

2021 RESOLUTIONS BOOKLET  
50<sup>th</sup> ANNUAL CONVENTION



HEALTH SCIENCES ASSOCIATION  
The union delivering modern health care



# CONTENTS

## RESOLUTIONS

4	Constitution
23	Climate Action
25	Communications
27	Education
32	Equality and Social Action
35	Finance
37	General
39	Governance
51	Health Services
59	Human Resources
60	Labour Relations
61	Member Services
68	Occupational Health and Safety
69	Political Action

# RESOLUTIONS: CONSTITUTION

## RESOLUTION 1: Article 7

**WHEREAS** the HSA Constitution does not have any provision related to decisions that can be taken in response to an extraordinary circumstance arising that makes it unsafe and/or impossible to convene an in-person Annual Convention, Special Convention, or any meeting required by the Constitution, and

**WHEREAS** it is quite possible that the recent experience of having to postpone a scheduled constitutional Convention due to the COVID-19 pandemic will not be an isolated experience,

**THEREFORE BE IT RESOLVED** that Article 7 of the Health Sciences Association Constitution be amended to add a new section as follows:

### Section 10. Extraordinary Circumstances

Should any extraordinary circumstances, as defined by the Board of Directors and confirmed by a majority vote of the Board of Directors, arise that makes it unsafe and/or impossible to convene an in-person Annual Convention, Special Convention, or any meeting required by this Constitution, the Board of Directors shall decide whether to (i) postpone the event until it is safe and possible to meet in-person, or (ii) reschedule the event, to the earliest feasible later date, or (iii) if feasible, proceed with the event, as originally scheduled, using a virtual platform.

Any Annual Convention, Special Convention, or any other meeting required by this Constitution held using a virtual platform has all the rights and powers as if held in-person.

In the event of a postponement of the Annual Convention, Special Convention, or any meeting required by this Constitution, any incumbent office-holder, committee member, Committee Chair or Auditor shall continue in their respective role until the convening of the postponed Annual Convention, Special Convention or any meeting required by this Constitution. Should any incumbent office holder, committee member, Committee Chair, or the auditor be unwilling or unable to continue in their respective role, the Board of Directors will establish a process to fill a vacancy.

**Submitted by:** Board of Directors (Constitutional and Organizational Policy Committee)

**Committee Recommendation:** In favour.

**CARRIED:**       **DEFEATED:**

### RESOLUTION 2: Article 6 (Covers 3, 4 and 5)

**WHEREAS** review of the Health Sciences Association Constitution was undertaken to consider appropriate amendments in the context of the importance placed on privacy rights, confidentiality, and proper functioning of the Union; and

**WHEREAS** the purpose of these proposed amendments is to specify formerly implicit obligations meant to best serve the interests of members, and to make it clear that a breach of any obligation or responsibility by a member might lead to discipline pursuant to Article 15 – Complaints & Dispute Resolution; and

**WHEREAS** it is appropriate to amend Article 6 Section 6(b) to replace “Union Trial Committee” and “Trial Committee” with “Hearing Panel”, to serve the objective of using consistent terminology throughout the Constitution,

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) Constitution Article 6 Members’ Rights and Obligations – Section 6. Obligations be amended by adding statements (j) through (y) as follows:

- (j) Violate the Constitution of the Union or any Union Policy;
- (k) Obtain membership, or help someone else obtain membership, fraudulently or by misrepresentation;
- (l) Communicate or reveal confidential information, without proper authorization, about the business, membership, proceedings or other affairs of the Union to someone not entitled to it;
- (m) Bring a complaint under Article 15 without reasonable grounds for believing the complaint is true;
- (n) Fail to pay dues, fees, assessments or fines placed on them under the Constitution or by Union Policy;
- (o) Commit a fraud in a Union election or interfere, or attempt to interfere, with the democratic rights of members under this Constitution;
- (p) While holding elected office, deliberately cause a member to withdraw from the Union except as provided by the Labour Relations Code of British Columbia;
- (q) While holding elected office, condone or help another organization seeking to represent HSA members;
- (r) Disrupt the democratic process of a meeting, or fail or refuse to follow the rules of order when directed to do so by the Chair;
- (s) Coerce, intimidate or wrongfully keep a member, officer or staff person of the Union from carrying out their obligations or duties or exercising their rights under the Constitution and Union Policy;
- (t) Use the name of the Union for money or advertising without proper authority;

## RESOLUTIONS: CONSTITUTION

- (u) While being a Director, Member at Large, or member of the Trial Committee violate the Oath of Office, or while a Director violate the Code of Conduct;
- (v) While holding elected office in the Union, fail to perform the duties or obligations of their office in good faith, in a way that could reasonably be understood to breach the Union's duty of fair representation;
- (w) Reveal personal information about a member or members to anyone not entitled to such information;
- (x) Engage in an activity or course of conduct which is detrimental to the welfare or best interests of the Union; or
- (y) Access any Union records, however stored, contrary to the Union Policy in regards to accessing Union records.

**BE IT FURTHER RESOLVED** that Article 6 Section 6(b) be amended to replace "Union Trial Committee" and "Trial Committee" with "Hearing Panel"; and

**BE IT FINALLY RESOLVED** that the HSA Constitution Article 6 Constitution Members' Rights and Obligations be amended by adding a new section -

"Section 7. Discipline as follows:

Any member, subject to Article 15, may be disciplined for breach of any Obligation or Responsibility under the Constitution."

**Submitted by:** Board of Directors (Constitutional and Organizational Policy Committee)

**Committee Recommendation:** In favour.

**CARRIED:**  **DEFEATED:**

## RESOLUTION 3 (Covered by 2)

**WHEREAS** a review of the Health Sciences Association (“HSA”) Constitution was undertaken to consider appropriate amendments in the context of the importance placed on privacy rights, confidentiality and proper function of the union and,

**WHEREAS** the purpose of these proposed amendments is to specify formerly implicit obligations meant to best serve the interests of members and to make it clear that a breach of any obligation or responsibility by a member might lead to discipline pursuant to Article 15 Complaints & Dispute Resolution.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) Constitution Article 6 member’s rights and obligations - section 6 obligations be amended by adding statements (j) to (y) as follows:

- (j) violate the constitution of the Union or any other Union policy;
- (k) obtain membership or help someone else obtain membership fraudulently or by misrepresentation;
- (l) communicate or reveal confidential information without proper authorization, about business, membership, proceedings or other affairs of the union to someone not entitled to it;
- (m) bring a complaint under Article 15 without reasonable grounds for believing the complaint is true;
- (n) fail to pay dues, fees, assessments or fines placed on them under the constitution or by union policy;
- (o) commit a fraud in a union election or interfere or attempt to interfere with the democratic rights of members under the constitution;
- (p) while holding elected office, deliberately cause a member to withdraw from the union except as provided by the Labour Relations Code of British Columbia;
- (r) disrupt the democratic process of a meeting or fail or refuse to follow the rules of order when directed to do so by the chair;
- (s) coerce, intimidate or wrongfully keep a member, officer or staff person of the union from carrying out their obligations or duties or exercising their rights under the constitution and union policy;
- (t) use the name of the union for money or advertising without proper authority;
- (u) while being a director, member at large or member of the trials committee violate the oath of office or while a director violate the code of conduct;
- (v) while holding elected office in the Union, fail to perform the duties or obligations of their office in good faith, in a way that could reasonably be understood to breach the Union’s duty of fair representation;

## RESOLUTIONS: CONSTITUTION

- (w) reveal personal information about a member or members to anyone not entitled to such information;
- (x) engage in activity or course of conduct which is detrimental to the welfare or best interests of the Union; or
- (y) access any Union records, however stored contrary to the union policy in regards to accessing Union records.

**BE IT FINALLY RESOLVED** that the HSA Constitution Article 6 Constitution Members' Rights and Obligations be amended by adding a new section –

“Section 7. Discipline as follows:

Any member, subject to Article 15, may be disciplined for breach of any Obligation or Responsibility under the Constitution.”

**Submitted by:** Surrey Memorial Hospital

## RESOLUTION 4: Article 6 (Covered by 2)

**WHEREAS** review of the Health Sciences Association Constitution was undertaken to consider appropriate amendments in the context of the importance placed on privacy rights, confidentiality, and proper functioning of the Union; and

**WHEREAS** the purpose of these proposed amendments is to specify formerly implicit obligations meant to best serve the interests of members, and to make it clear that a breach of any obligation or responsibility by a member might lead to discipline pursuant to Article 15 – Complaints & Dispute Resolution.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) Constitution Article 6 Members' Rights and Obligations – Section 6. Obligations be amended by adding statements (j) through (y) as follows:

- (j) Violate the Constitution of the Union or any Union Policy;
- (k) Obtain membership, or help someone else obtain membership, fraudulently or by misrepresentation;
- (l) Communicate or reveal confidential information, without proper authorization, about the business, membership, proceedings or other affairs of the Union to someone not entitled to it;
- (m) Bring a complaint under article 15 without reasonable grounds for believing the complaint is true;
- (n) Fail to pay dues, fees, assessments or fines placed on them under the Constitution or by Union Policy;
- (o) Commit a fraud in a Union election or interfere, or attempt to interfere, with the



## RESOLUTIONS: CONSTITUTION

democratic rights of members under this Constitution;

- (p) While holding elected office, deliberately cause a member to withdraw from the Union except as provided by the Labour Relations Code of British Columbia;
- (q) While holding elected office, condone or help another organization seeking to represent HSA members;
- (r) Disrupt the democratic process of a meeting, or fail or refuse to follow the rules of order when directed to do so by the Chair;
- (s) Coerce, intimidate or wrongfully keep a member, officer or staff person of the Union from carrying out their obligations or duties or exercising their rights under the Constitution and Union Policy;
- (t) Use the name of the Union for money or advertising without proper authority;
- (u) While being a Director, Member at Large, or member of the Trial Committee violate the Oath of Office, or while a Director violate the Code of Conduct;
- (v) While holding elected office in the Union, fail to perform the duties or obligations of their office in good faith, in a way that could reasonably be understood to breach the Union's duty of fair representation;
- (w) Reveal personal information about a member or members to anyone not entitled to such information;
- (x) Engage in an activity or course of conduct which is detrimental to the welfare or best interests of the Union; or
- (y) Access any Union records, however stored, contrary to the Union Policy in regards to accessing Union records.

**BE IT FURTHER RESOLVED:** That the HSA Constitution Article 6 Constitution Members' Rights and Obligations be amended by adding a new section - “

“Section 7. Discipline as follows:

Any member, subject to Article 15, may be disciplined for breach of any Obligation or Responsibility under the Constitution.”

**Submitted by:** Kootenay Lake Hospital

## RESOLUTIONS: CONSTITUTION

### RESOLUTION 5: Article 6 (Covered by 2)

**WHEREAS** review of the Health Sciences Association Constitution was undertaken to consider appropriate amendments in the context of the importance placed on privacy rights, confidentiality, and proper functioning of the Union; and

**WHEREAS** the purpose of these proposed amendments is to specify formerly implicit obligations meant to best serve the interests of members, and to make it clear that a breach of any obligation or responsibility by a member might lead to discipline pursuant to Article 15 – Complaints & Dispute Resolution..

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) Constitution Article 6 Members’ Rights and Obligations – Section 6. Obligations be amended by adding statements (j) through (y) as follows:

- (j) Violate the Constitution of the Union or any Union Policy;
- (k) Obtain membership, or help someone else obtain membership, fraudulently or by misrepresentation;
- (l) Communicate or reveal confidential information, without proper authorization, about the business, membership, proceedings or other affairs of the Union to someone not entitled to it;
- (m) Bring a complaint under article 15 without reasonable grounds for believing the complaint is true;
- (n) Fail to pay dues, fees, assessments or fines placed on them under the Constitution or by Union Policy;
- (o) Commit a fraud in a Union election or interfere, or attempt to interfere, with the democratic rights of members under this Constitution;
- (p) While holding elected office, deliberately cause a member to withdraw from the Union except as provided by the Labour Relations Code of British Columbia;
- (q) While holding elected office, condone or help another organization seeking to represent HSA members;
- (r) Disrupt the democratic process of a meeting, or fail or refuse to follow the rules of order when directed to do so by the Chair;
- (s) Coerce, intimidate or wrongfully keep a member, officer or staff person of the Union from carrying out their obligations or duties or exercising their rights under the Constitution and Union Policy;
- (t) Use the name of the Union for money or advertising without proper authority;
- (u) While being a Director, Member at Large, or member of the Trial Committee violate the Oath of Office, or while a Director violate the Code of Conduct;
- (v) While holding elected office in the Union, fail to perform the duties or obligations of their office in good faith, in a way that could reasonably be understood to breach the

## RESOLUTIONS: CONSTITUTION

Union's duty of fair representation;

- (w) Reveal personal information about a member or members to anyone not entitled to such information;
- (x) Engage in an activity or course of conduct which is detrimental to the welfare or best interests of the Union; or
- (y) Access any Union records, however stored, contrary to the Union Policy in regards to accessing Union records.

**BE IT FURTHER RESOLVED** that HSA Constitution Article 8 Board of Directors - be changed by adding a new section (Section 13) as follows:

### **Section 13. Oath of Office**

All newly elected/re-elected members of the Board of Directors shall take and be bound by the following Oath of Office:

I, \_\_\_\_\_, promise that:

I shall truly and faithfully carry out my duties as a member of the Board of Directors to the best of my abilities.

I shall uphold the Constitution and principles of the Union.

I shall always act in accordance with the Board of Directors' Code of Conduct.

I shall, in good faith, abide by, support and promote the Union Policies.

I shall return all Union properties or funds in my possession at the end of my term of office.

I shall promote a harassment-free and discrimination-free environment and work to ensure the human rights of all members are respected.

I shall endeavour to build harmony and solidarity in the Union and the labour movement.

**BE IT FURTHER RESOLVED** that HSA Constitution Article 11 Members-at-Large - be changed by adding a new section titled "Oath of Office" as follows:

### **Section 5. Oath of Office**

All newly elected/re-elected Members-at-Large shall take and be bound by the following Oath of Office:

I, \_\_\_\_\_, promise that:

I shall truly and faithfully carry out my duties as a Member at Large to the best of my abilities.

I shall uphold the Constitution and principles of the Union.

I shall, in good faith, abide by, support and promote the Union Policies.

I shall promote a harassment-free and discrimination-free environment and work to ensure the human rights of all members are respected.

I shall endeavour to build harmony and solidarity in the Union and the labour movement.

**BE IT FURTHER RESOLVED** that the HSA Constitution Article 6 Constitution Members' Rights and Obligations be amended by adding a new section - "Section 7. Discipline as follows:

Any member, subject to Article 15, may be disciplined for breach of any Obligation or Responsibility under the Constitution."

**Submitted by:** Lions Gate Hospital

## RESOLUTIONS: CONSTITUTION

### RESOLUTION 6 (Covers 49)

**WHEREAS** Health Sciences Association (“HSA”) has grown greatly in size, complexity and activity since electing its first full-time President, serving as its Chief Executive Officer, in 1997; and

**WHEREAS** with an elected President position, there is no requirement that a newly elected President has any experience and knowledge of the Union; and

**WHEREAS** the existing 2-week overlap transition between outgoing and incoming Presidents may be an inadequate period of time to prepare a newly elected President to fulfill their duties and exercise their powers; and

**WHEREAS** should the President be unable to fulfill their duties for any period of time, currently the Vice-President must assume those duties potentially without any notice or overlap; and

**WHEREAS** the model of two full-time elected Officers, i.e. President and Secretary-Treasurer, without a Vice-President, is familiar in the labour union community; and

**WHEREAS** electing a President and Secretary-Treasurer in alternate years would safeguard the Union from a knowledge gap that could otherwise arise should one of the Officer positions become vacant or experience a change in incumbent pursuant to election; and

**WHEREAS** an election for President is held in odd-numbered years and the Board of Directors is in favour of making the necessary amendments to the Constitution to create the aforementioned model of two full-time Officers, with the first election of Secretary-Treasurer Officer being held at Convention 2022.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association Constitution be amended as follows:

Amend Article 4 – Definitions – “Officer” by deleting “Vice-President” so that it states ““Officer” means the President or Secretary-Treasurer.”

Amend Article 9’s title “President” to “Officers (President & Secretary-Treasurer)” so as to locate certain provisions pertaining to the Secretary-Treasurer under that title.

Amend Article 8 – Board of Directors, Section 2. Board Composition so that it states “The Board of Directors is composed of the President, the Secretary-Treasurer, and one Regional Director from each of the regions. The Officers are the President and Secretary-Treasurer. No member may hold more than one position as an Officer, nor, except as provided for in Article 9, Section 12(b), simultaneously hold the positions of an Officer and Regional Director.”

Delete Article 8 – Board of Directors, Section 3. Election of Officers, and delete Article 9 – President – Section 4. Vacancies. Replace with:

Article 9 – Officers (President & Secretary-Treasurer)

Section 6. Term of Office of Secretary-Treasurer

The term of office is two years. The Secretary-Treasurer is elected at the Annual Convention in even numbered years.

## RESOLUTIONS: CONSTITUTION

### Section 7. Nomination of Secretary-Treasurer

- (a) To be eligible, nominees must have been a member of the union for at least one year immediately prior to election.
- (b) Any six members may nominate any other member to seek election as Secretary-Treasurer. This nomination shall be in writing, signed by all six nominators, and must be accompanied by a written consent signed by the nominee.
- (c) If the nomination, together with a suitable photograph and a statement of not more than 400 words is received by the head office 60 days or more before the Convention, the statement and photograph will be published in the Annual Report.
- (d) After the Convention is convened, nominations may be delivered to the Chair of the Election Committee or designate until the final call for nominations.

### Section 8. Election of the Secretary-Treasurer

- (a) The election of the Secretary-Treasurer is by secret ballot and requires a majority vote: that is, over 50 percent of those delegates voting.
- (b) If no candidate gets more than 50 percent, then the candidate receiving the least number of votes and any candidate receiving less than 5% of the votes is dropped from the ballot and a new ballot is cast.
- (c) In event that there is only one candidate, the ballots shall be dispensed with and the presiding officer at the Convention shall declare that candidate elected.
- (d) The outgoing Secretary-Treasurer shall complete a two-week paid transition period with the new Secretary-Treasurer.

### Section 9. Recall of the Secretary-Treasurer

- (a) A motion to recall the Secretary-Treasurer is in order at a Special Convention, if notice is contained in the Convention petition or call.
- (b) A resolution to recall the Secretary-Treasurer is in order at an Annual Convention.
- (c) Either (a) or (b) above requires a two-thirds majority vote of those voting in order to pass.

### Section 12. Vacancy in the office of President or Secretary-Treasurer

- (a) If there is a vacancy in the office of President, the Secretary-Treasurer shall become President until the next Annual Convention where the vacant position will be filled by regular election or by election to finish the term.
- (b) If there is a vacancy in the office of Secretary-Treasurer, the Board of Directors shall elect one Regional Director to assume the duties of the Secretary-Treasurer until the next Annual Convention where the vacant position will be filled by regular election or by election to finish the term. The Regional Director so elected will continue to complete their term as Regional Director.

Delete Article 8 – Board of Directors – Section 4. Duties of Vice-President, and delete Article 8 – Board of Directors – Section 5. Duties of Secretary-Treasurer. Replace with:

### Article 9 – Officers (President & Secretary-Treasurer)

#### Section 10. Duties of the Secretary-Treasurer

The Secretary-Treasurer is an elected Officer who works full-time with and supports the President in the work of the Union. The Secretary-Treasurer may exercise the following powers and shall perform the following duties:

## RESOLUTIONS: CONSTITUTION

- (a) Assists the President and assumes the duties of the President at the President's request or in the President's absence.
- (b) Acts as senior delegate in the absence of the President.
- (c) Chairs the Resolutions Committee, the Finance Committee, and is a member of the Executive Committee.
- (d) Ensures that accurate records are kept of all official proceedings and financial matters.
- (e) Is a signing officer.
- (f) Has the books and accounts of the Union verified by the auditor as needed and at least annually and presents an audited report and statements to the Annual Convention.
- (g) Presents the financial report and budget to the Annual Convention.
- (h) Takes conduct of complaints as set out in Article 15, Complaints & Dispute Resolution.
- (i) Reports to the President, the Board of Directors, and to the Annual Convention.

Amend Article 9 - President, Section 7. Remuneration to include remuneration for the Secretary-Treasurer, as follows:

Article 9 - Officers (President & Secretary-Treasurer)

Section 11. Remuneration

The President and Secretary-Treasurer shall receive such salary and benefits as may be approved by the Board of Directors and reported to Convention at the next meeting of Convention following the approval by the Board of Directors.

Amend Article 9 - President, Section 6. Duties of the President (d) to change the name of the "Presidential Issues Committee" to the "Officers Issues Committee", so that it can deal with issues pertaining to both Officers (i.e. President and Secretary-Treasurer), as follows:

Article 9 - Officers (President & Secretary-Treasurer)

Section 6. Duties of the President

- (a) Is Chair of the Executive Committee and an ex-officio member of all board and negotiations committees with the exception of the Officers Issues Committee.

Amend Article 9 - President, Section 6. Duties of the President (g) to replace "Vice-President" with "Secretary-Treasurer", as follows:

Article 9 - Officers (President & Secretary-Treasurer)

Section 6. Duties of the President

- (a) Keeps the Secretary-Treasurer informed of matters necessary to assume the duties of the President.

Amend Article 13 - Committees, Section 2. Standing Committees, 2. Resolutions Committee (a) and (b) to replace "Vice-President" with "Secretary-Treasurer", as follows:

- (a) The committee is chaired by the Secretary-Treasurer.
- (b) The committee is composed of the Secretary-Treasurer and ten Members-at-Large elected on the basis of one per Region at the time of Member-at-Large elections.

## RESOLUTIONS: CONSTITUTION

Amend Article 13 – Committees, Section 2. Standing Committees, 4. Executive Committee (a) to replace “Vice-President” with “one Regional Director elected by the Board of Directors”, as follows:

- (a) The committee is composed of the President, the Secretary-Treasurer, and one Regional Director elected by the Board of Directors.

**BE IT FURTHER RESOLVED** that the election of a full-time Secretary-Treasurer take place for the first time at Convention 2022 by a majority vote of delegates.

**Submitted by:** Board of Directors

**Committee Recommendation:** In favour.

CARRIED:



DEFEATED:



## RESOLUTIONS: CONSTITUTION

### RESOLUTION 7: Articles 6, 8, 10, 11, 12 and 13

**WHEREAS** a review of the Health Sciences Association (“HSA”) Constitution was undertaken to simplify, streamline and correct any grammatical errors in the language of the Constitution; and

**WHEREAS** the purposes of the following proposed amendments are to better organize the flow of provisions, eliminate ambiguity, and use certain words consistently.

**THEREFORE BE IT RESOLVED** that the following amendments be made to the Articles and Sections of the Health Sciences Association Constitution:

Article 6 – Members’ Rights and Obligations – Section 5. Rename Section 5 from “Liability of Members” to “Liability and Indemnification” and insert (a) as follows:

- (a) No member of the Union is liable as an individual for any debt or liability of the Union.”;

Article 6 – Members’ Rights and Obligations – Section 5. Add “(b)” as follows:

- (b) The Union shall indemnify and agree to hold the Board of Directors, Stewards and persons elected to serve the Union including their heirs, executors and administrators from and against any and all charges, costs, expenses, damages and actions to which they, or any of them, may become subject, including legal costs for or in respect of anything done or omitted to be done relating to the duties of their office, provided that nothing herein shall exempt those persons from any liability arising out of their own acts or omissions arising from their lack of good faith, dishonesty, or willful misconduct.

Article 6 – Members’ Rights and Obligations – Section titled “Harassment”. Change the title to “No Harassment”;

Article 8 – Board of Directors – Section 7- Meetings. Change title to “Meetings and Quorum”;

Article 8 – Board of Directors – Section 7- Meetings. Delete the words “Six members constitute a quorum” and replace them with “A majority of Directors eligible to participate constitutes a quorum”;

Article 8 – Board of Directors – Section 8 – Electronic Communication. Delete title “Section 8 – Electronic Communication”. (For clarity, the sentence that follows it is unchanged and becomes part of Section 7);

Article 8 – Board of Directors - Delete Section 9. Indemnification

Article 10 – Regional Directors – Section 3 – Nominations of Regional Directors. Add to (a) “and be employed in the Region they seek to represent” so that it states “Regional Directors must have been a member of the Union for at least one year immediately prior to election and be employed in the Region they seek to represent.”;

Article 10 – Regional Directors – Section 6 – Recall of Regional Directors. Add “in that Region” before “paying dues in the month prior...” so that it states:



## RESOLUTIONS: CONSTITUTION

Recall of a Regional Director requires written petition by a majority of the members of that Region, delivered to the Board of Directors within 45 days from the date of the first signature. The Board of Directors will establish an election procedure. The Regional Director is eligible to contest the election, and continues in office pending its outcome. For the purposes of this provision, the size of the membership is determined by the number of people in that Region paying dues in the month prior to the month of the petition. No recall petition shall be acted on if it is delivered within six months of the end of the Regional Director's term.

Article 11 - Members-at-Large - Section 3 - Election of Members-at-Large. Add "and be employed in the Region they seek to represent" at the end of the first sentence so that it states "Nominees must have been a member of the Union for at least one year immediately prior to election and be employed in the Region they seek to represent.";

Article 12 - Stewards - Section 3-Recall. To (b), add "in that Chapter" before "paying dues in the month..." so that it states "The Board of Directors will establish an election procedure. The Steward is eligible to contest the election, and continues in office pending its outcome. For the purposes of this provision, the size of the membership is determined by the number of people in that Chapter paying dues in the month prior to the month of the petition.";

Article 12 - Stewards - Section 5 - Fair Representation. Replace "... in the representation of a member or the Union and its policies" with "... in the representation of a member of the Union" so that it states "No Steward shall act in a manner that is arbitrary, discriminatory or in bad faith in the representation of a member of the Union.";

Article 13 - Committees - Section 2 - Standing Committees - 1. Finance Committee. In (d), replace "makes" with "recommends" and add two commas so that it states "The committee recommends fiscal policy, which is subject to the approval of the Board of Directors, and monitors the implementation of approved Union Policies.";

Article 13 - Committees - Section 2 - Standing Committees - 3. Trial Committee. Amend (b) as follows:

Article 13- Committees  
Section 2 - Standing Committees  
3. Trial Committee

- (b) The committee shall elect its Chair. The Chair may appoint panels of the committee as needed that shall have all the authority and responsibility for a specific complaint.

**Submitted by:** Board of Directors (Constitutional and Organizational Policy Committee)

**Committee Recommendation:** In favour.

**CARRIED:**

**DEFEATED:**

## RESOLUTIONS: CONSTITUTION

### RESOLUTION 8: Articles 1, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14 & 15

**WHEREAS** a review of the Health Sciences Association (“HSA”) Constitution was undertaken to simplify and streamline the language and correct any grammatical errors

**THEREFORE BE IT RESOLVED** that the following amendments be made to the Health Sciences Association (“HSA”) Constitution:

Article 1 – Name. Remove two “the”s that appear within quotation marks, so that it states:

“The name of the union is “Health Sciences Association of British Columbia,” hereafter referred to as “Union.”;

Article 4 – Definitions. In definition of “Region”, change “Regional Directors” from plural to singular, and add “a”, so that it states ““Region” means a group of Chapters that elects a Regional Director and certain other representatives.”;

Article 4 – Definitions. Add a definition for “Union Policy” which states ““Union Policy” means a policy adopted by the Board of Directors.”;

Article 5 – Membership – Section 2. Initiation Fees and Dues - (b). Add two commas so that it states “The Board of Directors may, as a result of job action, initiate a temporary dues increase to a maximum of 17% of earnings on some or all working members covered by the affected Collective Agreement, with such funds to form part of the Defence Fund of the Union.”;

Article 6 – Members’ Rights and Obligations – Section 3. Responsibilities. Capitalize “policies” so that it states “Every member shall pay membership dues established in accordance with this Constitution, comply with Union Policies, and comply with decisions of the Convention and the Board of Directors.”;

Article 6 – Members’ Rights and Obligations – Section 4. Political and Human Rights Issues. Capitalize “policies” and insert “Union” before it so that it states:

“Where the Union, through its democratic processes takes positions on political, human rights or other issues not directly related to the objects and purposes set out in sections (a), (b), and (c) of Article 3, these positions are not “Union Policies” or “decisions” for purposes of Article 6, Section 3. No member is liable for any sanction under this Constitution because that member disagrees with or disassociates themselves from such a position. It is expressly acknowledged that any position taken on such an issue, and any money spent in connection with such an issue, reflects collective decisions, and does not imply the financial or other support of any member who does not support the decision of the Union.”;

Article 6 – Members’ Rights and Obligations – Section 6. Obligations - (h). Delete “or”.

Article 7 – Convention – Section 5. Delegate Status at Convention - (a). Replace “her/his” with “their” so that it states “Representation shall be based on the following: Chapters with up to and including 49 members shall be entitled to one delegate who shall be the Chief Steward or their Alternate. Chapters with over 49 members will be entitled to one additional delegate for each additional 50 members or portion thereof.”;

## RESOLUTIONS: CONSTITUTION

Article 7 – Convention – Section 7. Convention Voting - (b). Replace “which” with “that” and add one comma so that it states “A straight majority vote of the delegates present and voting shall be sufficient to pass any resolution presented to Convention except those that change the Constitution, for which a two-thirds majority is required. All resolutions that are adopted will take effect upon adjournment of the Convention unless otherwise specified.”;

Article 8 – Board of Directors – Section 7. Meetings. Capitalize “President” so that it states “... Meetings shall be at the call of the President or a majority of the Directors...”

Article 9 – President – Section 2. Nomination of President - (a). Capitalize “Union” so that it states “To be eligible, nominees must have been a member of the Union for at least one year immediately prior to election.”;

Article 9 – President – Section 5. Recall of the President - (a). Capitalize “President” so that it states “A motion to recall the President is in order at a Special Convention, if notice is contained in the Convention petition or call.”;

Article 10 – Regional Directors – Section 7. Duties of the Regional Director - (a). Replace “HSA policies” with “Union Policies” so that it states [The Regional Director is the senior elected official in each region who advocates for the membership and has the following duties:] “(a) uphold Union Policies;”

Article 12 – Stewards – Section 1. Representation - (e). Add a comma and change “which” to “that” so that it states “There will be a minimum of one Occupational Health and Safety Steward and one Alternate Occupational Health and Safety Steward per Chapter. In those Chapters that have more than one site, there will be a minimum of one Occupational Health and Safety Steward, where practical, per site.

Article 13 – Committees – Section 2. Standing Committees - (1) Finance Committee - (b). Replace “Chairperson” with “Chair” so that it states “The committee is composed of the Secretary-Treasurer and two Regional Directors elected by the Board of Directors. The Chair may appoint up to two Members-at-Large to the committee. The Board of Directors may assign staff to support the committee.”;

Article 13 – Committees – Section 2. Standing Committees - (1) Finance Committee - (d). Replace “policies” with “Union Policies” so that it states “The committee recommends fiscal policy, which is subject to the approval of the Board of Directors, and monitors the implementation of approved Union Policies.”;

Article 13 – Committees – Section 2. Standing Committees - (1) Finance Committee - (e). Add a comma so that it states “The committee prepares, in consultation with the Secretary-Treasurer, a financial report for the Annual Convention.”;

Article 13 – Committees – Section 2. Standing Committees - (2) Resolutions Committee - (d). Add a comma so that it states “The committee determines the order of dealing with all resolutions at Convention, subject to amendment by the delegates.”;

Article 13 – Committees – Section 2. Standing Committees - (3) Trial Committee - (b). Replace “Chairperson” with “Chair” in two places so that it states “The committee shall elect its Chair. The Chair may appoint panels of the committee as needed that shall have all the authority and responsibility of the committee for a specific complaint.”;

Article 14 – Negotiations – Section 2. Negotiating Committees - (e). Replace “chairperson” with “Chair” so that it states “The President may designate the Chair and the spokesperson

## RESOLUTIONS: CONSTITUTION

for the Negotiating Committee.”;

Article 15 – Complaints & Dispute Resolution – Section 2. Form of Complaint - (d). Capitalize “constitution” so that it states “The portion of Constitution that is alleged to have been violated”.

**Submitted by:** Board of Directors (Constitutional and Organizational Policy Committee)

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 9: Articles 4, 5, 9, 12, 13 and 15

**WHEREAS** a review of the Health Sciences Association Constitution was undertaken to simplify, streamline and correct any grammatical errors in the language.

**THEREFORE BE IT RESOLVED** that the following amendments be made to the Health Sciences Association Constitution:

Amend Article 4 – Definitions – “Chapter”, “Ombudsperson”, “Region” as follows:

“Chapter” means a unit of seven or more members represented by the Union and/or a group of two or more units of members represented by the Union, where at least one of the units has fewer than 7 members. Chapters with fewer than seven members that cannot be grouped because of geographical or other considerations will retain chapter status.

“Ombudsperson” means a member of the Union appointed by the President or her/his designate to investigate and make decisions in regards to complaints of improper conduct that require immediate action at union functions.

“Region” means a group of Chapters that elects a Regional Director and certain other representatives.

Article 5 – Membership – Section 1. Eligibility and Membership Criteria - (a) - so that it states “Any person employed in a bargaining unit that is represented by the Union is a member of the Union; any person who could be represented by the Union is eligible for membership. Any such membership must not be prohibited under the Constitution.”;

Article 9 – President – Section 6. Duties of the President - first sentence - so that it states “The President is the senior elected officer of the Union, who performs the duties on a full-time basis and has the following powers and duties that may be exercised or performed in person or by delegation.”;

Article 12 – Stewards – Section 1. Representation - (e) – so that it states “There will be a minimum of one Occupational Health and Safety Steward and one Alternate Occupational Health and Safety Steward per Chapter. In those Chapters that have more than one site,

## RESOLUTIONS: CONSTITUTION

there will be a minimum of one Occupational Health and Safety Steward, where practical, per site.”;

Article 13 – Committees – Section 2. Standing Committees – 3. Trial Committee - (b) – so that it states “The committee shall elect its Chair. The Chair may appoint panels of the committee as needed that shall have all the authority and responsibility of the committee for a specific complaint.”;

Article 15 – Complaints & Dispute Resolution – Section 2. Form of Complaint - (d) – so that it states “The portion of Constitution that is alleged to have been violated”.  
and any money spent in connection with such an issue, reflects collective decisions, and does not imply the financial or other support of any member who does not support the decision of the Union.”;

**Submitted by:** Board of Directors (Constitutional and Organizational Policy Committee)

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 10

**WHEREAS** Article 9, Section 1 of the Health Sciences Association (“HSA”) Constitution does not define limits on how many terms an individual may serve as president

**WHEREAS** union leadership should reflect the changing demographics of the membership over time; and that three 2-year terms (6-years) is sufficient to establish their mandate.

**THEREFORE BE IT RESOLVED** that Article 9, Section 1 of the HSA Constitution which states “The term of office is two years. The President is elected at the Annual Convention in odd numbered years.” be replaced with: “The term of office is two years. The President is elected at the Annual Convention in odd numbered years. A President may serve a maximum of 3 consecutive full terms.”

**Submitted by:** BC Cancer Agency (VCC)

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTIONS: CONSTITUTION

### RESOLUTION 11

**WHEREAS** Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution does not define limits on how many terms an individual may serve as a Regional Director; and

**WHEREAS** union leadership should reflect the changing demographics of the membership over time; and that three 2-year terms (6-years) is sufficient to establish their mandate.

**THEREFORE BE IT RESOLVED** that Article 10, Section 2 of the Health Sciences Association (“HSA”) Constitution which states “The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even-numbered years.” be replaced with: “The term of office is two years. Regional Directors are elected by the members in the Regions they seek to represent. Elections are arranged so that odd-numbered Regions elect in odd-numbered years and even-numbered Regions elect in even-numbered years. A Regional Director may serve a maximum of 3 consecutive full terms.”

**Submitted by:** BC Cancer Agency (VCC)

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 12 (Covers 13)

**WHEREAS** Climate change is greatly affecting our health and environment; and

**WHEREAS** the Paris accord (and United Nations Framework Convention on Climate Change) has stated that average temperature of the earth is increasing at an alarming rate; and

**WHEREAS** for our survival and for further generation's survival, we need to take bold action to reverse the devastating effects of climate change.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") strongly encourage the leadership of the Municipal Pension Plan fund to divest from investments that involve fossil fuel and oil industry; and

**BE IT FURTHER RESOLVED** that they seek out investments that are socially responsible.

*Submitted by:* St. Paul's Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 13 (Covered by 12)

**WHEREAS** Climate risk is recognized as financial risk; and

**WHEREAS** an increasing number of socially conscious organizations are moving to divest holdings from environmentally destructive corporations and industries.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") should advocate that the Municipal Pension Plan ("MPP") take concrete steps to divest all of its holdings in fossil fuel companies in the next 10 years.

*Submitted by:* Canadian Mental Health Association

## RESOLUTIONS: CLIMATE ACTION

### RESOLUTION 14

**WHEREAS** scientific consensus asserts that we have less than 10 years to reduce carbon emissions to avoid further catastrophic effects of climate change; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) dedicate resources to educate members about climate change and ways that we can address and combat climate change.

**Submitted by:** St. Paul’s Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 15

**WHEREAS** a right to repair movement exists that allows people to repair items that they own; and

**WHEREAS** being able to repair items reduces waste and is supported by the Canadian Centre for Policy Alternatives (“CCPA”).

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) support *and educate members on* the Right to Repair movement.

**Submitted by:** BC Cancer Agency (VCC)

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:



## RESOLUTION 16

**WHEREAS** governments of all levels have been talking about homelessness and providing some funding at times but this has not led to a noticeable reduction in homelessness; and

**WHEREAS** the BC Supportive Housing program is based on the Housing First Model which is a proven approach to tackling homelessness, including chronic homelessness, and helps to restore people's dignity and build hope for the future; and

**WHEREAS** homelessness costs the Canadian economy over \$7 billion per year in healthcare, policing, courts, jails, insurance premiums, theft, and cleaning up camps.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") educate our members about the value of BC Housing Supportive Housing initiatives.

*Submitted by:* Fraser Canyon Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 17

**WHEREAS** occupations within the healthcare disciplines are often high-stress vocations; and

**WHEREAS** mental health concerns are an acceptable reason for using sick time; and

**WHEREAS** there is still a significant amount of stigma attached to the use of sick time for mental health recovery.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association engage in an awareness campaign to promote the tenets of legitimacy, confidentiality, and value of using sick time for the mental health recovery of their members.

*Submitted by:* Victoria General Hospital Chapter

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: COMMUNICATIONS

### RESOLUTION 18

**WHEREAS** in 2020 in B.C., 1716 people died of overdose or due to the poisoning of the supply of street drugs and an average of 4.7 people die of these causes every day; and

**WHEREAS** males accounted for 81% of those deaths and the majority of those deaths occurred within private residences; and

**WHEREAS** those who have died come from the full spectrum of society, including professionals.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will develop an internal campaign to reduce stigma related to substance use and to encourage HSA members who are impacted by substance use to reach out for help.

**Submitted by:** Comox Valley Transition Society

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 19

**WHEREAS** diversity and inclusivity are important in the work we do; and

**WHEREAS** the process we use to distribute educational funds has inherent bias inserted; and

**WHEREAS** the information currently gathered or collected can be stigmatizing and create barriers for applicants.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) investigate and report back to the next convention about ways that education funds can be distributed equitably; and

**BE IT FURTHER RESOLVED** that education awards also be made available to applicants identifying as LGBTQ2+, BIPOC, having disabilities, and other groups who face barriers; and

**BE IT FINALLY RESOLVED** that the term ‘scholarship’ and ‘bursary’ be changed to ‘education(al) awards’.

*Submitted by:* Board of Directors (Education Committee)

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 20

**WHEREAS** the Health Sciences Association (“HSA”) offers members and their families annual scholarships and bursaries based on financial need and academic merit; and

**WHEREAS** disclosing personal financial information can be traumatizing and stigmatizing; and

**WHEREAS** academic evaluation is biased against people from marginalised groups including women, BIPOC, persons with disabilities and LGBTQ+ communities.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) scholarships and bursaries be henceforth awarded on a lottery basis.

*Submitted by:* Sunshine Coast Chapter

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:

## RESOLUTIONS: EDUCATION

### RESOLUTION 21

**WHEREAS** strengthening our union membership is a key component to rebuilding lives and communities after COVID-19; and

**WHEREAS** our education resources and spaces are limited and must be providing tangible tools to take back to chapters to improve the lives of all members efficiently and effectively; and

**WHEREAS** rebuilding steward teams, and direct support, and responsiveness by the union to the member is crucial to maintaining a strong union into the future.

**THEREFORE BE IT RESOLVED** that education events in the year immediately following convention be focused on rebuilding steward teams, and support for members post COVID-19. This would include, but not be limited to, frequent steward training, advanced steward training, education on collective agreements, contract negotiation, representing members in meetings, pension workshops, member involvement opportunities, and post-events recordings for members unable to attend sessions.

**Submitted by:** Royal Jubilee Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 22

**WHEREAS** Health Sciences Association (“HSA”) members value educational opportunities sponsored by the union; and

**WHEREAS** HSA members are often unable to participate in educational opportunities due to limited capacity and high demand; and

**WHEREAS** many of the current programs available have been offered continuously in the past.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) increase capacity for educational workshops and offer greater diversity of topics.

**Submitted by:** Richmond Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

**RESOLUTION 23**

**WHEREAS** there are limited opportunities for members to have formal discussions around bargaining which include the process of submitting bargaining proposals or the bargaining proposal conference; and

**WHEREAS** having other avenues to discuss bargaining and contract negotiations would create opportunities for member engagement and further understanding of what members wants and needs are for future contract negotiations; and

**WHEREAS** there is an opportunity to educate members in understanding the logistics of bargaining and the difficult work that the bargaining committee does.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) host town hall meetings including in years that do not have active bargaining to educate members on the bargaining process and to discuss plans and status of bargaining; and

**BE IT FURTHER RESOLVED** that HSA create space in these meetings for open forum discussion so that members can bring forward their wants and needs in regards to bargaining.

*Submitted by:* University Hospital of Northern British Columbia

*Committee Recommendation:* Opposed.

**CARRIED:**       **DEFEATED:**

## RESOLUTIONS: EDUCATION

### RESOLUTION 24

**WHEREAS** the Convention experience can be overwhelming for new delegates. Better preparing members through online workshops and/or tool kits for chapters to use outside the new delegates luncheon would be an asset. It would provide an opportunity for engagement, education, and servicing the needs of members who are expressing interest in participating in union business; and

**WHEREAS** resolution-writing forums held at chapter meetings would create a great opportunity to hear from the members on how they would like to see the business of the union conducted. The forum format allows for discussion, brainstorming, and editing that might not otherwise happen.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) create pre-convention tool kits and/or virtual workshops that direct steward teams and new delegates on how to prepare and participate in convention business. This would include mock convention proceedings, resolution writing, and the importance of reading through resolutions prior to convention for better-informed voting.

**Submitted by:** University Hospital of Northern British Columbia

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 25

**WHEREAS** Health Sciences Association (“HSA”) members rely on the Municipal Pension Plan to provide financial support in retirement; and

**WHEREAS** changes to the Municipal Pension Plan (“MPP”) are taking effect on January 1, 2022.

**THEREFORE BE IT RESOLVED** that Health Sciences Association provide more education and information opportunities to members on the changes made to the Municipal Pension Plan and how those changes will affect members.

**Submitted by:** BC Cancer Agency (Abbotsford)

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTION 26

**WHEREAS** widespread Indigenous-specific stereotyping, racism and discrimination in the B.C. health care system and among Indigenous health care workers has been investigated and addressed in the 2020 report “In Plain Sight”; and

**WHEREAS** Indigenous peoples’ right to live in dignity, safety and health as recognized in the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP).

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) examine the recommendations of the “*In Plain Sight*” report and, in consultation with Indigenous leadership, *work with union members* to formulate a plan on how the union will implement the changes outlined in the report and be accountable to the members and present this to the members for review at the 2022 Convention.

**Submitted by:** BC Cancer Agency (VCC)

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 27

**WHEREAS** “Man Camps” (temporary housing facilities constructed for predominantly male workers in rural/remote extractive industries such as oil and gas, mining, hydroelectric and forestry) increase Indigenous women and girls’ risk of sexual assault, harassment, prostitution and trafficking; and

**WHEREAS** systematic effects of colonization, racism, sexism, abuse in residential school, poverty and violence uniquely impact Indigenous women and girls; and

**WHEREAS** Indigenous-feminist analysis critiques legislative, court and societal responses to violence and commodification of Indigenous women and girls and generates recommendations necessary to ensure their safety and full social and political participation in Canadian society.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) fund union-paid education to facilitate member knowledge regarding the lives of Indigenous women and girls in Canada and how to become an effective ally; and

**BE IT FURTHER RESOLVED** that HSA invite and fund expert speakers Fay Blaney (Aboriginal Women’s Action Network) and Diane Redsky (Ma Mawi Wi Chi Itla Centre) to provide member education.

**Submitted by:** Children’s and Women’s Hospital

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTIONS: EQUALITY & SOCIAL ACTION

### RESOLUTION 28

**WHEREAS** systemic racism is present within BC; and

**WHEREAS** while employers are providing Health Sciences Association (“HSA”) members with training and anti-racism awareness, no such training is mandatory for HSA staff.

**THEREFORE BE IT RESOLVED** that all Health Sciences Association (“HSA”) staff receive mandatory training in cultural safety and anti-racism through courses such as San’yas Indigenous Cultural Safety course.

*Submitted by:* BC Cancer Agency (VCC)

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 29

**WHEREAS** the Women’s Committee continues to make a profound contribution to the welfare, equality and success of women; and

**WHEREAS** women have historically suffered greatly from systemic oppression; and

**WHEREAS** we celebrate and support women’s growth and success as they free themselves of the yokes of oppression; and

**WHEREAS** any solution to achieve gender equality requires co-operation and efforts from all genders, including men; and

**WHEREAS** the Union’s collective strength comes from respecting diverse voices and opinions from different groups and not excluding them; and

**WHEREAS** excluding people based on gender presentation excludes people who do not feel safe to affirm their gender identity to the Union or the Employer.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) open registration to all workshops to members regardless of race, ethnicity, gender or other protected class under the BC Human Rights Code, unless the Board agrees that a specific group requires attention and support.

*Submitted by:* BC Cancer Agency (VCC)

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:



**RESOLUTION 30**

**WHEREAS** systemic racism within policing results in surveillance, criminalization, victimization and killing of Black, Indigenous and People of Colour (“BIPOC”) in Canada; and

**WHEREAS** colonial history and structure of policing in Canada results in disproportionate arrest, incarceration and death of Indigenous people - particularly Indigenous women and girls - who organize to protect their culture, land and water; and

**WHEREAS** police lack training, skill and resources required to appropriately respond and assist people in crisis; and

**WHEREAS** progressive alternatives (i.e., strategies to eliminate poverty/homelessness and establish community/peer-led resources to address mental illness, substance use and reduce violence) are required rather than excessively funding and deploying police.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) publicly endorse De-funding the Police.

**BE IT FURTHER RESOLVED** that HSA provide members with the opportunity to learn about and connect with BIPOC grassroots organizations actively organizing to defund policing and organize alternatives in Canada.

*Submitted by:* Children’s and Women’s Hospital

*Committee Recommendation:* Opposed.

**CARRIED:**



**DEFEATED:**



## RESOLUTIONS: EQUALITY & SOCIAL ACTION

### RESOLUTION 31

**WHEREAS** there is documented racism in the BC Health Care system, including Indigenous-specific racism; and

**WHEREAS** the Health Sciences Association (“HSA”) is dedicated to an environment free from discrimination and harassment;

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the BC government to follow the recommendations of the In Plain Sight review; and

**BE IT FURTHER RESOLVED** that HSA encourage diversity among stewards and HSA employees; and

**BE IT FINALLY RESOLVED** that HSA, *when choosing representative(s) to negotiate collective agreements, do so while supporting diversity and equity in their selection.* ~~engage a diverse-range of staff when renegotiating collective agreements.~~

**Submitted by:** Kelowna General Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 32

**WHEREAS** Health Sciences Association (“HSA”) relies on chief stewards to represent the Union at their respective sites and support members and stewards through the grievance process; and

**WHEREAS** Chief stewards are often working alone to represent their members with limited labour relations support; and

**WHEREAS** Chief stewards provide union representation both on their personal time as well as during work hours, creating unpaid workload;

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) exempt chief stewards who are actively supporting their sites from paying monthly union dues for the term of their position.

**Submitted by:** Kootenay Lake Hospital

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTION 33

**WHEREAS** the union represents a diverse membership, and members work in a myriad of professions with many variations on the 7.5-hour workday; and

**WHEREAS** members participating in union events on their days off are only permitted to bank 7.5 hours, regardless of the length of their typical shift.

**WHEREAS** the potential loss of income and benefits based on their FTE when taking those hours as banked leave creates a barrier for some members to participate in union events.

**THEREFORE BE IT RESOLVED** that members be permitted to bank hours based on their own typical workday when participating in union events on their days off in order to be kept whole with regard to their FTE and associated benefits.

**Submitted by:** Royal Jubilee Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: FINANCE

### RESOLUTION 34

**WHEREAS** Health Sciences Association union dues are collected from all monies earned in employment; and

**WHEREAS** the BC Nurses' Union does not collect union dues from any monies earned as overtime pay.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") cease to collect union dues from earnings at overtime.

**Submitted by:** Lion's Gate Hospital

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTION 35

**WHEREAS** Resolution 22 from the 2019 Annual Convention report states “THEREFORE BE IT RESOLVED that the Health Sciences Association (“HSA”) support young workers to help raise the profile of HSA professions in high school and post-secondary institutions.”; and

**WHEREAS** this is a call to action to develop a program to highlight the important roles that our members provide in their professions.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) renew its commitment to reach out to high schools and post-secondary institutions via direct engagement and career fairs to advertise HSA professions.

**Submitted by:** University Hospital of Northern British Columbia

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 36

**WHEREAS** the power of a union resides in its ability to negotiate and enforce collective agreements establishing benefits, entitlements and protections for members; and

**WHEREAS** Health Sciences Association (“HSA”) provides member training and education to develop collective knowledge and skills to enable participation in labour relations processes and practices; and

**WHEREAS** HSA labour relations benefits from perspectives, information and analysis from front-line workers; and

**WHEREAS** the HSA report *Confronting Racism with Solidarity (2020)* recommended that HSA take specific steps to increase racial diversity and participation of BIPOC members in leadership and staff positions; and

**WHEREAS** HSA lacks a formal process to actively recruit, train and employ members as labour relations professionals rather than seeking applicants from outside the union.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) negotiate collective agreement language with our staff union to establish a process for membership recruitment, on a priority basis, to fill temporary or regular positions they are qualified for or could reasonably become qualified for given sufficient training and opportunity.

**Submitted by:** Children’s and Women’s Hospital

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

## RESOLUTIONS: GENERAL

### RESOLUTION 37

**WHEREAS** the Health Sciences Association (“HSA”) is a democratic union; and

**WHEREAS** convention is the ultimate governing body of the Union with the power to guide the administrative, executive and constitutional processes of the HSA each year; and

**WHEREAS** participation (voice and vote) is limited to a select number of delegates from each region representing a small percentage of the total HSA membership; and

**WHEREAS** the majority of HSA members have no opportunity to participate in Convention, evaluate its process nor hold elected representatives and excluded union management accountable for their work; and

**WHEREAS** Union publications such as The Report and the HSA website have not accurately reported contentious debates nor the dysfunction characterizing our leadership.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) disseminate results of the formal evaluation of Convention by delegates to all HSA members via email, publication on the HSA website and in The Report.

**Submitted by:** Children’s and Women’s Hospital

**Committee Recommendation:** Opposed.

**CARRIED:**

**DEFEATED:**

**RESOLUTION 38**

**WHEREAS** Health Sciences Association (“HSA”) is a democratic union; and

**WHEREAS** the Board of Directors is elected in a democratic process; and

**WHEREAS** a hallmark of democracy is being able to hold your elected officials accountable to decisions and actions made; and

**WHEREAS** the primary forums in which members can publicly engage with the Board of Directors and President are the Convention and regional meetings; and

**WHEREAS** Convention has historically had a full agenda with no time for members to ask questions and hold our Board of Directors accountable; and

**WHEREAS** Regional Meetings are the only opportunity to hold your individual Regional Director accountable, but not all board members attend all regional meetings.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) holds town hall meetings in which members can publicly discuss ideas and concerns with the Board if they so choose.

*Submitted by:* BC Cancer Agency (VCC)

*Committee Recommendation:* In favour.

**CARRIED:**



**DEFEATED:**



## RESOLUTIONS: GOVERNANCE

### RESOLUTION 39

**WHEREAS** it is important to be culturally sensitive in the world, and that language in the workplace should use culturally sensitive terms; and

**WHEREAS** Indigenous terms have been appropriated over time by the mainstream culture.

~~**THEREFORE BE IT RESOLVED** with increased inclusive or universal language to transition or replace professional language and roles; and~~

~~**BE IT FURTHER RESOLVED** that further consultation with the indigenous people be conducted about changing the classification or title of chief; and~~

~~**BE IT FINALLY RESOLVED** that Health Sciences Association (“HSA”) replace the title or language of chief, with a more universal term such as; replacing “CHIEF”, with “LEAD”, or similar.~~

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) consult Indigenous leaders about the use of the classification or title of “Chief”, and commit to implementing any recommendations as a result of the consultation.

**Submitted by:** Abbotsford Regional Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

### COMPOSITE 1 (Covers 40 and 41)

**WHEREAS** the Health Sciences Association (“HSA”) Constitution requires at least one Ombudsperson be present at every member event; and

**WHEREAS** the duty of an Ombudsperson at HSA events can often require conflict resolution, counselling, and mediation skills, as well as a detailed and informed understanding of the HSA Constitution and the union’s Diversity and Anti Harassment Statement; and

**WHEREAS** Ombudspersons are volunteers who do not receive training and often have little to no notice of their nomination as Ombudsperson prior to events

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) maintain a roster of members who wish to act as Ombudspersons at events; and

**BE IT FURTHER RESOLVED** that HSA provide training in conflict resolution, mediation, and peer-counselling to members who act as Ombudspersons for HSA events; and

**BE IT FURTHER RESOLVED** that HSA provide training on understanding and interpretation of the HSA Constitution and governance practices and policies, including the Diversity Awareness and Anti-Harassment Statement; and



## RESOLUTIONS: GOVERNANCE

**BE IT FURTHER RESOLVED** that HSA review and strengthen its policies concerning the roles and responsibilities of Ombudspersons, including providing adequate notice of HSA events requiring their service; and

**BE IT FURTHER RESOLVED** that Ombudspersons receive support from HSA staff in the execution of their roles and responsibilities, and

**BE IT FINALLY RESOLVED** that Ombudspersons be provided legal counsel paid for by the union in the event of retribution from members who are unsatisfied with the decision and actions they take in the course of carrying out their duties as an HSA Ombudsperson.

*Submitted by:* Resolutions Committee

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 40 (Covered by Composite 1)

**WHEREAS** the Health Sciences Association (“HSA”) Constitution requires at least one Ombudsperson be present at every member event; and

**WHEREAS** Ombudspeople are volunteers and often receive little to no notice of their nomination prior to events; and

**WHEREAS** the current HSA Ombudsperson policy gives relatively little guidance to the complexity of the Ombudsperson role.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) offer training, staff support, stronger policy language and advanced notice of nomination to aid Ombudspeople in their work; and

**BE IT FURTHER RESOLVED** that Ombudspeople be provided legal counsel in the event of retribution from members who are unsatisfied with decisions made by Ombudspeople.

*Submitted by:* Sunshine Coast Chapter

## RESOLUTIONS: GOVERNANCE

### RESOLUTION 41 (Covered by Composite 1)

**WHEREAS** the duty of an Ombudsperson at an Health Sciences Association (“HSA”) event can often involve conflict-resolution skills, counselling and a versed understanding of the HSA Constitution; and

**WHEREAS** Ombudspeople are volunteers and receive no training and often little to no notice of their nomination prior to events; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) maintain a roster of members who wish to act as Ombudspeople at events; and

**BE IT FURTHER RESOLVED** that HSA offer education to members wishing to volunteer as Ombudspeople.

*Submitted by:* Sunshine Coast Chapter

### RESOLUTION 42 (Covers 43)

**WHEREAS** some Health Sciences Association (“HSA”) professions are significantly underrepresented at the 100+ chapters in BC; and

**WHEREAS** due to this underrepresentation, specific professions have significant barriers and challenges to being represented at HSA events regarding policies, classifications, and bargaining; and

**WHEREAS** HSA has a policy on equality and equity within the democratic process within their Constitution for all HSA activities.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) commit to reviewing and revising policies and procedures with the Constitution to ensure that professions that are underrepresented at Chapters have the means and opportunity to be equitably represented at HSA events, including Convention and bargaining.

*Submitted by:* Penticton Regional Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 43 (Covered by 42)

**WHEREAS** some Health Sciences Association (“HSA”) professions are significantly underrepresented at the 100+ Chapters in BC; and

**WHEREAS** due to this underrepresentation specific professions have significant barriers and challenges to being represented at HSA events regarding policies, classifications, and bargaining; and

**WHEREAS** HSA has a policy on equality and equity within the democratic process within their Constitution for all HSA activities.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) commit to reviewing and revising policies and procedures with the Constitution to ensure that professions that are underrepresented at Chapters have the means and opportunity to be equitably represented at HSA events, including Convention and bargaining.

*Submitted by:* Kootenay Boundary Regional Hospital

## RESOLUTION 44 (Covers 45)

**WHEREAS** it is important to recognize that racism is a public health crisis in Canada. HSA and the labour movement need to affirm our workplaces need to be a safe and welcoming space for everyone; and

**WHEREAS** systemic racism remains present in the workplace and recently highlighted in the government’s commissioned report, “In Plain Sight, the report by Mary Ellen Turpel-Lafond addressing Indigenous-specific racism and discrimination in BC’s health care system (November 2020)”; and

**WHEREAS** we need a racial justice lens in our union, that gives Black, Indigenous and People of Colour representation, resources and provides opportunities to develop policies, programs and initiatives to challenge racism in our union, workplaces and in our communities.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) create a racial justice committee to advance racial justice, inclusion and equality in the workplace and in our communities.

*Submitted by:* Burnaby Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: GOVERNANCE

### RESOLUTION 45 (Covered by 44)

**WHEREAS** white supremacy is the foundation of international social, economic and political systems and results in racial oppression and social inequity; and

**WHEREAS** the Health Sciences Association (“HSA”) report *Confronting Racism with Solidarity* documented the ways our Black, Indigenous and People of Colour (BIPOC) members experience racism in larger society, in our workplaces and within our union. The report calls on the union to support and protect racialized members; and

**WHEREAS** BIPOC members’ racial diversity and lived experience is not currently reflected in our union representation, staff and leadership; and

**WHEREAS** BIPOC members lack a formal structure, time, organizational legitimacy and financial/administrative resources to enable them to provide consensus-based leadership and direction to the HSA regarding strategies to identify and remove systematic barriers in our union, workplaces and larger society.

**THEREFORE BE IT RESOLVED** HSA establish a BIPOC Racial Justice Committee comprised and led by members with lived-experiences of racial oppression and social inequity.

*Submitted by:* Board of Directors (Committee for Equality & Social Action)

### RESOLUTION 46

**WHEREAS** engaging members can be difficult without adequate resources and tools to succeed; and

**WHEREAS** a larger number of engaged members would also assist with growing the steward capacity and network; and

**WHEREAS** there are members/stewards that may not be familiar with where or how to engage the members; and

**WHEREAS** there are greater challenges in-house to work collaboratively in advancing our interests.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) enhance member engagement by forming an engagement committee to support the growth, education, challenges and awareness of their membership.

*Submitted by:* BC Cancer Agency (VCC)

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:

## RESOLUTION 47

**WHEREAS** most committees of the Health Sciences Association Board of Directors consist of an odd number of members; and

**WHEREAS** the Elections Committee makes important decisions and oversees fair election processes for both Regional Director and Presidential elections; and

**WHEREAS** this committee currently consists of two members and, if parties disagree, there is no process for a tie breaker.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association Elections Committee consist of three members. ~~who are from a region from the non-electing year.~~

**Submitted by:** St. Paul's Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 48

**WHEREAS** many potential candidates for elected positions in Health Sciences Association (“HSA”) may not be aware that there is an oath of office and a code of conduct for elected officials,

**THEREFORE BE IT RESOLVED** that all candidates seeking election for all positions of *Board of Directors, Member at Large and Trials Committee* in Health Sciences Association (“HSA”) be advised of the oath of office and code of conduct and be informed that there is an expectation that they *take sign* the oath of office and code of conduct in order to be confirmed as elected to *their* position in the union.

**Submitted by:** Surrey Memorial Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTIONS: GOVERNANCE

### RESOLUTION 49 (Covered by 6)

**WHEREAS** the Executive Committee consists of the President, Vice-President and Secretary-Treasurer;

**WHEREAS** the Vice-President and Secretary-Treasurer are selected from the board and the membership has no voice in selecting these members;

**THEREFORE BE IT RESOLVED** that the Executive Committee (President, Vice-President and Secretary-Treasurer) shall be elected in a democratic process by delegates to convention, similar to that of the president, from among the board members.

*Submitted by:* BC Cancer Agency (VCC)

### RESOLUTION 50

**WHEREAS** this year, should there be a contested odd regional director election, with an odd regional director who is interested in campaigning for president, there are 52 of 90 days of lost campaign time before they would reasonably declare themselves a presidential candidate. This is not equitable.

**WHEREAS** odd number regional directors who might be interested in running for president shouldn't have to choose between running two campaigns or choosing between one position or the other. This is not equitable.

**WHEREAS** in the event that a director position has multiple candidates, an incumbent would be at a disadvantage, potentially creating a loss of leadership experience and legacy to the board and the governance team should they not be elected to either position. This does not strengthen our union.

**THEREFORE BE IT RESOLVED** that elections for regional directors be completed well-in advance of nominations opening for officer positions.

*Submitted by:* Cumberland Health Centre

*Committee Recommendation:* In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 51

**WHEREAS** Health Sciences Association (“HSA”) members are interested in making an informed decision in electing their HSA president; and

**WHEREAS** HSA members are not always provided detailed information about potential presidential candidates and their platforms until the Plenary of the HSA Convention.

**THEREFORE BE IT RESOLVED** that the union organize more opportunities for presidential candidates to present their platforms to all HSA members prior to Convention.

**Submitted by:** Victoria General Hospital Chapter

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 52

**WHEREAS** speakers at Convention are currently allocated 2 minutes to speak at the microphone; and

**WHEREAS** the response to a speaker’s question may exceed the 2 minute limit; and

**WHEREAS** the provided response may be unclear or does not answer the question.

**THEREFORE BE IT RESOLVED** that speakers at the mic *asking questions of a podium speaker* be given an additional 30 seconds to ask one follow-up question following the response to their initial question.

**Submitted by:** BC Cancer Agency (VCC)

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTIONS: GOVERNANCE

### RESOLUTION 53

**WHEREAS** Convention is an opportunity to exchange ideas; and

**WHEREAS** the pro/con format of debate naturally leads to expression of opinion; and

**WHEREAS** the variety of opinions leads to the richness of discussion; and

**WHEREAS** the greater intention of the pro/con format is respectful exploration of opposing views through healthy vibrant debate and being open to various points of view.

**THEREFORE BE IT RESOLVED** that no Health Sciences Association member may speak twice during debate on any motion.

*Submitted by:* Nanaimo Regional General Hospital

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:

### RESOLUTION 54 (Covers 55 and 56)

**WHEREAS** Health Sciences Association (“HSA”) members look to our elected officials for leadership; and

**WHEREAS** members are interested in the activities and HSA representation of our elected officials leading by example; and

**WHEREAS** attendance records of our Board of Directors were recently published for the 2020 HSA convention, and received with interest.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) publish attendance records and activities of the Board of Directors, quarterly in the HSA Report; and

**BE IT FURTHER RESOLVED** that quarterly publishing will start immediately with the first Report after the 2021 HSA Convention.

*Submitted by:* St. Paul’s Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:



## RESOLUTION 55 (Covered by 54)

**WHEREAS** the union strives to be more transparent; and

**WHEREAS** the membership is interested in the activities of the elected officials of the union; and

**WHEREAS** the attendance records of the Board of Directors have recently been available at the 2020 HSA Convention.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will publish attendance records and activities of each director quarterly in the HSA report starting with the first report after the 2021 convention.

*Submitted by:* Surrey Memorial Hospital

## RESOLUTION 56 (Covered by 54)

**WHEREAS** Health Sciences Association (“HSA”) members look to our elected officials for leadership, and

**WHEREAS** members want assurance that their elected representatives are participating fully in the committees they are appointed to; and

**WHEREAS** attendance records of the Board of Directors in meetings and committees was available to delegates to the 2020 HSA convention and was received with interest; and

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) publish attendance records of the Board of Director for required duties, as outlined by the constitution and policies, quarterly in the HSA Report. And further this quarterly reporting starts with the first HSA report published post the 2021 HSA Convention.

*Submitted by:* Kootenay Lake Hospital

## RESOLUTIONS: GOVERNANCE

### RESOLUTION 57

**WHEREAS** Health Sciences Association (“HSA”) members vote on other health professionals to represent them on contract negotiations; and

**WHEREAS** HSA members do not vote on HSA staff (chief negotiator or classification lead etc.) representation for contract negotiations; and

**WHEREAS** many HSA members have concerns with wages, classifications, and past negotiations.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) members vote on HSA staff to represent them at the bargaining table; and

**BE IT FURTHER RESOLVED** that HSA members run the union and determine which staff represent them at bargaining.

*Submitted by:* Vancouver General Hospital

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:

### RESOLUTION 58

**WHEREAS** the Canadian Charter of Rights and Freedoms protects all individuals; and

**WHEREAS** the Human Rights Code of Canada/BC protects the rights of all individuals; and

**WHEREAS** the Labour Code of Canada/Labour Relations Code BC protects all individuals.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) board of directors and staff ensure the articles of the Constitution, policies adopted, procedures and practices implemented, do not supersede our protected rights and freedoms as British Columbians.

*Submitted by:* Vancouver General Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 59

**WHEREAS** women make up over 70% of the Health Sciences Association (“HSA”) membership. Resolution (204) was adopted at the 2020 BC Federation of Labour Convention to advocate for free contraception in BC to increase access; this is good health policy, which will improve health outcomes by reducing the risks associated with unintended pregnancy, particularly among adolescents; and

**WHEREAS** BC was the first province to allow pharmacists to prescribe emergency contraception in 2000 (now over the counter), and other jurisdictions in Canada (Alberta, Saskatchewan, Quebec, Nova Scotia) and internationally (UK, many US states) allow pharmacists to independently prescribe. Pharmacies have extended hours (some open 24 hours) compared to physician offices and clinics; and

**WHEREAS** pharmacists are a member profession of HSA and are the most knowledgeable about drug therapy. Peer-reviewed studies have shown that pharmacist prescribing of contraceptives safely increases access.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will lobby (in conjunction with College of Pharmacists of BC) the BC government to grant pharmacists the authority to independently prescribe contraceptives.

*Submitted by:* BC Cancer Agency (Prince George)

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## COMPOSITE 2 (Covers 60, 61 and 62)

**WHEREAS** international, Canadian and provincial human rights legislation provide that people have a right to participate fully in their lives, free from all forms of discrimination, including physical and mental disability; and

**WHEREAS** the December 2020 report by the Representative for Children/Youth (RCY) highlighted existing gaps in funding and services to families and children with special needs (e.g. Eligibility criteria and funded supports for At Home Program, CYSN, Nursing Support Service); and

**WHEREAS** many of these shortfalls were previously identified in the 2018 RCY report Alone and Afraid Lessons learned from ordeal of a child with special needs and his family; and

**WHEREAS** the promise to design, develop and implement a comprehensive CYSN framework has remained unfulfilled; and

**WHEREAS** some of the most vulnerable in our province continue to be impacted by the decisions of the previous government who for years dismantled social programs, reduced funding, and ignored increasing needs; and

**WHEREAS** the COVID-19 pandemic has exacerbated already chronically long waitlists for chil-

## RESOLUTIONS: HEALTH SERVICES

dren’s assessment, diagnosis and intervention services (e.g CDBC, Autism, SLP, therapies, etc.); and

**WHEREAS** Health Sciences Association (“HSA”) members have passed many previous resolutions requesting government action and resources to address these long waitlists and enhanced services for children and youth with special needs including early years mental health services.

**THEREFORE BE IT RESOLVED** that HSA lobby the provincial government to deliver on the promise to implement a comprehensive Child/Youth with Special Needs framework; and

**BE IT FURTHER RESOLVED** that HSA lobby the provincial government to create more Infant Mental Health clinics in BC; and

**BE IT FINALLY RESOLVED** that HSA continue to lobby the provincial government to develop and implement an action plan and provided the needed resources to address the long waitlists for children’s assessments, diagnosis, and intervention services to ensure children receive services in a timely manner.

**Submitted by:** The Resolutions Committee

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 60 (Covered by Composite 2)

**WHEREAS** international, Canadian and provincial human rights legislation provide that people have a right to participate fully in their lives, free from all forms of discrimination, including physical and mental disability; and

**WHEREAS** the December 2020 report by the Representative for Children/Youth (RCY), left out Children/Youth with special needs (“CYSN”) in the pandemic, highlighted the gaps in funding and services to families and children with special needs (e.g. Eligibility criteria and funded supports for At Home Program, CYSN, Nursing Support Service); and

**WHEREAS** many of these shortfalls were previously identified in the 2018 RCY report Alone and Afraid Lessons learned from ordeal of a child with special needs and his family; and

**WHEREAS** the promise to design, develop and implement a comprehensive CYSN framework has remained unfulfilled.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) and affiliates lobby the provincial government to make good on their promise regarding a comprehensive Children/Youth with Special Needs framework.

**Submitted by:** Queen Alexandra Centre for Children

## RESOLUTION 61 (Covered by Composite 2)

**WHEREAS** some of the most vulnerable in our province continue to be impacted by the decisions of the previous government who for years dismantled social programs, reduced funding, and ignored increasing needs; and

**WHEREAS** we are currently bearing witness to the outcomes of these decisions including an increase in children and families living in poverty, homelessness (tent cities in urban and rural areas), and the growing need for mental health and addiction resources; and

**WHEREAS** there is evidence-based research suggesting a correlation between poverty and attachment issues. Further, there is evidence supporting early intervention (0-5) as the optimal period to change trajectories, the goal being to improve attachment between children and their primary caregivers.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) and their affiliates advocate and lobby the provincial government to create more Infant Mental health Clinics in the province.

**Submitted by:** Queen Alexandra Centre for Children

## RESOLUTION 62 (Covered by Composite 2)

**WHEREAS** the COVID-19 pandemic has exacerbated already chronically long waitlists for children’s assessment, diagnosis and intervention services (e.g CDBC, Autism, SLP, therapies, etc.); and

**WHEREAS** Health Sciences Association (“HSA”) members have passed many previous resolutions requesting government action and resources to address these long waitlists.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue to urgently advocate with the BC government to develop and implement a tangible action plan to address this backlog and provide required resources to shorten waitlists and help children receive services in a timely manner.

**Submitted by:** Queen Alexandra Centre for Children

## RESOLUTIONS: HEALTH SERVICES

### RESOLUTION 63

**WHEREAS** there is now evidence that early treatment of Autism Spectrum disorder can not only improve social emotional and communication skills but can also improve cognitive and behavioral outcomes. As such timely assessment for Autism Spectrum Disorder is critical to get kids and their families the supports they need for the child to live their full potential; and

**WHEREAS** children are waiting 1.5 – 2 years for publicly funded assessments; some families with financial means or extended health benefits are able to pay for private assessments, creating inequities in the system; and

**WHEREAS** all children deserve equal access to timely assessments so they can benefit from therapeutic intervention as soon as possible.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the government to increase funding for autism assessment services at the BC Autism Assessment Network (“BCAAN”).

*Submitted by:* Centre for Child Development

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 64 (Covers 65)

**WHEREAS** about 1 in 6 Canadians experience infertility; and

**WHEREAS** four provinces in the country provide some form of fertility treatments as part of their public health plan but BC is not one of them; and

**WHEREAS** many families cannot afford the thousands of dollars charged by private clinics for treatment.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the BC government to include fertility treatments as part of the public health plan.

*Submitted by:* Centre for Child Development

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

**RESOLUTION 65 (Covered by 64)**

**WHEREAS** fertility treatment care is not covered through BC Pharmacare or MSP.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) advocate for the inclusion of fertility treatment care through BC Pharmacare or MSP for all BC residents.

*Submitted by:* BC Cancer Agency (VCC)

**RESOLUTION 66**

**WHEREAS** Prostate Cancer Screening test (PSA) is not covered through Medical Services Plan (“MSP”).

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the government to cover the cost of prostate cancer screening test (PSA) as a component of the Medical Services Plan.

*Submitted by:* BC Cancer Agency (VCC)

*Committee Recommendation:* Opposed.

**CARRIED:**       **DEFEATED:**

**RESOLUTION 67**

**WHEREAS** the pandemic has shone a light on the care inequities in private facilities; and

**WHEREAS** the BC’s seniors’ advocate report states that waitlists for Long Term Care (“LTC”) beds have been increasing; and

**WHEREAS** patients who await LTC from hospital face lengthy waits to access LTC beds and this decreases bed availability for acute patients and strains the health system.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) lobby the government to increase the number of publicly funded Long Term Care beds in BC.

*Submitted by:* Royal Inland Hospital

*Committee Recommendation:* In favour.

**CARRIED:**       **DEFEATED:**

## RESOLUTIONS: HEALTH SERVICES

### RESOLUTION 68

**WHEREAS** the wait-time for wheelchair-accessible BC Housing units is unacceptably long (e.g. Families in Surrey waiting 4 + years); and

**WHEREAS** many families with kids with special needs are not able to find affordable and wheelchair-accessible homes.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) advocate and lobby the Attorney General and Minister Responsible for Housing and other related Ministries (e.g. Ministry of Children & Family Development and Ministry of Social Development and Poverty Reduction) to review and increase BC Housing rental stock of wheelchair-accessible units to allow timely and equitable access everywhere in BC.

*Submitted by:* Centre for Child Development

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 69

**WHEREAS** in 2018 the Canadian Task Force on Preventative Health released guidelines changing the frequency and timing for breast cancer screening; and

**WHEREAS** the benefits of early and yearly breast screening mammography will decrease severity of disease and therefore improve surgical outcomes as well as better treatment options and decrease complications as mortality for women from breast cancer.

**THEREFORE BE IT RESOLVED** the Health Sciences Association (“HSA”) lobby the government to review and amend the breast cancer screening timelines and protocols.

*Submitted by:* Royal Inland Hospital

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:



## RESOLUTION 70

**WHEREAS** British Columbians receiving renal hemodialysis as a life-sustaining treatment require urgent and affordable transportation to access treatment, and

**WHEREAS** existing programs and infrastructure are not sufficient to support British Columbians attending treatment, creating risks to physical and mental health.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the Ministry of Health to develop transportation services that meet the needs of all British Columbians requiring hemodialysis.

**Submitted by:** Abbotsford Regional Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTION 71

**WHEREAS** British Columbians require affordable, effective medications for all health conditions; and

**WHEREAS** government is imposing a biosimilars initiative for patients.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the Ministries of Health, provincial and federal, to provide universal Pharmacare; and

**BE IT FURTHER RESOLVED** that HSA lobby the provincial and federal Ministries of Health to fund medications prescribed by physicians and conduct further research to explore potential negative health impacts of biosimilars.

**Submitted by:** Abbotsford Regional Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTIONS: HEALTH SERVICES

### RESOLUTION 72

**WHEREAS** Registered Dietitians (RDs) have extensive education and training in nutrition and are required to register for 'Restricted Activity B (RA-B)' to practice Parenteral Nutrition (PN) in BC.; and

**WHEREAS** RA-B states 'design therapeutic diets where nutrition is administered through parenteral means'. Design is defined as 'the selection of appropriate ingredients for parenteral nutrition' and parenteral is defined as 'administration of a nutritional substance to a patient directly into the blood stream'. RDs must provide proof of competency and maintain currency to practice RA-B.; and

**WHEREAS** RDs currently require a physician's signature for any PN orders, which results in delays in initiation or modification of PN solutions and ultimately delay in quality patient care.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") lobby the BC government and the College of Dietitians of BC to grant Registered Dietitians *with the appropriate certification and training* the authority to sign orders for parenteral nutrition.

**Submitted by:** University Hospital of Northern British Columbia

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

### RESOLUTION 73

**WHEREAS** Health science professions are rapidly evolving and often involve complex equipment; and

**WHEREAS** there is a substantial education and training gap between entry to practice from graduation and the current needs of many professions with advanced practice levels; and

**WHEREAS** there are no practice educator roles in most health sciences departments; and

**WHEREAS** the safety of patients and the success of our members requires ongoing and substantive education, often very specific to a department's policies, practices, and equipment; and

**WHEREAS** Health authorities have recognized the value of educator roles in nursing departments.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") lobbies the health authorities and the Ministry of Health to place a focus on the creation of practice educator roles in health sciences departments.

**Submitted by:** Vancouver General Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

**RESOLUTION 74**

**WHEREAS** the roll-out of COVID-19 vaccine delivery was not consistent between Health Authorities in BC; and

**WHEREAS** many health science professionals (HSPs) covered by the HSPBA collective agreement were overlooked as priorities for COVID-19 vaccine delivery; and

**WHEREAS** HSPs provide essential direct (hands-on) care to patients in clinical settings; and

**WHEREAS** HSPs need to be protected from spread of disease in patient care areas and shared offices; and

**WHEREAS** HSPs suffered emotional distress associated with not being prioritized for COVID-19 vaccines at the same time as their nursing colleagues;

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) provide feedback to health authorities in BC about member experiences during the COVID-19 vaccine rollout; and

**BE IT FURTHER RESOLVED** that HSA lobby HEABC to ensure that HSPs are included in all future Occupational Health and Safety (OHS) roll-outs.

*Submitted by:* Nanaimo Regional General Hospital

*Committee Recommendation:* In favour.

**CARRIED:**       **DEFEATED:**

## RESOLUTIONS: LABOUR RELATIONS

### RESOLUTION 75

**WHEREAS** many Health Sciences Association (“HSA”) members are experiencing increased workloads at their worksites; and

**WHEREAS** a limited amount of union-paid time is allocated for HSA Chief and Assistant Chief Stewards to conduct union business; and

**WHEREAS** General Stewards and OH&S Stewards may find it difficult to avail themselves for union business in the course of their workday.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association ~~lobby~~*direct* employers to comply with the HSPBA Collective Agreement and allow their employees adequate time to conduct union business.

**Submitted by:** Victoria General Hospital Chapter

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 76 (Covers 77)

**WHEREAS** mental health needs have been highlighted through the difficulties of the COVID-19 pandemic. Our healthcare providers have been and continue to work on the forefront dealing with increased workloads, high-stress environments, and both mental and physical exhaustion from the pandemic. They also have had to do this while isolating themselves from peers and family who previously would have provided support through difficult times. Mental health and wellbeing should be a priority for all workers; and

**WHEREAS** supporting our members' mental health needs should include preparing for post-pandemic trauma/stress that members will be left to deal with.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") continues to develop ways to support our members' mental health needs through education, support resources, and debriefings that address current work climate as well as post-pandemic recovery.

*Submitted by:* University Hospital of Northern British Columbia

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 77 (Covered by 76)

**WHEREAS** the pandemic has put a strain on people across BC and more people are struggling with mental health issues as a result; and

**WHEREAS** Health Sciences Association ("HSA") members are on the front lines of the pandemic and experiencing stress on the job in addition to the stresses that are resulting from the public health measures; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") develop a wellness plan and resources for helping members as the pandemic continues and as we emerge post-COVID-19.

*Submitted by:* Royal Inland Hospital

## RESOLUTIONS: MEMBER SERVICES

### RESOLUTION 78

**WHEREAS** stewards are getting bogged down by administrative work with regard to grievances, and other duties that can interfere with a steward's ability to focus on conducting regular New Member Orientations; and

**WHEREAS** New Member Orientations conducted in a timely manner are a key component to member education and engagement; and

**WHEREAS** New Member Orientation sessions follow a standardized format that can be replicated across chapters.

**THEREFORE BE IT RESOLVED** that New Member Orientation sessions be regularly organized and scheduled by Health Sciences Association ("HSA") admin in order to allow stewards to focus on presenting the material and engaging in conversations with new members.

**Submitted by:** Royal Jubilee Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 79

**WHEREAS** stewards are continuously working to promote interest, involvement and engagement with Health Sciences Association ("HSA") members; and

**WHEREAS** the role of the steward is very complex and involved, and newly elected stewards are not familiar with the steward role and require immediate engagement following election, to ensure they become fully engaged; and

**WHEREAS** incumbent stewards are busy working in their professions and may not have time to mentor the new stewards.

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") ~~support services~~ provide support to newly elected stewards within one month ~~2 weeks of HSA being notified~~ of the election *results* by providing a welcome email that includes immediate information regarding the role of the steward including the name of a contact person from HSA head office for immediate questions, *followed by* a welcome package sent in the mail containing relevant products to support and encourage next steps and in addition, ongoing support ~~services and mentorship~~. ~~for the first 6 months following election.~~

**Submitted by:** Penticton Regional Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

## RESOLUTION 80

**WHEREAS** gathering and connection is a way that Health Sciences Association (“HSA”) members engage with each other and with the union; and

**WHEREAS** the pandemic has made it such that in-person gatherings are discouraged and we do not know when we will be able to resume; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) provide more support and opportunities for virtual engagement and gathering among members.

*Submitted by:* Royal Inland Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 81

**WHEREAS** the COVID-19 pandemic has resulted in need for chapters to use virtual services to conduct the business of the union; and

**WHEREAS** the union has not provided chapters with equipment that can be used to facilitate this business.

**THEREFORE BE IT RESOLVED** that the union provide chapters with the required equipment and training to fulfill the union’s mandate.

*Submitted by:* Queen Alexandra Centre for Children

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: MEMBER SERVICES

### COMPOSITE 3 (Covers 82 and 83)

**WHEREAS** the Core Member Engagement Team (“CMET”) has proven to be an effective initiative for engaging members and organizing chapters; and

**WHEREAS** there are no shortcuts to member engagement, and the only way to gauge the level of value that workers experience from their membership is by connecting with them one-on-one and member-to-member, and organizing at the grassroots level; and

**WHEREAS** the recent CMET team had five member engagers and one ‘mentor’ from the previous year’s team who contacted thousands of HSA members through chapter meetings, phone calls, texting, and emails on the Paid Sick Time campaign, resulting in more than 1,000 email actions by members to MLAs.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue the Core Member Engagement Team (“CMET”) program and increase the number of engagers to provide further outreach to worksites across the province, and

**BE IT FURTHER RESOLVED** that the Core Member Engagement Team (“CMET”) for 2021/2022 be focused solely on member outreach with a goal of solidarity, organizing for power, and targeted support initiatives.

*Submitted by:* Resolutions Committee

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 82 (Covered by Composite 3)

**WHEREAS** the Health Sciences Association (“HSA”) Core Member Engagement Team (“CMET”) is a wonderful program where a small group of HSA members train together and then work with identified worksites to support local steward teams, engage with members, and run campaigns; and

**WHEREAS** having peers engage with other members on a campaign is a great way to strengthen connections and activate our membership; and

**WHEREAS** the recent CMET team had 5 member engagers and 1 ‘mentor’ from the previous year’s team. The CMET team was able to contact thousands of HSA members through chapter meetings, phone calls, texting, and emails on the Paid Sick Time campaign and over 1000 email actions to contact MLAs about the campaign were completed by members.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue the Core Member Engagement Team (“CMET”) program and increase the number of engagers to provide further outreach to worksites across the province.

*Submitted by:* Centre for Child Development



### RESOLUTION 83 (Covered by Composite 3)

**WHEREAS** the Core Member Engagement Team (“CMET”) has proven to be an effective initiative for engaging members and organizing chapters; and

**WHEREAS** there are no shortcuts to member engagement, and the only way to gauge the level of value that workers experience from their membership is by connecting with them one-by-one, and member-to-member, and organizing at the grassroots level; and

**WHEREAS** after a year of COVID-19, members are feeling adrift, and less engaged.

**WHEREAS** previous CMET teams worked to promote a specific campaign based on social justice and equity, and a key component to equity is building solidarity and collective power in workplaces.

**THEREFORE BE IT RESOLVED** that the Core Member Engagement Team (“CMET”) formed at Health Sciences Association (“HSA”) for the fall/winter of 2021/2022 be focused solely on member outreach with a goal of solidarity, organizing for power, and targeted support initiatives.

*Submitted by:* Royal Jubilee Hospital

### RESOLUTION 84

**WHEREAS** Health Sciences Association (“HSA”) services members across the province of BC, and not just in the Lower Mainland, and yet all current Labour Relations Officers (“LROs”) are working from the HSA office in New Westminster; and

**WHEREAS** LROs play a vital role in resolving issues and having easy access to the Labour Relations Officer is crucial to stewards conducting union business; and

**WHEREAS** face to face meetings between the HSA LROs and HSA members, department managers and human resource representatives make their relationship strong; and

**WHEREAS** the LRO could continue to stay in touch and attend meetings at the HSA office via technology as many of them have been during the pandemic.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) explore employing two Labour Relations Officers that reside on Vancouver Island to service sites both in the North/Central Island and South Island regions and report back their findings at the 2022 HSA Convention.

*Submitted by:* Victoria General Hospital Chapter

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: MEMBER SERVICES

### RESOLUTION 85

**WHEREAS** sites where there is paid steward time involve complicated issues and these issues require extra skills and experience; and

**WHEREAS** the skills to manage these issues require extra training.

**THEREFORE BE IT RESOLVED** that chapters with multiple candidates running for chief steward positions with paid steward time, the candidates must have completed the basic steward training before being eligible to run for the chief steward positions.

**Submitted by:** Surrey Memorial Hospital

**Committee Recommendation:** Opposed.

CARRIED:

DEFEATED:

### RESOLUTION 86

**WHEREAS** Health Sciences Association (“HSA”) is a democratic institution that is governed by its membership; and

**WHEREAS** engagement of its membership is critically important and a valued component of our union; and

**WHEREAS** HSA is a democratic union that is accountable to its membership and operates in a fully transparent manner; and

**WHEREAS** member participation has increased with the use of the online meeting format since it increases accessibility for those that would otherwise be unable to attend the meeting in person; and

**WHEREAS** only a portion of members are able to attend meetings and are missing out on important information.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) *explore* continuing to offer an online option for future meetings; and

**BE IT FURTHER RESOLVED** that *the exploration considers creating* HSA ~~create~~ a secure, password-protected web portal with transcripts and recordings of said meetings available.

**Submitted by:** Vancouver General Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

**RESOLUTION 87**

**WHEREAS** the main purpose of the union is to promote fair wages and good working conditions; and

**WHEREAS** Health Sciences Association (“HSA”) focuses on many social programs such as period poverty.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) return to its original purpose of negotiating fair and higher wages and improving working conditions and limit financial support and time spent on social programs.

**Submitted by:** Vancouver General Hospital

**Committee Recommendation:** Opposed.

**CARRIED:**

**DEFEATED:**

## RESOLUTIONS: OCCUPATIONAL HEALTH AND SAFETY

### RESOLUTION 88

**WHEREAS** exposure to second-hand smoke is an occupational and workplace hazard resulting in known carcinogen exposure; which can potentially cause adverse health effects including, but not limited to, eye and throat irritation, coughing, lung cancer and potentially death; and

**WHEREAS** health authorities across the province have non-smoking policies across all sites that are not properly being enforced resulting in Health Science Association (“HSA”) members and other staff being exposed to second-hand smoke at work and its associated health risks.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) lobby the Health Authorities to ensure the non-smoking policy is strictly enforced at all sites to prevent Health Science Association (“HSA”) Members and other staff being exposed to second-hand smoke and its associated health risks; and

**BE IT FURTHER RESOLVED** that HSA work with the health authorities to find creative solutions to prevent individuals smoking at all sites.

*Submitted by:* Eagle Ridge Hospital

*Committee Recommendation:* In favour,

CARRIED:

DEFEATED:

### RESOLUTION 89

**WHEREAS** health authorities and other employers have established single site Occupational Health & Safety (“OHS”) committees, multi-site OHS committees, and single discipline OHS committees

**THEREFORE BE IT RESOLVED** that HSA review Article 12 of the Constitution to better reflect the complexities of choosing and defining the role of the Occupational Health & Safety (“OHS”) steward and Joint Occupational Health & Safety (“JOHS”) committee worker reps.

*Submitted by:* Board of Directors (OHS Committee)

*Committee Recommendation:* In favour,

CARRIED:

DEFEATED:

**RESOLUTION 90 (Covers 91)**

**WHEREAS** COVID-19 is an international pandemic impacting the health, livelihood and mortality of people around the world; and

**WHEREAS** research demonstrates that COVID-19 disproportionately impacts Black, Indigenous and People of Colour (BIPOC), impoverished communities and migrant/refugee populations resulting in higher rates of sickness/death; and

**WHEREAS** Public Health Officers issued Orders recommending flexible working environments (i.e. “work from home”), that workers remain home and children do not attend school or daycare when sick or symptomatic; and

**WHEREAS** the majority of workers in Canada, particularly racialized workers, in essential or “front-line” work lack the protections of union membership, have few or no paid sick days, and are faced with loss of income or termination of employment if they take time to care for themselves or family members.

**THEREFORE BE IT RESOLVED** that HSA work with labour organizations and allies (BC Federation of Labour, NUPGE and CLC) to lobby the federal/provincial governments to establish paid sick leave for all, including temporary/foreign workers, in Canada.

*Submitted by:* Children’s and Women’s Hospital

*Committee Recommendation:* In favour,

**CARRIED:**  **DEFEATED:**

**RESOLUTION 91 (Covered by 90)**

**WHEREAS** more than half of all Canadian workers have no access to paid sick leave, so when they’re sick they face an impossible choice between making ends meet and staying home to protect public health and get better; and

**WHEREAS** whereas it’s a public health imperative that sick workers stay home from work, and not just during the pandemic; and

**WHEREAS** by curbing the spread of infectious diseases, employer-provided sick days would protect public health while increasing workplace productivity, offering more stable income for workers and reducing health costs for governments;

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) support the BC Federation of Labour’s campaign calling for the implementation of universal, permanent and adequate employer-provided paid sick leave for all workers.

*Submitted by:* Board of Directors (Political Action Committee)

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 92

**WHEREAS** members with chronic illnesses tend to have less sick time in their banks; and

**WHEREAS** the waiting period for members to be eligible for Long Term Disability is five months (four for Registered Psychiatric Nurses); currently Medical EI only covers members for up to 15 weeks; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue to lobby the federal government through the National Union of Public and General Employees and the Canadian Labour Congress to increase the length of time for Medical EI coverage, and report back to the membership.

*Submitted by:* Burnaby Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 93

**WHEREAS** farmers and agricultural workers in India have been protesting against three farm bills that were passed by the Indian government in late September 2020 that favour big businesses over small farmers and threaten their livelihood; and

**WHEREAS** the protests have escalated over the past few months as hundreds of thousands of farmers from Punjab and Haryana have marched on New Delhi, where they have been met by police with tear gas and water cannons; and

**WHEREAS** solidarity actions have been taking place all over the world in support of Indian farmers, including a letter writing campaign hosted by HSA encouraging the federal government to support protesting workers.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue to show solidarity with farmers and agricultural workers in India; and

**BE IT FURTHER RESOLVED** that HSA continue to work with our allies in the labour movement to highlight the threat these workers face.

*Submitted by:* Board of Directors (Political Action Committee)

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

**COMPOSITE 4 (Covers 94 and 95)**

**WHEREAS** the shelter portion of Income Assistance for an adult with a child is \$570, which is meant to cover rent and utilities and has not been increased in many years, while the rent for a one-bedroom apartment starts at \$1500; and

**WHEREAS** women who are experiencing intimate partner violence, which has increased through the pandemic, report to transition house and crisis line workers that they are afraid to leave violent relationships due to the impossibility of finding rentals for \$570 and thus the likelihood of becoming homeless and potentially losing their children; and

**WHEREAS** the shelter portion of Income Assistance for a single adult is \$375 which is meant to cover rent and utilities and has not been increased in many years, while the rent for a studio apartment is \$1200 - \$1650 in many parts of BC; and

**WHEREAS** people who are unsheltered or living in precarious housing cannot afford safe, appropriate housing that will allow them to stabilize their lives and build a better future; and

**WHEREAS** the trauma and health impacts experienced by those who are unsheltered should be considered a public health emergency.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will lobby the provincial government to increase Income Assistance rates, including the shelter portion; and

**BE IT FURTHER RESOLVED** that HSA will lobby the government to continue to build second stage housing for women fleeing violence; and

**BE IT FURTHER RESOLVED** that HSA will lobby the government to continue to build supportive housing; and

**BE IT FINALLY RESOLVED** that HSA, through the BC Federation of Labour, will encourage other unions in British Columbia to lobby government to do the same.

**Submitted by:** Resolutions Committee

**Committee Recommendation:** In favour.

**CARRIED:**

**DEFEATED:**

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 94 (Covered by Composite 4)

**WHEREAS** the shelter portion of Income Assistance for an adult with a child is \$570 which is meant to cover rent and utilities and has not been increased in many years while the rent for a one bedroom apartment starts at \$1500; and

**WHEREAS** women who are experiencing intimate partner violence are reporting to transition house and crisis line workers that they are afraid to leave violent relationships due to the impossibility of finding rentals for \$570 and thus the likelihood of becoming homeless and potentially losing their children; and

**WHEREAS** the situation of women experiencing intimate partner violence has worsened through the pandemic.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will lobby the provincial government to increase the Income Assistance rates including the shelter portion while continuing to build second stage housing for women fleeing violence; and

**BE IT FURTHER RESOLVED** that HSA, through the BC Federation of Labour, will encourage other unions to do the same.

*Submitted by:* Comox Valley Transition Society

### RESOLUTION 95 (Covered by Composite 4)

**WHEREAS** the shelter portion of Income Assistance for a single adult is \$375 which is meant to cover rent and utilities and has not been increased in many years while the rent for a studio apartment is \$1200 - \$1650 in many parts of BC; and

**WHEREAS** people who are unsheltered or living in precarious housing cannot afford safe, appropriate housing that will allow them to stabilize their lives and build a better future; and

**WHEREAS** the trauma and health impacts experienced by those who are unsheltered should be considered a public health emergency.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) will lobby the provincial government to increase the income assistance rates including the shelter portion while continuing to build supportive housing; and

**BE IT FURTHER RESOLVED** that HSA, through the BC Federation of Labour, will encourage other unions to do the same.

*Submitted by:* Comox Valley Transition Society



## RESOLUTION 96 (Covers 97)

**WHEREAS** British Columbians require affordable, effective medications for all health conditions; and

**WHEREAS** many seniors living in British Columbia struggle to pay for prescribed medications.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the provincial and federal Ministries of Health to provide universal Pharmacare, eliminating the income based deductible that causes hardship for many British Columbians.

*Submitted by:* Abbotsford Regional Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

## RESOLUTION 97 (Covered by 96)

**WHEREAS** Health Sciences Association (“HSA”) has long advocated for a universal, public Pharmacare program; and

**WHEREAS** recently an NDP private members bill calling for a universal Pharmacare program was defeated in the House of Commons,

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) continue to advocate to the provincial and federal governments on the urgency of establishing a universal, public Pharmacare program in Canada.

*Submitted by:* Board of Directors (Political Action Committee)

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 98

**WHEREAS** the pandemic has taught us that successful post-secondary education can occur by distance; and

**WHEREAS** the cost of living can be prohibitive when attending post-secondary education away from home (in particular Lower Mainland/Lower Island); and

**WHEREAS** training in rural, northern, and underserved communities can lead to greater retention of new employees in those areas.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) explore ways to encourage the Ministry of *Advanced Education & Skills Training* to expand training programs into northern, rural, and underserved communities, including distance learning options.

**Submitted by:** Nanaimo Regional General Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

### RESOLUTION 99 (Covers 100)

**WHEREAS** there is sound research and evidence that time change is a real health concern due to disturbing a person’s circadian clock; and

**WHEREAS** chance of heart attack increases 25%, workplace accidents increase 6% and motor vehicle accidents increase 17% and productivity decreases in the day after a time change; and

**WHEREAS** the change has an economic cost of about \$30 billion dollars to the North American economy; and

**WHEREAS** the Yukon Territory has gone ahead with Daylight Saving Time (“DST”) and several parts of British Columbia already stay on permanent DST in part due to trade with Alberta; and

**WHEREAS** the DST engagement survey indicated 93% of respondents indicated they prefer a move to permanent DST; and

**WHEREAS** the provincial government committed to ending ongoing time changes by introducing legislation in October of 2019.

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) lobby the government to implement permanent Daylight Saving Time (“DST”) in British Columbia in 2021, taking the lead and not waiting for other jurisdictions (the USA) to commit to DST.

**Submitted by:** Kootenay Lake Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

**RESOLUTION 100 (Covered by 99)**

**WHEREAS** there is sound research and evidence that time change is a real health concern due to disturbing a person’s circadian clock; and

**WHEREAS** chance of heart attack increases 25%, workplace accidents increase 6% and motor vehicle accidents increase 17% and productivity decreases in the day after a time change; and

**WHEREAS** the change has an economic cost of about \$30 billion in the North American economy; and

**WHEREAS** the Yukon Territory has gone ahead with Daylight Savings Time (“DST”) and several parts of British Columbia already stay on permanent DST in part due to trade with Alberta; and

**WHEREAS** the DST engagement survey indicated 93% of respondents indicated they prefer a move to permanent DST; and

**WHEREAS** the government of British Columbia committed to ending ongoing time changes by introducing legislation in October 2019.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the government of BC to implement permanent Daylight Savings Time (“DST”), taking the lead and not waiting for other jurisdictions (the USA) to commit to DST.

*Submitted by:* Lions Gate Hospital

**RESOLUTION 101**

**WHEREAS** the evidence suggests that modern public transport systems remain the best option in terms of advancing transport-related decarbonization goals and in providing safe, high-quality and accessible mobility; and

**WHEREAS** the rapid proliferation of individually owned EVs is not guaranteed to take place at the speed and scale necessary to make a major contribution toward decarbonization; and

**WHEREAS** app-based ride-hailing and ride-sharing technologies can be harnessed in ways that could make a significant contribution to improving and expanding public transport, and that the struggle to harness these technologies for the public good must be viewed as part of the struggle to protect, improve, and qualitatively expand traditional modes of public transport.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the BC government to incorporate publicly owned ride-sharing and ride-hailing services into a wider system of public transport aimed squarely at the shared public good.

*Submitted by:* Fraser Canyon Hospital

*Committee Recommendation:* Opposed.

**CARRIED:**  **DEFEATED:**

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 102

**WHEREAS** the Canadian Environmental Protection Act (CEPA) has not been revised since 1999, before the harms of many of the chemical cocktails we discharge into our water and air, and apply to our faces and farms, were known; and

**WHEREAS** in 2017 the House of Commons Standing Committee on Environment and Sustainable Development issued 87 recommendations for strengthening CEPA, including banning hazardous hormone disruptors, establishing enforceable national air- and drinking-water-quality standards, and protecting marginalized communities from toxics; and

**WHEREAS** to date no concrete action has been taken to implement these recommendations; and

**WHEREAS** nearly eight in 10 Canadians consider strengthening protections from toxics an important election issue; and

**WHEREAS** 155 other countries around the world have enshrined our human right to a healthy environment into law.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) call on Canada’s federal parties to join together today to pass legislation to bring update the Canadian Environmental Protection Act (“CEPA”) into the 21st century.

*Submitted by:* Fraser Canyon Hospital

*Committee Recommendation:* In favour as amended.

CARRIED:

DEFEATED:

### RESOLUTION 102

**WHEREAS** the Physicians for Social Responsibility has released a paper detailing the ways that LNG production endangers human health and lives, including contamination from the extraction process, cancer, leaks of methane and hazardous toxic gases, pollution from the liquefaction process, risks of fire and explosion; and

**WHEREAS** with LNG we are locking ourselves into fossil fuel infrastructure that is heating up our planet and imposing a human health cost; and

**WHEREAS** the actions we take now by extracting, transporting and liquefying fracked gas will determine the health of generations to come, and it is unconscionable that we continue to subject people to these risks when we have the technology to make a just transition to renewable energy,.

## RESOLUTIONS: POLITICAL ACTION

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) lobby the BC government to take this opportunity to shape a world that is healthy and equitable by moving away from LNG and other fossil fuels.

**Submitted by:** Fraser Canyon Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

### RESOLUTION 104

**WHEREAS** B.C.’s health care team is working hard to provide good care to patients; and

**WHEREAS** this includes cleaning and dietary staff who keep our hospitals clean and safe and prepare and deliver essential meals to patients; and

**WHEREAS** many of these workers were forced to work for private corporations that cut their wages in the interests of profit; and

**WHEREAS** we all pay the price because the resulting higher staff turnover and higher workloads is not good for patient care and is bad for all front-line workers; and

**WHEREAS** the BC NDP committed during the recent election to reunite the health care team and bring these workers back under the control of our public health authorities.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) support the HEU campaign to urge the government of British Columbia to get private companies out of hospitals and Long Term Care (“LTC”) and invest in public health care for everyone.

**Submitted by:** Fraser Canyon Hospital

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 105

**WHEREAS** in 2018, the BC government introduced a childcare plan to increase licensed childcare spaces and lower childcare costs; and the high cost of childcare in BC continues to be a challenge for many working families; and there remains a lack of licensed childcare spaces available in many areas of BC; and

**WHEREAS** the COVID-19 pandemic has placed additional financial strain on many families, and reduced access to licensed childcare spaces; and

**THEREFORE BE IT RESOLVED** that the Health Sciences Association (“HSA”) continue to lobby the government to expand its childcare plan to universal access \$10 per day childcare for all childcare spaces in BC; and

**BE IT FURTHER RESOLVED** that HSA continue to lobby the government to expand its childcare plan to facilitate the creation of additional licensed childcare spaces.

*Submitted by:* Abbotsford Regional Hospital

*Committee Recommendation:* In favour.

CARRIED:

DEFEATED:

### RESOLUTION 106

**WHEREAS** the Ministry of Health is focused on modernizing the health regulation system in BC; and

**WHEREAS** any newly regulated health professions will be brought under one of the six regulatory colleges under the *Health Professions Act*; and

**WHEREAS** a number of Health Sciences Association (“HSA”) professions, including, but not limited to, Biomedical Engineering Technologists, are not currently regulated professions in B.C.

**WHEREAS** HSA has a constitutional purpose to provide a high level of representation and promote the general interests of the members, promote progressive legislation, and cooperate with professional associations on matters of common interest and concern.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) allocate political and legal resources as required in an effort to promote the regulation of unregulated HSA member professions in BC.

*Submitted by:* Royal Jubilee Hospital

*Committee Recommendation:* Opposed.

CARRIED:

DEFEATED:

**RESOLUTION 107**

**WHEREAS** alcohol consumption has increased during the pandemic; and

**WHEREAS** the rate of women whose deaths are directly related to alcohol consumption is rising more rapidly than for men; and

**WHEREAS** alcohol consumption increases risk of chronic alcohol use disorder, liver failure, gastrointestinal dysfunction, acute pancreatitis, heart disease/ stroke, cancer, memory loss, brain damage, multi-organ failure and death; and

**WHEREAS** there are more alcohol related hospital admissions than there are for heart attacks; and

**WHEREAS** alcohol consumption is perceived as safe.

**THEREFORE BE IT RESOLVED** that Health Sciences Association (“HSA”) educate the membership about the risks associated with alcohol intake, how to recognize excessive alcohol use, and treatment options available.

**BE IT FURTHER RESOLVED** that HSA lobby the government to *further* restrict advertisements for alcohol. and make alcohol less affordable.

**Submitted by:** Nanaimo Regional General Hospital

**Committee Recommendation:** In favour as amended.

**CARRIED:**

**DEFEATED:**

## RESOLUTIONS: POLITICAL ACTION

### RESOLUTION 108

**WHEREAS** the Hospital Employees' Union ("HEU") and the BC Nurses' Union ("BCNU") negotiated WorkSafe presumptive coverage for mental health traumatic events in the workplace.; and

**WHEREAS** the Health Sciences Association ("HSA") has not been successful in negotiating the same coverage; and

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") *continue to pursue WorkSafe presumptive coverage for mental health the same coverage* for all HSA professions.

**Submitted by:** Richmond Hospital

**Committee Recommendation:** In favour as amended.

CARRIED:

DEFEATED:

### RESOLUTION 109

**WHEREAS** it is expected that a federal general election will be called in 2021; and

**WHEREAS** it is important that members are aware of the pending election, how to participate and what positions political parties are taking on the issues that affect them, their work, and their community;

**THEREFORE BE IT RESOLVED** that Health Sciences Association ("HSA") be in a state of election readiness and, should an early federal election be called, provide relevant information and outreach to members.

**Submitted by:** Board of Directors (Political Action Committee)

**Committee Recommendation:** In favour.

CARRIED:

DEFEATED:









# 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](mailto:webpres@hsabc.org)]  
Val Avery, Physiotherapist  
Royal Jubilee Hospital

**Region 1** [[REGION01@hsabc.org](mailto:REGION01@hsabc.org)]  
Becky Packer (Secretary-Treasurer),  
Physiotherapist  
Cumberland Health Centre

**Region 2** [[REGION02@hsabc.org](mailto:REGION02@hsabc.org)]  
Derrick Hoyt, Pathologist Assistant  
Royal Jubilee Hospital

**Region 3** [[REGION03@hsabc.org](mailto:REGION03@hsabc.org)]  
Cheryl Greenhalgh (Vice-President),  
Medical Radiation Technologist  
Royal Columbian Hospital

**Region 4** [[REGION04@hsabc.org](mailto:REGION04@hsabc.org)]  
Joseph Sebastian, Medical Radiation Technologist  
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**Region 5** [[REGION05@hsabc.org](mailto:REGION05@hsabc.org)]  
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**Region 6** [[REGION06@hsabc.org](mailto:REGION06@hsabc.org)]  
Tara Chen, Speech Language Pathologist  
St. Vincent's Hospital

**Region 7** [[REGION07@hsabc.org](mailto:REGION07@hsabc.org)]  
Jas Giddha, Medical Radiation Technologist  
Surrey Memorial Hospital

**Region 8** [[REGION08@hsabc.org](mailto:REGION08@hsabc.org)]  
Cherylee Hylands, Cardiology Technologist  
Penticton Regional Hospital

**Region 9** [[REGION09@hsabc.org](mailto:REGION09@hsabc.org)]  
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