard training and/or orientation period.

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

SUBMITTED BY: Kootenay Lake Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

40. HEALTH SERVICES

WHEREAS: Many children with special needs also present with mental health concerns (co-morbid conditions); and

WHEREAS: Many parents also present with mental health issues; and

WHEREAS: Providing services to children includes providing services to the family unit.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) lobby and support the government to increase accessibility and coordination of mental health services.

SUBMITTED BY: Fraser Valley Child Development Centre
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

41. HEALTH SERVICES

WHEREAS: Children with complex developmental behavioral conditions (“CDBC”) receive no targeted behavior intervention if their IQ is higher than 70 and they do not have an autism diagnosis; and

WHEREAS: Children with behavioral issues that have IQs lower than 70 or an autism diagnosis have specific funding allocated for services and access to a behavior intervention program.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) lobby to increase funding for services available to children with complex developmental behavioral conditions who do not meet the criteria of having either:

1. an autism diagnosis; or
2. an IQ below 70.

SUBMITTED BY: Fraser Valley Child Development Centre

Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

42. HEALTH SERVICES

WHEREAS: Since 2001 there has been a systematic devaluing of public services and public service employees; and

WHEREAS: Reduction in funding have created longer wait times and changes to the quality of services; and

WHEREAS: These changes are correlated to recent attritions, loss of FTEs and increased workloads.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) implement a

strategy to discern how these current circumstances will affect employee wellness and service delivery.

SUBMITTED BY: Queen Alexandra Centre for Children’s Health
 Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

43. HEALTH SERVICES

WHEREAS: Having a developmental and/or physical disability can often lead to mental health issues and counselling can be effective in helping individuals process anxiety, depression etc.; and

WHEREAS: Public counselling teams or support for children have little to no experience with youth with disabilities, particularly those with communication challenges; and

WHEREAS: As a result, the typical experience of a youth with a disability seeking counselling assistance is to be pushed back and forth between agencies with no assistance being received.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) lobby the Ministry of Children and Family Development to provide **APPROPRIATE** counselling services to youth with disabilities.

SUBMITTED BY: Centre for Child Development Surrey
 Committee Recommendation: Concurrence as amended
 Concurrence
 Non-concurrence

44. HEALTH SERVICES

WHEREAS: Children with mental health issues can often have concurrent sensory challenges; and

RESOLUTIONS - HEALTH SERVICES

WHEREAS: Occupational therapists (OTs) are trained in assessing and providing intervention for sensory disorders; and

WHEREAS: Only three child and youth mental teams in BC contain OT services.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) advocate to the Ministry of Children and Family Development (“MCFD”) **FOR KEEPING SERVICE DELIVERY CONSISTENT ACROSS THE PROVINCE, OFFERING CHILD AND YOUTH MENTAL HEALTH SERVICES WITH A FULL COMPLEMENT OF HEALTH SCIENCE PROFESSIONALS, INCLUDING OCCUPATIONAL THERAPISTS.**

SUBMITTED BY: Centre for Child Development
Surrey

Committee Recommendation: Concurrence as amended

_____ Concurrence

_____ Non-concurrence

45. HEALTH SERVICES

WHEREAS: The Ministry of Children and Family Development currently provides social work support to children (0-18 years) with special needs and their families including accessing funding, supports, respite and navigating the system; and

WHEREAS: Young adults with a developmental disability (lower than 70 IQ) who qualify for Community Living BC (“CLBC”) services are provided with access to a social worker and transition support services through the Navigator Support Pilot; and

WHEREAS: Many young adults with special needs do not qualify for CLBC and have a very difficult time transitioning and navigating the adult services system after age 18.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) advocate and lobby the Ministry of Children and Family Development (“MCFD”) and the Ministry of Social Development to provide the Navigator program to all young adults (16-24 years) with disabilities.

SUBMITTED BY: Centre for Child Development
Surrey

Committee Recommendation: Concurrence

_____ Concurrence

_____ Non-concurrence

46. HEALTH SERVICES

WHEREAS: Mental health affects all members of society regardless of class, gender or age; and

WHEREAS: Individuals with mental health issues are more apt to be incarcerated during an acute crisis and often end up in the criminal justice system; and

WHEREAS: Local RCMP or city police within BC may have limited knowledge and ability to assist mentally ill individuals.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) promote the presence of trained health science professionals, along with police officers, to aid in crisis intervention involving acute mental health situations.

BE IT FURTHER RESOLVED: That HSA lobby the provincial government for adequate funding and staffing to meet community needs for a partnership program similar to the Vancouver Car 87 program.

SUBMITTED BY: Kootenay Lake Hospital

Committee Recommendation: Concurrence

_____ Concurrence

_____ Non-concurrence

MEMBER SERVICES

47. LABOUR RELATIONS

WHEREAS: Individuals who use special leave to care for family members are put under increased stress; and

WHEREAS: Lengthy delays in resolving special leave issues affects the member's ability to work efficiently in a negative manner; and

WHEREAS: Members will choose not to grieve special leave denied requests; and

WHEREAS: Having a denied special leave request puts pressure on the member to improperly use their vacation and sick time.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia ("HSA") expedite special leave grievances by having them as a priority to complete within a definite time frame.

SUBMITTED BY: BC Centre for Ability
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

48. MEMBER SERVICES

WHEREAS: The Health Sciences Association of British Columbia ("HSA") conducts telephone town hall meetings to discuss topics including bargaining, potential job action and other topics important to the members; and

WHEREAS: HSA members are not always able to listen in on these telephone town hall meetings due to work or personal schedules, dropped calls, etc.; and

WHEREAS: At this time HSA members do not have access to these discussions post-telephone town hall meeting time.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC ("HSA") record all telephone town hall meetings and make these recorded meetings available to the members via the HSA website.

SUBMITTED BY: Fraser Valley Child Development Centre
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

49. MEMBER SERVICES

WHEREAS: There is no policy with respect to member and staff complaints and dispute resolution, similar to Article 15 of the Constitution; and

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC ("HSA") develop a new policy based on Article 15 of the Constitution that applies to conflict for staff and members.

SUBMITTED BY: Vancouver General Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

50. MEMBER SERVICES

WHEREAS: The province and the Health Employers' Association of BC ("HEABC") use professional negotiators during the bargaining of collective agreements; and

WHEREAS: The Health Sciences Association of BC ("HSA") bargaining committees consist of union members that are not professionally trained in negotiations as their primary occupation; and

WHEREAS: HSA is at a disadvantage during bargaining by the lack of professional representation and expertise in negotiations.

RESOLUTIONS - MEMBER SERVICES

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) hire professional negotiators during bargaining of collective agreements that will utilize bargaining committee members as advisors.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

51. MEMBER SERVICES

WHEREAS: Members lack information about the role of the Union and their stewards in assisting them; and

WHEREAS: Instances have occurred where new members are unaware of the union.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) ensure that the orientation package is received by new members.

SUBMITTED BY: BC Cancer Agency – Vancouver Cancer Centre
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

52. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Many Health Sciences Association of BC (“HSA”) members are working in aging buildings; and

WHEREAS: There are limited funds available to address the aging structures.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) investigate and lobby the government to continue to upgrade build-

ings to safe standards.

BE IT FURTHER RESOLVED: That HSA through Occupational Health & Safety lobby employers to act in a timely manner to address member concerns regarding environmental work place issues.

SUBMITTED BY: Holy Family Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

53. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: More than 30,000 British Columbians are victims of domestic violence every year; and

WHEREAS: Domestic violence occurs in all cultures and communities and is a major contributor to increased absenteeism, sick leave and lost productivity at work; and

WHEREAS: Workplace partners including managers, supervisors, workers, the union and joint occupational health and safety committees can work together to support victims of domestic violence and develop appropriate policies and procedures for making workplaces safer;

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (“HSA”) members be encouraged to participate in the Canadian Labour Congress national domestic violence survey entitled, “Can Work Be Safe When Home Isn’t”, which is available on-line until June 6, 2014; and

BE IT FURTHER RESOLVED: That the HSA takes the necessary steps to urge employers to provide suitable levels of workplace support for victims of domestic violence and maintain appropriate procedures for making our workplaces safer.

SUBMITTED BY: Board of Directors

OCCUPATIONAL HEALTH AND SAFETY

Committee Recommendation: Concurrence

Concurrence

Non-concurrence

54. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: WorkSafeBC policy amendments which came into effect on November 1, 2013 describes harassment and bullying as a hazard and defines it as:

“(a) includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but

(b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.”; and

WHEREAS: The new policy and accompanying guidelines require all BC employers to update their anti-harassment policies and procedures to ensure compliance; and

WHEREAS: The policy review is to be carried out in cooperation with Joint Occupational Health and Safety committees;

THEREFORE BE IT RESOLVED: that the Health Sciences Association of BC (“HSA”) monitor and support Joint Occupational Health & Safety committees to ensure that employers are complying with WorkSafeBC regulatory requirements.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Concurrence

Non-concurrence

55. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Worksafe BC requires the establishment of a Joint Occupational Health and Safety Committee at any location with 20 or more workers; and

WHEREAS: A number of work sites which employ Health Sciences Association of BC (“HSA”) members have either no committee or at best an ineffective committee; and

WHEREAS: The health and safety of HSA members is best represented by our own members knowledgeable in occupational health and safety

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) provide resources to support the ongoing work of Health Sciences Association representatives on Joint Occupational Health & Safety committees.

BE IT FURTHER RESOLVED: That HSA complete the mapping exercise of our Safety Steward network.

BE IT FINALLY RESOLVED: That HSA hold employers accountable for not complying with the minimum standards of the Workers Compensation Act and regulations.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Concurrence

Non-concurrence

56. POLITICAL ACTION

WHEREAS: The maintenance of proper health and fitness is important to one’s ability to perform their job well and can reduce the risk of injury and illness; and

RESOLUTIONS - POLITICAL ACTION

WHEREAS: Fitness clubs and athletic programs can be costly and not affordable for some working adults; and

WHEREAS: There are tax deductions for families to cover the cost of membership of a child in a prescribed program of physical activity (\$500 per child); and

WHEREAS: There are no similar tax incentives for working adults enrolled in physical activity programs.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of British Columbia (“HSA”) lobby the government to better promote health and fitness in the workforce by supporting adults enrolled in physical activity programs through tax incentives.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

57. POLITICAL ACTION

WHEREAS: There are no provisions within the BC Employment Standards Act that prevents employers from creating multiple positions that could reasonably be performed by a single individual (sustainable employment); and

WHEREAS: Many casual and part-time employees must hold several jobs to provide sustainable household income; and

WHEREAS: Employers have little incentive to offer sustainable full-time employment.

THEREFORE BE IT RESOLVED: Health Sciences Association of BC (“HSA”) identify financial barriers facing low income earners.

HEALTH SCIENCES ASSOCIATION

BE IT FURTHER RESOLVED: HSA lobby the provincial government to require employers to provide sustainable employment.

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

58. POLITICAL ACTION

WHEREAS: Provincial Health Authorities are restructuring services by “stealth” by cutting and/or eliminating FTEs and claiming services will be more “child/family centered, innovative, evidence-based and accountable”; and

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) will conduct active research to document and communicate the number and effect of actual cuts on the erosion of health care service and loss of treatment capacity/expertise related to termination of our members.

BE IT FURTHER RESOLVED: That HSA will dedicate human, financial and political resources as necessary to organize a print/television campaign and conduct public forums in order to generate public awareness and collaboration in efforts to compel the government to fully fund and maintain public health care services.

SUBMITTED BY: Sunny Hill Centre for Children
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

59. POLITICAL ACTION

WHEREAS: Families are having a harder time making ends meet due to incomes becoming lower, tuition increasing leading to more debt to pay while raising a family, housing prices skyrocketing, child-

POLITICAL ACTION

care costs becoming unmanageable; and

WHEREAS: The above hardships mean the younger generations are currently squeezed for time, money and the ability to affect political change; and

WHEREAS: There needs to be a more equal focus of services for both older and younger generations.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) look into Paul Kershaw’s Gensqueeze campaign to find ways to reduce the squeeze burdening the younger generations.

BE IT FURTHER RESOLVED: That HSA act to support this campaign.

SUBMITTED BY: Campbell River Family Services
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

60. POLITICAL ACTION

WHEREAS: Since the Harper Conservatives have been in power, they have refused to enforce the *Canada Health Act*, to negotiate a new Health Accord with the provinces, to set national standards for essential programs such as home care and residential care, or to establish a national Pharmacare program; and

WHEREAS: These measures have drastically reduced the critical role that the federal government has historically played in health care, and are damaging our public health care system; and

WHEREAS: Polling shows that voters want our federal government to play a strong role in health care across the country, and that voters will change the way they vote based on a federal party’s position on health care;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (“HSA”) work with allied organizations to make the federal Conservative government’s abdication of responsibility for health care a vote-determining issue in the upcoming federal election.

SUBMITTED BY: Board of Directors
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

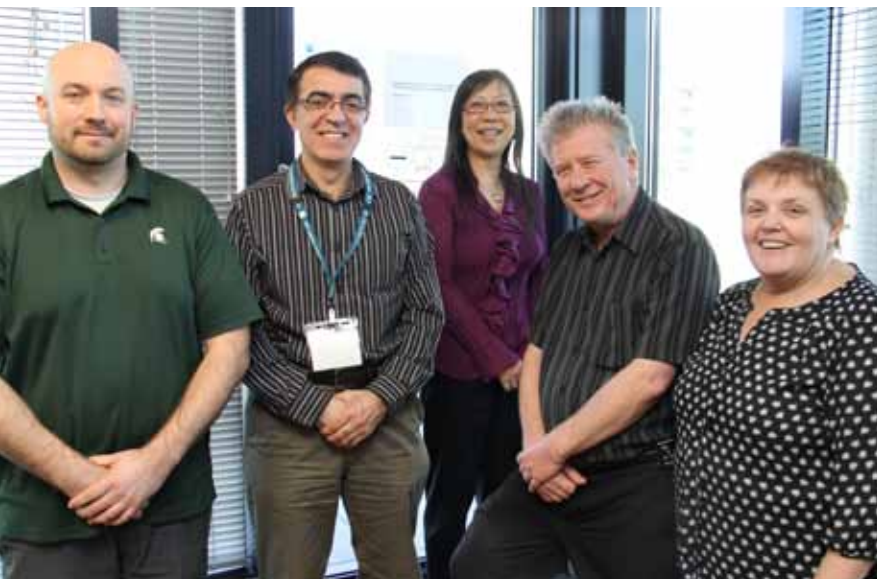




Jade Shultis, respiratory therapist

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



(L-R) Bill Hannah, Mohammad Kazemian, Anita Bardal, Dave Noga, Wendy Reilly

Your committee:

Anita Bardal
(Chair Region 6 Director)
Bruce MacDonald
(Director, Region 3)
Mohammad Kazemian
(Member at Large, Region 4)
Dave Noga
(Member at Large, Region 6)
Wendy Reilly
(Member at Large, Region 8)
Bill Hannah (Staff)

It was a pleasure and honour working with this year's members of the Committee on Equality and Social Action. Several of us were new to the committee, and it was helpful to have the mentorship and past experience of Bruce MacDonald and Dave Noga to guide us.

Bill Hannah and Pattie McCormack, our HSA staff supports, were invaluable in keeping us on target and organized for our meetings. This despite the multiple responsibilities they carry out at HSA. Thank you both for your input and contributions to the success of the activities of our 2013/2014 CESA committee.

The CESA met three times and corresponded via e-mail to plan activities for the year. The name CESA reflects the mandate of this committee – to look at equality and social action in HSA through member education and action.

Every year the committee requests and supports Building Leadership through Diversity Level 1, a member education workshop held before con-

vention. Demand for this workshop has always been high, and there is often a waitlist. We are pleased to receive funding to again offer this to members as part of the 2014 HSA pre-convention workshops.

ACTIVITIES

Highlights of this year's activities include:

- “Speed dating” interviews (Equality and Social Action fund)
- Convention movie night planning and arrangement
- Convention basket raffle and staff basket auction

The “speed dating” presentations took place over two days October 15-16. This year the committee met with almost two dozen CESA fund applicants, in person and via teleconference. Anne Davis, chair of the Women's Committee, was invited to join us

for the speed dating portion. She provided thoughtful input on the organizations and their presentations.

As in previous years, the members of CESA could see the need for funding was greater than the funds available, making the grant selection difficult. Total funds requested amounted to \$119,000, while only \$85,000 was available.

CESA COMMITTEE 2014/2015

Please take the time to read the other committee reports in this Annual Report. You will see that HSA has faced unprecedented challenges this year:


- Bargaining costs for each of the five HSA collective agreements.
- Greatly increased and complex grievances, long-term disability, WCB and duty to accommodate workloads for staff, with no increased staffing.
- Costs of fighting the BCNU raid on our RPNs.

As a result of these challenges, many difficult decisions had to be made in order to enable HSA to function. Among these decisions was the very difficult decision to temporarily suspend CESA funding for 2014/2015. I am confident we will see the committee back, and can report that the union continues to support social justice and equality issues in other ways. Through our membership in the BC Fed, NUPGE and CLC, we continue to contribute donations to many progressive organizations that have social justice mandates. We also work on addressing issues on local levels: from participation in local labour councils throughout the province, through to participation on BC Federation of Labour, NUPGE, and CLC campaigns.

HSA is proud to support the Run for the Cure and is pleased to support the “be more than a bystander” campaign against violence against women. As well, I am pleased to report that the Board of Directors has accepted CESA’s recommendation to

PROJECTS FUNDED BY CESA IN 2013

First Call: BC Child and Youth Advocacy Coalition	\$3000.00
Living Wage for Families Campaign (Hosted by First Call)	\$2423.00
Canada Without Poverty	\$2000.00
World Peace Forum	\$1000.00
CoDevelopment Canada	\$14,000.00
BC Coalition of People with Disabilities	\$2000.00
Downtown Eastside Women’s Centre	\$6908.75
Protein for People	\$4908.76
West Kootenay Women’s Association	\$5000.00
Check Your Head: The Youth Global Education Network	\$3000.00
BC Society of Transition Houses	\$2000.00
West Coast LEAF	\$4000.00
Coalition of Child Care Advocates of BC	\$2500.00
Ending Violence Association of BC	\$6500.00
South Okanagan Victim Assistance Society (SOVAS)	\$5,500.00
Vancouver Co-op Radio (CFRO)	\$5,000.00
Camp Jubilee	\$2000.00
	Plus convention raffle proceeds
Positive Living North	\$2756.00
Seniors Services Society	\$6800.00
The Global Youth Education Network Society (Next Up...)	\$4000.00
TOTAL	\$85,296.51

continue the basket raffle and staff auction. The Women’s Committee will take temporary conduct of this fundraiser for 2014 convention. 

*Respectfully submitted,
Anita Bardal, Chair*

EDUCATION COMMITTEE

Your committee:

Allen Peters
(Chair and Region 8 Director)
Anita Bardal
(Director, Region 6)
Madhu Maharaj
(Member at Large, Region 4)
Tilly Hiscock
(Member at Large, Region 7)
Douglas Wang
(Member at Large, Region 7)
Mandi Ayers
(Member at Large, Region 10)
Leila Lolua (Staff)
Bill Hannah (Staff)

HSA's Education Committee oversees the administration of HSA's scholarships and bursaries, as well as HSA's education programs. Through in-house and external courses, HSA endeavors to provide the knowledge and tools that stewards require to best represent the interests of HSA members. Member education is delivered via educational workshops, education at chapter meetings, and through the opportunities afforded members by scholarships and bursaries.

Core training for stewards includes courses such as basic steward training and occupational health and safety training. Stewards play a role in mobilizing their HSA chapters, advocating for members' rights at their workplaces and getting involved with HSA as a political organization. These diverse responsibilities require diverse training opportunities.

Constituency liaison training continues to be in demand and HSA continues to meet the training requirements of the expanded number of HSA

members who have stepped up to educate MLAs about HSA and issues important to our members' interests. HSA provides labour council delegate training for members who participate in labour councils to ensure that our activists have the knowledge to represent HSA effectively.

In response to members' desire to have more education available online, an increasing number of workshops have integrated aspects of online education through Moodle activities. All workshops now include companion information and activities on Moodle. In addition to providing better access to education, this development has significantly decreased the amount of paper that course participants receive. Overall, members seem pleased to be able to access information online. Further development and promotion of online aspects of education are planned.

The committee identifies educational needs and makes recommendations to the Board of Directors regarding workshops, policies and programs consist-

In response to members' desire to have more education available online, an increasing number of workshops have integrated aspects of online education through Moodle activities.

ent with the goals and objectives of HSA. The committee also oversees the selection of HSA scholarships that offer members the chance to participate in external labour-related education at the CLC Winter School and the Summer Institute for Union Women. HSA funds wage replacement and costs to make it possible for members to experience these valuable, multi-union educational opportunities.

FINANCIAL AID AND AWARDS


HSA's financial aid and awards plan – which supports members and their children through bursaries and scholarships for full-time post-secondary study in a public education facility – are always well subscribed. This year 124 applications were received for scholarships and bursaries. Each year the committee is impressed by the quality of applicants, and has the challenging task of choosing 30 recipients. Four part-time bursaries are now available to members, in addition to the full-time awards. HSA offers two \$1000 aboriginal bursaries for students entering post-secondary education in an HSA-related field. If you know of any aboriginal students in your community, encourage them to apply. Refer to the education section of HSA's website for more details. In addition, the committee oversees the Madden Memorial Fund that funds members taking labour-oriented training in areas such as human rights, labour relations and health and safety. This year only half of the fund was distributed; please consider applying!

THE YEAR IN REVIEW

Pre-convention workshops were well attended by delegates last year. Members attended workshops to discuss grievance handling, public speaking and building leadership through diversity. HSA also hosted a plenary on the morning of the convention to discuss the implementation of the 37.5 hour workweek which was a mandatory event for those affected by the change.

Workshops were held in conjunction with regional meetings. The 2013 topics were enhanced disability management and preparation for bargaining. 109 stewards were trained in basic steward training, 48 in occupational health and safety, 205 members participated in regional workshops, 117 in pre-convention workshops, 14 at election campaign school, and 18 attended International Women's Day.

HSA helped 63 RPNs prepare to deal with RPN-specific issues. Sessions were held in January, June and September. Participants enjoyed being able to train with others from the same discipline who share similar challenges.

Education helps to mobilize and keep our activists and stewards engaged within their union and in their workplaces as advocates. Knowledge transfer and support is the key to supporting our union. 

*Respectfully submitted,
Allen Peters, Chair*

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



Allen Peters, Heather Sapergia, Lara Lachance, Ramzan Anjum, David Durning

Your committee:

Allen Peters
(Chair and Region 8 Director)
Heather Sapergia
(Director, Region 10)
Lara Lachance
(Member at Large, Region 3)
Mike Trelenberg
(Member at Large, Region 3)
Ramzan Anjum
(Member at Large, Region 5)
David Durning (Staff)

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

The past year has been a very busy one as employers, government and WorkSafeBC have all presented numerous challenges.

HIGHLIGHTS:

1. The dictate of the provincial government around flu vaccinations and HSA's challenge was a costly one, with a price tag of approximately \$300,000 and a less than desirable outcome.
2. The health authorities applied to WorkSafeBC for a variance on the requirement for annual fit testing of N95 respirators to every two years. The HSA and other healthcare unions, have opposed this application and we have questioned the right of the employers to even apply for this variance while they are in non-compliance with the current requirement. To date the final outcome of their application is unknown.
3. On November 1, 2013 WorkSafeBC implemented changes requiring all employers in the province to update and implement definitions, policies and procedures related to harassment and bullying. The union continues to be involved in a co-ordinating and monitoring role as these new practices are implemented in HSA sites.
4. The committee has recognized the need to support our members working in the community and social services sectors where health and safety resources and programming are often lacking. It is expected there will be a growing emphasis on these needs in the coming year.
5. A major emphasis this past year has been in

As of our February meeting we were receiving 174 sets of joint OHS committee minutes monthly – well on our way to this year’s modest goal of 200 – but still short of the more than 300 sets of minutes that should be coming to the union office each month.


ensuring that we have representation at the provincial, regional and site levels on various joint committees. Work has also focused on securing meeting minutes and reports from those committees; an important way to monitor their work. As of our February meeting we were receiving 174 sets of joint OHS committee minutes monthly – well on our way to this year’s modest goal of 200 – but still short of the more than 300 sets of minutes that should be coming to the union office each month.

6. Health authority consolidations continue to create roadblocks for participation of our elected members on joint OHS committees. Health employers appear to be putting more energy into trying to achieve exemptions under the Workers Compensation Act rather than complying with the law as it stands.
7. An HSA domestic violence campaign was launched in December with the intent of educating our members and our employers about the impact of domestic violence in the workplace. We are encouraging all members to participate in the national domestic violence survey entitled “Can Work Be Safe When Home Isn’t”. Posters with instructions for survey participation have been provided to all HSA chapters and will be posted outside the convention hall.
8. The HSA membership database has been modified to assist staff in identifying our more than 400 joint OHS committee representatives, to better track where our resources are and to promote

improved communication among the steward population.

9. Planning is well underway for a two-day OHS conference to take place June 16-17, 2014.
10. This past year has seen the introduction of a regular safety update and we encourage all members to check out the bulletins (available on the website) and follow the embedded links for more information.

The committee would like to thank the stewards and members of HSA who continue to draw attention to the issues at our worksites. Thank you also to the board for your recognition and continued support of the committee and the work we do. In a difficult financial year, there will be an occupational health and safety conference and we all know that has the potential for promoting grassroots activism in our workplaces.

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

*Respectfully submitted,
Allen Peters, Chair*

POLITICAL ACTION COMMITTEE



Brendan Shields, Neelam Mann, Nancy Hay, Anne Davis, Joyce Pielou

Your committee:

Brendan Shields
(Chair and Region 4 Director)
Anne Davis
(Director, Region 1)
Joyce Pielou
(Member at Large, Region 1)
Nancy Hay
(Member at Large, Region 6)
Neelam Mann
(Member at Large, Region 7)
Carol Riviere (Staff)

COMMITTEE MANDATE

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

THE YEAR IN REVIEW

The new PAC formed and held our first meeting in the aftermath of the 2013 provincial election. We began with a debrief of the provincial election, including the record involvement of HSA members who ran for office, or worked on campaigns.

While there was no large election looming,

there was still a great deal of work to focus on, and we started by looking at resolutions from our own conventions. We continued to work on resolution 48(a) from our 2009 convention, tasking us with continuing to participate in campaigns to educate the public and our members concerning the impact of public private partnerships (P3s). We also began working on the extraordinary resolution from last year's convention directing HSA to participate in the CLC's Together Fairness Works initiative. Together Fairness Works will build public support for unions and will engage members in one-on-one conversations to find out our members' priorities and concerns, and build union capacity.

Core to the PAC is our constituency liaison program. Since there had been an election where many of the MLAs had changed, we needed to review and update who was a constituency liaison, and in some cases recruit new constituency liaisons to do the work. This year our constituency liaisons will be going to Victoria in early May to meet with MLAs

In the year ahead, PAC will look for ways to support members who are running or working in the local government elections that will be held throughout BC in November. We will also provide members with information about the candidates that your local labour councils have vetted and endorsed.

while the legislature is sitting.

This year's PAC also turned its collective mind to the task of raising and enhancing the profile of labour council delegates. We asked regional directors to not only take the time to recognize labour council delegates in their regional meetings, but also to do some informal education around how to become a labour council delegate. PAC hopes that this type of informal education around the roles and responsibilities of labour councils and delegates will continue, because labour councils are an important part of the overall structure of our labour movement.

PAC continued looking for ways for our members to participate in the campaigns of our national counterparts, the Canadian Labour Council (CLC) and the National Union of Public and General Employees (NUPGE). Members continue to participate in NUPGE's "All Together Now" campaign, and will be playing a role in NUPGE's bus tour around BC later this year. The tour will raise awareness about tax fairness, the value of public services and the role of labour.


Members have also begun to work on the CLC's new Together Fairness Works project, attending training sessions held around the province, and talking with members to find out about the issues that matter to them.

THE YEAR AHEAD

In the year ahead, PAC will look for ways to support members who are running or working in the local

government elections that will be held throughout BC in November. We will also provide members with information about the candidates that your local labour councils have vetted and endorsed.

The new PAC selected after convention will also be working to raise members' political awareness as we move into a federal election year in 2015. There are many federal issues that will have a direct effect on HSA members, such as the Health Accord, health care privatization and anti-union legislation – to name but a few.

PAC will also be looking for opportunities to engage more members in the Fairness Works project, and in supporting the BC Health Coalition, as they prepare to go to court to defend our public health care system from the private clinics that are using the courts to try to dismantle Medicare. 

Respectfully submitted
Brendan Shields, Chair

WOMEN'S COMMITTEE



Anna Morton, Leila Lolua, Erin Seatter, Marg Beddis, Louise Vaile, Anne Davis

Your committee:

Anne Davis
(Chair and Region 1 Director)
Marg Beddis
(Director, Region 7)
Anna Morton
(Member at Large, Region 2)
Erin Seatter
(Member at Large, Region 5)
Louise Vaile
(Member at Large, Region 9)
Leila Lolua (Staff)

The Women's Committee was established by convention in 2011 with a mandate to explore barriers to women's participation in our union and to develop strategies for overcoming those barriers, thus strengthening our union's capacity and developing leadership among women activists.

The committee met three times during the 2013/14 year.

In 2013, the previous committee conducted a survey of the women of our union, which was underway at the time of our last convention. The survey gathered responses from 1040 women. This was a very high rate of response and provided the current committee with a wealth of material to consider when assessing the accessibility of union activities and planning future activities.

Not surprisingly, many women reported that child care and elder care responsibilities had an impact on their ability to be involved in our union. The committee is working with HSA staff to develop a bulletin for stewards with suggestions for

making chapter meetings more accessible to women who may have caregiving responsibilities.

In response to survey findings, the Board of Directors has supported the work of the committee by approving the reimbursement of dependant care for members attending chapter meetings, subject to the policy "Reimbursement for Dependant and Elder Care".

Many women who responded to the survey also reported a lack of knowledge of the roles of stewards, members-at-large and regional directors, as well as not knowing how to get involved.

The committee once again planned a two-day International Women's Day workshop to provide a mixture of education and skill-building opportunities for participants, including practical tips on promoting a resolution at convention and campaigning for election to a union position. The workshop built on last year's Women 4 Change (W4C) training by equipping participants with information about income inequality that they could take back

The committee was established in 2011. The Board of Directors at that time made a concerted effort to encourage women to stand as candidates for election to union positions. As a result, we saw an increase in female members at large from 2011 (57 per cent) to 2012 (80 per cent).

to their chapters.

As was the case last year, the workshop was over-subscribed and not all applicants were able to attend. Clearly there is a real appetite for this kind of union education. The results of the workshop will be reported on at convention.

At the December meeting, the committee had a guest speaker who had been part of a research project that looked at the effectiveness of union women's committees in Canada. Information gleaned from that presentation will be useful in guiding the committee in the future. As well, the committee continued to use the document, "Women's Union Leadership: Closing the Gender Gap" by Michelle Kaminski and Elaine Yakura of Harvard, as a reference.

Women make up approximately 83 per cent of the membership of HSA. The percentage of women participating as stewards has remained consistent since 2011 at 74 to 75 per cent.


As mentioned above, the committee was established in 2011. The Board of Directors at that time made a concerted effort to encourage women to stand as candidates for election to union positions. As a result, we saw an increase in female members at large from 2011 (57 per cent) to 2012 (80 per cent). As a result of the 2013 elections, 75 per cent of our members at large are female. The committee considers that this is still within a reasonable range and will continue to monitor rates of participation. The committee appreciates the efforts of the board and others in positions of leadership in supporting

the participation of women.

The committee sent out information on December 6, the National Day of Remembrance and Action on Violence Against Women and joined with the Occupational Health and Safety Committee in raising awareness of strategies for responding to the impact of domestic violence in the workplace. The committee encourages all members to fill in the Canadian Labour Congress survey on domestic violence in the workplace at:

www.fluidsurveys.com/s/DVatWork

The chair continued to represent HSA on the NUPGE Advisory Committee on Women's Issues and the B.C. Federation of Labour's Women's Rights Committee.

In closing, the committee wishes to thank the 1040 women of our union who responded to the 2013 survey. Your responses and thoughtful comments will guide the work of the committee for some time to come. 

*Respectfully submitted,
Anne Davis*



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

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

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

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

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

Region 4 [REGION04@hsabc.org]
Brendan Shields (Secretary-Treasurer)
Music Therapist, Richmond Hospital

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

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

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

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

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

Region 10 [REGION10@hsabc.org]
Heather Sapergia, Laboratory Technologist
Prince George Regional Hospital

EXECUTIVE DIRECTORS

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

MANAGING EDITOR

Miriam Sobrino

EDITOR

David Bieber



(from left) Anne Davis, Brendan Shields, Derrick Hoyt, Bruce MacDonald, Heather Sapergia, John Christopherson, Anita Bardal, Val Avery, Allen Peters, Marg Beddis, Janice Morrison



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Christy Waisman, counsellor



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