

2023 Annual Report



Territorial Acknowledgment

HSA respectfully acknowledges the unceded lands of approximately 198 distinct and diverse Indigenous nations on the lands colonially referred to as British Columbia. We are grateful to the traditional stewards of the lands and waters for their role in caretaking and fighting for the land from which we all benefit.

The “In Plain Sight” report made it clear that there is a lot of work we all need to do to become anti-racist and to create culturally safe health care and workplaces. As we endeavor towards decolonization we will want to ensure that there is an end to discrimination in the workplace and to disrupt the colonial based systems that Canadian health care was built on. This is not an easy task, and will take time, however we see hope in the changes to the collective agreement that will start to address changes needed to actualize reconciliation.

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Report of the President

As your president, it is my honour to provide this report on the activity of your union since March 2022.

It is especially a pleasure as, after years of incredible challenge, there is some genuinely good news on several fronts.

The pandemic is not over. It continues to drain each one of us, both professionally and personally. It continues to drive the shortages of specialized health care and community social services workers even as the demand has never been higher.

But we are now seeing long-overdue renewal of public investment in these services. And for the first time in I don't know how long, we are actually seeing that money go towards making sure we have the people to deliver the critical services British Columbians count on – instead of just buildings and equipment.

It's been a long, long time coming, and it's only partly due to demand from the public. It's also a testament to the skill of the negotiating teams that represent you, and who, in the recent round of contract negotiations, worked for over a year to achieve the best collective agreements I have ever seen.

Given their importance, I want to review a few of the highlights.

For almost 20 years, provincial governments led by the BC Liberals worked deliberately to drive down wages for specialized health professionals in BC.

In many cases they succeeded, leaving health professionals earning some of the lowest wages relative to their colleagues across Canada. It was a misguided attempt to control health care costs; instead, it slowly undermined the health care system even before the pandemic created the current crisis of dire shortages and crushing workload.

This crisis took years to build. It will take years to fix. But with the new HSPBA collective agreement secured on behalf of all health science professionals, things will begin to turn around.

For the first time in decades, the agreement provides significant pay increases, delivering members a wage increase of approximately 12 to 14%, at the minimum, over three years. Cost of living adjustments are built in to protect pay against longer-term increases in inflation. In addition, improvements to premiums for on-call, short-notice, super shifts and weekend shifts will put more money in many members' pockets.

There are specific provisions that address the recruitment and retention crisis. Occupational health and safety changes address mental health under duress, unsafe workloads, infection control standards, access to personal protective equipment and prevention of violence in the workplace. Enhanced education leaves will support professional development.

A new focus on implementing recommendations to support the inclusion of Indigenous workers, patients and clients will work toward reconciliation and culturally safe health care. And inclusion of communities that experience marginalization in the health care system is a major priority.

One of the key achievements of this agreement is a long-overdue update to the classification system. For decades this system grew more and more out of date, falling out of sync with the complexity and scope of our work, curtailing opportunity for career advancement, and ignoring the need for respect in the work done. The agreement provides for a comprehensive review of all classifications over the next two years, affording opportunities for your union to make improvements across dozens of professions.

We've seen similar gains at other bargaining tables. Our members in community health (CBA) ratified a new collective agreement that provides historic improvements that narrow the wage gap with our colleagues in the Facilities Agreement, while protecting extended benefits and long-term disability benefits. There's a commitment to ensure the long-term viability of the Joint Community Benefits Trust that delivers the benefits package that's so important for retention of current staff and recruitment of new staff.

As I write this, HSA members covered by the Community Social Services Bargaining Association (CSSBA), providing critical support to communities across the province, are in the process of voting on a tentative agreement that delivers significant breakthroughs on the issue of sick pay – which would be restored to 100% after being cut down to 80% for the last 20 years – and low wage redress – allocating over \$22 million to narrow the wage gap with their colleagues in the community health and facilities sectors. In addition, contract talks are underway at the Nurses' Bargaining Association (NBA) table, with HSA's Registered Psychiatric Nurses having a voice in shaping the priorities for that collective agreement.

Not all victories this year were achieved at the bargaining table.

In January 2023, we learned that Starbright Child Development Centre, a highly-respected community non-profit delivering support for children and youth with special needs for decades, and employer of almost 60 union members, was facing closure.

The provincial government, as part of a pilot program to establish new Family Connection Centres to provide more centralized services for children, had awarded one of four contracts for trial centres across the province to a for-profit company looking to get into the market in Kelowna instead of Starbright, which has been delivering those services since 1966.

Your union immediately engaged with the government to advocate for Starbright, the members who work there, and the families who depend on their services. While the government did not overturn the decision to grant the contract to the new for-profit provider, they heard the concerns voiced by HSA, the community, and Starbright, and made a funding commitment to keep Starbright operating. The commitment increases services in the community and will help address the gaps that resulted in unacceptably long wait lists for children in need of specialized services.

It's a great victory for everyone involved, but it's also a warning. Unless significant changes are made to the process by which Family Connection Centre service providers are selected, it will happen again. A procurement process that overlooks experienced non-profit providers like Starbright in favour of for-profit companies disrupts care for families and privatizes the delivery of service.

Along with the announcement extending the funding for Starbright, the Ministry for Children and Families committed that the procurement process will be thoroughly reviewed as part of its assessment of the pilot project. Our Constituency Liaisons, who lobby their local MLAs on issues important to our members,

supported by members working at child development centres around the province, will be taking this issue forward to advocate strongly for changes.

Our government relations and advocacy have made a difference in a number of areas.

While too often the government's pandemic health system response has focused on doctors and nurses, to the exclusion of health science professionals, recent announcements show that our engagement is getting results.

In July, your union welcomed the announcement of over 300 new training seats for health science professions facing dire shortages, and providing bursaries to help internationally educated health science professionals looking to join the BC workforce.

The new seats will expand capacity for training medical laboratory technologists, social workers, respiratory therapists, occupational therapists, dietitians, and radiation therapists. Other plans are in the works to expand the number of training seats for physiotherapists and speech-language pathologists in 2024. The bursary program for internationally trained health science professionals is expected to fund training for individuals across a wide range of professions.

Working with the Ministry of Health, your union once again in 2022 secured \$3 million in professional development funding for members covered by the Health Science Professionals Bargaining Association. We recognize there is great demand among our members for professional development, and are working our way through the approval process on hundreds of applications.

In the fall, the provincial government outlined the broad strokes of an overall health human resources plan, and HSA has been engaging with relevant ministry officials to ensure that this will deliver concrete proposals to tackle the shortages faced by so many of our professions.

HSA's legal department is second to none, and won a major victory on behalf of health science professional members in late September.

The \$10 million legal settlement awarded by Arbitrator John Hall for health science professionals is tied to the 2014-2019 collective agreement, which he found to have been breached when government signed a contract with the Nurses' Bargaining Association that did not adhere to the "me-too" provision ensuring any gains there would be shared by the Health Science Professionals Bargaining Association.

Unfortunately, the employers immediately appealed their loss. Faced with years of further legal wrangling and potentially a reduced award or no award at all, HSA chose to negotiate with the government to include the \$10 million-win in funding the new health science professionals collective agreement, ensuring the benefits went directly to the members affected. The deal is a good one for members, as it is annualized into the collective agreement, so the benefits will be felt well beyond a one-time payout.

I also want to talk about our ongoing work to ensure the health care and community social service systems are more welcoming to patients and clients from all backgrounds, and more supportive of the people who deliver these essential services in the workplace.

Last year, HSA officially modernized steward titles. It is important to use respectful and inclusive language wherever possible, and in light of the ongoing revelations of institutional abuse through the Canadian residential school system, the term "chief" no longer fits this bill. That's why HSA's bargaining committee worked to eliminate the use of it in the new collective agreements, and "Chief" Stewards are now known as "Lead" Stewards.

Indigenous HSA members have also been invited to participate in an Indigenous Advisory Circle to help lead and steer the next steps in this important work, and by working to establish priorities for Indigenous members. We are also doing a thorough review of the constitution over the coming year, and will go to our annual convention in 2024 with proposals that will

include decolonizing the language in the union's constitution.

2022 saw the establishment of HSA's Racial Justice Committee, conceived out of work leading from the 2020 report *Confronting racism with solidarity: An analysis of the 2020 HSA Workplace Racism Survey*. Founded after extensive dialogue and deliberation by the Racial Justice Working Group, the committee will work to address racism in health care and community social services workplaces with a focus on systemic issues.

The 2023 Racial Justice Committee is composed of six members, including myself as President and Jing-Yi Ng, a representative from the Board of Directors. Both Jing-Yi and I were early participants in the union's Black, Indigenous, and People of Colour (BIPOC) caucus formed following the report's release, and are very pleased to see the committee come to fruition and take on this important work. I look forward to working with the committee members:

- Rachel Walls (Region 1)
- Tammam el-Khodor (Region 4)
- Natasha Lee (Region 5)
- Maha Elashi (Region 6)
- Jing-Yi Ng (Board member)
- Kane Tse (ex-officio, President)

These issues are important to me, and to our members. I encourage all members to review the second report on HSA's work on justice, equity, diversity, and inclusion. Released in January, the report outlines your union's progress and goals in our commitment to creating respectful workplaces for your colleagues and for the patients and clients we serve. You can find it on the HSA web site at <https://www.hsabc.org/news/second-report-hsa-jedi-work-released>

The technologies we pivoted to during the pandemic remain important as your union works to modernize contact and connection with members in communities all across the

province. With the current round of contracts, we've moved entirely to online ratification votes, and the transition has worked very well. While it is still very important for members to meet face-to-face to deliberate on important decisions – and many in-person worksite meetings were held to provide information on these new contracts – the evidence suggests that online voting has increased members' participation level when it comes to having a say in your contracts. Almost 60 per cent of HSPBA members voted in the December ratification, and while that's still lower than we'd like, it's almost double the turnout we'd seen over the last decade of in-person ratification voting.

Our contact lists, so important to ensure members are informed and given opportunity to participate, continue to improve steadily. We've pushed hard to get updated email addresses and in the last few months, through the bargaining process, have added over 2000 new member emails, giving us quick and reliable contact with 90 per cent of members. Having to depend on employers to provide information on who has been hired and how to reach them makes this very difficult, but our organizing team continues to work with stewards on finding those members still missing from our lists.

And with improved contact comes more sharing of information about what your union is doing for you – maybe too much. While our surveys indicate 80 per cent of members think the union is emailing them just the right amount of information, we are adding the capacity to allow members to choose which categories of email they want to receive.

As I wrap up this two-year term as HSA President, I have had an opportunity to reflect on the work and commitment by so many people it takes to be an effective union, and the critical role the labour movement plays in the lives of working people. I am honoured to be doing the work of the labour movement alongside the new President of the BC

Federation of Labour, Sussanne Skidmore, and Secretary-Treasurer Hermender Singh Kailley as our labour movement focuses on improving the experiences of working people in British Columbias – from fighting for paid sick days for all workers, increased support for enforcing employment standards laws, and continued lobbying for improvements to workers' compensation legislation

At the national level, under the new leadership of National Union of Public and General Employees (NUPGE) President Bert Blundon and Secretary Treasurer Jason MacLean, HSA is working with unions across the country on issues of fairness and equity relevant to working people.

In February, through NUPGE, I participated in a national lobby day coordinated by the Canadian Labour Congress as we met individually with hundreds of MPs on the need for action to tackle the crisis in our care systems, to make life more affordable for Canadians, and to support creating sustainable jobs so workers can support their families. Through one-on-one discussions with MPs on these issues and explaining why they matter and impact us and the average Canadian, we can and do effect change at the federal level. A significant portion of the public health care system is funded from the federal government under the Canada Health Act, and our work as members of national organizations like NUPGE and the CLC is critically important and valued.

In the coming year, HSA will be taking stock of the work we are doing, and the work yet to be done as we focus on developing a strategic plan to help guide us through the upcoming years. The COVID-19 pandemic has changed our workplaces and how our union carries out its business, and this strategic plan will reflect the new realities of our world. Information about how to participate and be involved in setting that agenda will be announced in the coming months, and I encourage every member to speak up and have your voice heard as we chart a course for the years ahead.

Your union is looking for your input so that we can shape our future together.

On behalf of the HSA Board of Directors, I extend thanks and appreciation to stewards in our worksites who are on the front lines not only of caring for British Columbians, but supporting all of you when you need your union. And a massive thanks to every staff member for the critical leadership they provide in ensuring we have the resources and supports needed to do our work on behalf of HSA members.

Let me conclude by saying how much I am looking forward to gathering in person for HSA's 52nd convention in Vancouver at the end of April. We have all learned a lot about not taking things for granted over the last few years, and I certainly do not take for granted the opportunity to meet, learn, and grow from and be inspired by HSA members and the amazing work that you do everyday. It has been an honour for me to represent such an incredible group of people and to advocate for you at all levels.

Respectfully submitted,
Kane Tse

Report of the Executive Director, Legal Services and Labour Relations

BARGAINING

The past year saw the successful conclusion of bargaining for collective agreements for the majority of HSA members, with members ratifying collective agreements in the Health Science Professionals Bargaining Association (HSPBA), and Community Health Services and Support Bargaining Association (CBA). At time of writing, members covered by the Community Social Services Bargaining Association (CSSBA) were voting on ratification of a tentative agreement, and bargaining was underway for a new contract for members covered by the Nurses' Bargaining Association (NBA) collective agreement.

In addition to the highest wage increases and premium improvements we have seen in decades, equity and diversity issues and the challenge of reconciliation took on sharp focus in contract negotiations. This work will require ongoing commitment and a change in the way we approach collective bargaining and administration of our collective agreements.

I want to acknowledge the work of the members and staff who serve on the bargaining committees. In all cases our bargaining committee members bring a sophisticated understanding of the issues, and help facilitate professional and effective negotiations. For members, especially, the time commitment and unpredictability of the dates and locations of negotiating sessions presents challenges when every one of our members is experiencing heavy workloads trying to keep up with demand

in the public service systems suffering from chronic human resources shortages.

My deepest thanks to members who took on the responsibility of being integral members of the bargaining teams, and to the specialized staff at the table.

HSA HSPBA Bargaining Team
Members:

- Janice Morrison, HSA vice-president and physiotherapist, Kootenay Lake Hospital.
- Jing-Yi Ng, HSA Region 3 Director and clinical pharmacist, Eagle Ridge Hospital
- Sapan Behar, registered respiratory therapist, Royal Columbian Hospital (Fraser Health Authority)
- Samantha Carroll, physiotherapist, Royal Jubilee Hospital (Island Health Authority)
- Cheryl Greenhalgh, radiological technologist, Royal Columbian Hospital (Vancouver Coastal Health Authority)
- Jennifer Hiscock, registered respiratory therapist, University Hospital of Northern BC (Northern Health Authority)
- Candis Johnson, supported child development consultant, Child Development Centre of Prince George (Affiliate employers)
- Kathleen Lee, dietitian, St. Paul's Hospital (Providence Health Care)
- Allen Peters, radiological technologist, Nicola Valley Hospital (Interior Health Authority)

- Kieran Shoker, clinical pharmacist, BC Cancer Agency – Prince George (Provincial Health Services Authority)

Staff negotiators: Jeanne Meyers, Norah Miner, Derek Wong, Heather Williams, Josef Rieder, David Durning, Mike Wisla

Support staff: Rosemary DeYagher, Nicole Bishop

HSA CSSEA Bargaining Team

Member: Dawn-Marie Goodmurphy, mental health counsellor and youth outreach worker, John Howard Society
Staff negotiator: Colin Brehaut

HSA CBA Bargaining Team

Member: Ann Hahr, Working Door Group
Staff negotiator: Katie Sharp

HSA NBA Bargaining Team

Member: Nicole McIntosh, registered psychiatric nurse, St. Paul's Hospital
Staff negotiator: Alyson Warner

2023 will continue to be a busy year for the union as we carry forward with the work representing members and implementing changes to the collective agreements. A major overhaul of the HSPBA classification system, and implementation of a number of important and new occupational health and safety initiatives, as well as navigating critical advances in decolonization and reconciliation, and addressing a range of initiatives addressing issues of equity and diversity affecting our members represent an enormous body of work to be accomplished.

LABOUR RELATIONS SERVICING

In 2022, union staff, who had been working exclusively from home during the many months of the height of the COVID-19 pandemic, began to return to in-person meetings with members and to the office. We have adopted a 50 per

cent hybrid model, with staff having the option to work remotely out of the office up to 50 per cent of the time. Regular team meetings ensure that staff have access to colleagues for the collaborative problem solving that is such an important part of the work to support members

The HSA Servicing Department is the union's largest department and is currently staffed by 30.5 FTEs under the leadership of Norah Miner, Membership Services Coordinator (MSC).

Norah was seconded full time to HSPBA bargaining for most of 2022 and the MSC role was filled by Assistant Membership Coordinators (AMSC) Colette Barker and Alyson Warner. Sharon Geoghegan and Colin Brehaut also support the department as AMSCs. Our senior staff in servicing is extremely busy and also involved in bargaining. In addition to previously listed roles in public sector contract bargaining, two private sector contracts – Paragon Orthotics and West Coast Medical Imaging – are supported by staff negotiator Alyson Warner.

As a result of all four public sector collective agreements being in active bargaining during 2022, all essential service levels negotiations were completed, with the final levels set in March 2023, in coordination with the late start to NBA bargaining.

These negotiations – required by law – are detailed and would not be possible without the work of stewards across the province gathering information about staffing levels and contributing to the work by labour relations staff in site-by-site discussions and negotiations about appropriate staffing levels that would be required to be in place in the event of a strike or lock-out of health care or community social service workers. A number of negotiations were referred to the BC Labour Relations Board (LRB) and staff spent several weeks concluding negotiations.

With this additional work as a backdrop, the labour relations officers continued to respond to and act on workplace issues faced by members. Well over 1100 grievances were opened in 2022, and although many issues do not result in a direct financial impact to members, on files with concrete monetary impacts, over **\$400,000 in direct compensation** was awarded to HSA members through successful grievance resolutions.

2022 brought a series of labour relations challenges. These were related to the “reopening” of many parts of our health care system as communities saw a continuation of both the COVID-19 and toxic drug pandemics, without a clear initiative from the province to address professional shortages until late in 2022. HSA’s servicing department took leadership in the following:

Pandemic Pay

HSPBA filed pandemic pay grievances at each job site where an issue of unequal pandemic pay arose. In response to a jurisdictional objection from HEABC, the arbitrator expressed sympathy for the union’s case but held that she did not have jurisdiction to hear the grievances. HSPBA applied to the LRB for a review of the arbitrator’s decision, and the parties are currently in the process of making submissions to the LRB on these issues.

PHO Vaccine Mandate

Policy and individual grievances were filed on behalf of HSA members as a result of employment terminations of those who elected not to comply with the Public Health Order requiring health care workers to receive vaccination against COVID-19. These were advanced to arbitration in February 2023.

After hearing opening statements and evidence, which included substantial written evidence, the arbitrator mediated a process agreement.

This final agreement sets forth the terms for managing the policy and individual grievances filed on behalf of approximately 150 members.

Some issues are held in abeyance pending the outcome of an LRB reconsideration on a related issue filed by at the United Food and Commercial Workers’ Union (UFCW), as well as a further related application to the BC Court of Appeal.

Labour Adjustment – Section 54 Labour Code

Section 54 of the Labour Relations Code is applicable “if an employer introduces or intends to introduce a measure, policy, practice or change that affects the terms, conditions or security of employment of a significant number of employees to whom a collective agreement applies.”

Multiple Section 54 labour adjustment negotiations in 2022 related to the COVID pandemic were negotiated to protect our members during closures at several worksites, including West Coast Medical Imaging, Paragon Orthotics, and some child development centres across the province. In addition, further Section 54 labour adjustment plans were negotiated for redeployments and other employer-driven program adjustments at a number of facilities.

Contracting In and Out; Jurisdiction

Contracting in and out grievances as well as jurisdictional concerns are prevalent across the province and have become a worsening reality as the vacancies for many of our professions remained unfilled. Union staff in the servicing and legal departments are working to move a number of these matters through to the Labour Relations Board or to arbitration.

Family Connection Centres threatened HSA members’ job security

In 2022 we also saw a focus shift to a new model of care in the community, primarily impacting our members working in Child Development Centre agencies. Government announced intentions to move to a “Family Connection Centre” model of care and although a pilot project was announced in only four communities within the province, HSA members – most notably at Starbright in Kelowna – were seeing the very real possibility of not only

the closure of their agency, but also a drastic change in the type of service available to the families they support.

While workers, and families who rely on the services at Starbright, did not see Starbright close down thanks to some direct advocacy, the Family Connection Centre pilot project continues, and government continues to consider service delivery options. There is much work to do to ensure the pilot projects are monitored, and that families do not lose the services they need. HSA is engaged in ongoing discussions urging the government to change the selection process for service providers to ensure experienced non-profit CDCs are not overlooked in favour of for-profit companies, and is working with members to ensure decision-makers are hearing from service providers on best practices.

Early Childhood Educators

Other initiatives the servicing department has engaged in over the last year include the Early Childhood Educator Wage Enhancement. As part of the BC Government's Early Care and Learning Recruitment and Retention Strategy, some front-line Early Childhood Educators (ECE) working in licensed child care facilities are eligible for a \$2/hour wage enhancement. Our Labour Relations Officers worked with any of the eligible employers operating these types of childcare programs to negotiate this premium for ECE Workers.

In 2022, in addition to the formal grievance and other such negotiation processes handled by the Servicing Department, our labour relations officers addressed many other issues that required application of their skills, knowledge and attention:

- general collective agreement inquiries and interpretation questions
- schedule and rotation changes
- restructuring and reorganizations
- respectful workplace issues and harassment investigations
- chapter meetings / steward meetings /

labour management meetings

- various steward education sessions
- attendance and participation on committees and projects arising from all of the bargaining associations

LEGAL

The legal department currently includes eight full time lawyers. Stephen Hutchison heads the department as the Membership Services Coordinator (Legal Services). The legal department is supported by a full time paralegal and 3.0 FTE in legal administrative support. We welcomed three new lawyers in 2022: Kerri Fisher and M. Diane Irvine, both from the BC Teachers Federation, and Iliad Nazhad, formerly with Koskie Glavin Gordon. We wish Gurleen Sahota, who left HSA to accept an appointment a Vice-Chair at the Labour Relations Board, well in his new role.

In 2022, 149 files were assigned to the legal department. Many of these files are multi-grievor disputes. We saw a high number of discipline grievances as well as grievances related to classification and job description objections, selection grievances, and leave provisions.

The HSA legal department resolved 92 files, the majority of which resolved prior to arbitration. The monetary value of the concluded files exceeds **\$467,000 in wages, banked time and other collective agreement benefits** recovered for our members.

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

The legal department also continues to achieve good results representing members before their professional colleges.

Arbitration Highlights

Speech Language Pathologists

Classification Grievance

HSA ran a successful classification grievance related to the classification of and job description for certain Speech Language Pathologists (“SLPs”) working at Surrey Memorial Hospital. The SLP Position in question was classified as Grade I(a) (Grid Level 11). The union successfully showed that certified practices were to be regarded as procedures that require further training and proof of competency beyond the working level, even when orientation in an acute setting is considered. The position was upgraded to Grade II(g) at Grid Level 12.

Breach of Privacy Grievance

HSA received a favourable arbitration decision in a matter involving the employer’s breach of a member’s privacy when it disclosed a member’s Enhanced Disability Management Program (EDMP) file to a third party provider, for the purposes of a WCB appeal. The union argued that the employer disclosed the information to a third-party that was not a party to the EDMP case, arguing that the employer weaponized the members’ disability status in order to deny a member WCB benefits, which is wholly inconsistent with the supportive purposes of EDMP.

The arbitrator agreed with the union and found that there had been a breach of the collective agreement and privacy legislation. A monetary award by the arbitrator raises the bar from other cases that deal with damages for breach of privacy, where actual harm has not been proven.

Labour Relations Board

The HSA legal department works closely with HSA organizers on applications for certification of new sites. In 2022 HSA successfully varied its consolidated certification to include employees working at Baptist Housing

Enhanced Community Living Communities and CMHA, Cowichan Valley.

In addition to the above applications, HSA defended its certification of health science professionals at Yaletown House Society pursuant to its long-standing, but empty consolidated certification. It became clear that Yaletown and at least one other employer, (New Vista Society - New Vista Care Home) had been hiring health science professionals on a contracted basis for some time without bringing them into the union. HSA was successful in the hearing, appeal, and further reconsideration hearing in asserting that the worksite is an HSA certification, and health science professionals must be included in the union.

CLASSIFICATIONS

The HSA classifications department in 2022 consisted of 4.0 regular FTE labour relations officers, and 1.75 FTE administrative support staff. Dan Parent, Acting Membership Services Coordinator – Classifications, provided leadership in the department for most of the year, as other department staff, including Membership Services Coordinator Derek Wong, were assigned to collective agreement bargaining.

Throughout 2022 the department provided consultation and support on classifications and low wage redress issues as needed to HSA’s negotiators at all our provincial bargaining tables (CBA, CSSBA, HSPBA, and NBA) as well as for our private sector collective agreements.

Overall, HSA classifications had an extremely busy year. Beyond the additional bargaining activities, the classifications department received and reviewed job descriptions through the processes of the collective agreements. There were 429 employer job description submissions reviewed in 2022.

There were also 314 new classification grievance files opened in 2021 (a 40% increase over 2021) including job description objections and member classification grievances. Many of the cases involve multiple grievors and/or incumbents.

The classifications department closed 271 files (a 15% increase over 2021). These grievance resolutions saw HSA members receiving lump sum and/or retroactive salary adjustment payments totaling **\$418,000 and ongoing pay increases of over \$237,000 per annum.**¹

HSA classifications looks forward to another busy but fruitful year in 2023 as many HSA members will make wage gains thanks to the classifications and low wage redress pay improvement successes won in the recent rounds of bargaining.

DISABILITY MANAGEMENT DEPARTMENT

The Disability Management department is a diverse area, with Labour Relations staff assisting and representing HSA members in numerous capacities: Workers' Compensation appeals, Long Term Disability appeals, Return to Work and Duty to Accommodate negotiations, as well as the Enhanced Disability Management Program.

In the Workers' Compensation Board appeal area, the total number of claims handled by the WCB appeal representatives during 2022 was 147. The number of new files being opened remains steady, however the increased

¹ *the above calculations are based upon the 2021 salary structures that remained in effect through 2022, but in fact most all of these amounts are rightly increased by an average of 3.83% to reflect the retroactive application of the April 2022 General Wage Increase (GWI), and in the grievance successes that resulted in reclassification from the staff/Grade I level to the sole charge/Grade II level salary structure of a profession, a further 1.2% or more is applied on top of the GWI per the negotiated April 2022 P1 Salary Structure Phase-in increases of Appendix 21.2 of the collective agreement.*

complexity of the files requires greater time and more resources being expended to achieve best results for members. Appeal processing and decision making at the Workers Compensation Board continues to be slower than anticipated, but we are hopeful that it will gradually return to pre-pandemic levels. We continue to achieve good success on behalf of our members, having successfully resolved 58 WCB appeals in 2022, representing a monetary value to our members of **\$1,965,901.64.**

As with WCB files, Long Term Disability appeals continue to be steady. In 2022 a total of 138 appeal files were handled. Through our claims adjudication committee, we meet regularly with the employer, the third-party administrator, and the insurance company to identify and address LTD adjudication issues, and improve processes. Our LTD advocates have continued their dedicated good work on behalf of our members and that diligence has resulted in the successful resolution of 39 appeal files in 2022, with an overall monetary benefit to those members of **\$8,237,689.45.**

A levelling off and steadying of new file numbers is a trend we are also seeing with Duty To Accommodate/Return to Work (DTA/RTW) files. In 2022, our DTA LROs opened 388 new files, and successfully closed 313 files. These files tend to be complex and emotionally charged cases which typically demand significant amounts of time. Therefore, putting an appropriate plan in place so members can get back to work as quickly as possible is paramount. Our DTA LROs have been working hard at building positive and productive working relationships with their counterparts at the various employers in an effort to facilitate smoother resolves. Despite these efforts, we have seen a 55% increase over 2021 in the number of grievances being filed in order to protect member accommodation rights.

The demand for Enhanced Disability Management Program (EDMP) services continues to be high. Our strong team of EDMP Regional Representatives are well placed to

provide assistance, guidance, support and a continued union connection to our members who have been struggling in the workplace, or have been out of the workplace due to injury or illness. Following several years of virtual education and training, we are pleased to be returning to in-person education and collaboration. These opportunities to meet in person, share experiences, and problem solve help the EDMP Representative team expand their knowledge and build resilience.

The Disability Management department has an LRO dedicated to actively representing our members in the Community Social Services sector to ensure they are provided with appropriate and timely access to this early intervention program. As the window for provision of services to members in this particular program is quite short (five months), it is essential that they are promptly enrolled, and HSA is notified, so we can appropriately support these members.

In addition, HSA participates on the Community Social Services Early Intervention Program (CSSEIP) Working Group, and routinely advocates to problem solve issues for members and ensure the best possible services and processes are in place.

SPECIAL PROJECTS

Many of our Special Projects are coordinated by Labour Relations Coordinator Sheila Vataiki. These include the following :

Single Site Transition Framework (SSTF)

The work of winding down the SSTF established during the COVID-19 pandemic is underway. This involves reviewing data compiled by employers regarding all members impacted by the single site orders, and working with employers and workers to determine whether they will return to their pre-COVID sites, remain where they are, or work at more than one employer. While few HSA members were

affected, and even fewer are excepted to have difficulty with the transition back, the union is working to ensure HSA members are well represented in the process.

Professional Development Funds

2022-2023 \$3 million Professional Development Fund

We gratefully acknowledge the Ministry of Health for making these funds available to our members in the HSPBA. The current fund launched in early December and is already well subscribed with more than 1,100 applications in the queue. We are working to solve some of the processing efficiencies related to the earlier fund and are developing a “start to finish” process combining both the administrative and accounting portions of the application process. We have already sent out the first few approvals and are well underway in clearing the backlog of applications.

2021- 2022 \$3 million Professional Development Fund

The 2021-2022 fund is now closed and fully allocated. We approved 1221 applicants overall. Residual funding may come available if members opt not to complete their studies.

Recruitment and Retention Committee

Sheila Vataiki and Andy Longhurst represent HSPBA on the provincial Recruitment and Retention Committee. They have been engaging regularly on a number of topics and will expand these discussions in the year ahead. These topics include but not limited to:

- Shortages in professions including but not limited to PT, OT, pharmacy, perfusion, dietitians, psychologists, DMUS, radiation therapists, all professions in diagnostic imaging, lab, HIM, cardiotechs, infection control practitioners, etc.
- Provincial working group on social work
- Anesthesia assistant training and related issues
- Discussion of many issues in diagnostic imaging including training and inter-connectedness of shortages in all areas

- Inter health authority competition for staff
- Respiratory therapy issues including standardization of practice, shortages, workload, baseline staffing “under representation” of demand and implications thereof
- New training seats

Paid Steward Time

We were able to increase our allocation of paid stewards in the most recent HSPBA negotiations. We are in the process of making recommendations on the distribution of the newly negotiated paid steward FTE, and are considering the how to address allocation to lower mainland consolidated services.

Mandatory Professional Fees

In consultation with others in the organization, we are developing a process and plan to determine which members are eligible and distribute the funds negotiated in the HSPBA collective agreement.

OCCUPATIONAL HEALTH AND SAFETY

In 2022 our Occupational Health and Safety advocates continued to support members and servicing staff with OHS advocacy and representation at regional multi-union committees focused on workplace health and safety, including psychological health and safety, at the bargaining table, and at Safety, Wellbeing, Innovation, Training and Collaboration in Healthcare (SWITCH BC), the health care industry OHS agency created in the 2019 bargaining.

Injury rates in our sector continue to climb significantly due to ongoing staffing shortages, ever increasing workload, and other factors. Discussions aimed at controlling workplace hazards and providing relief to HSA members dealing with psychological and physical injuries have featured prominently in all our recent rounds of collective bargaining.

Newly negotiated language expands on the occupational health and safety framework established in the previous HSPBA, CBA and NBA collective agreements and entrenches key provisions, including the ability to use the precautionary principle when making decisions on appropriate personal protective equipment. Other significant collective agreement changes provide expanded requirements for employers to deal with hazardous workloads and workplace violence and aggression, including harassment, bullying and threats of harm.

SWITCH BC, the health sector’s new occupational health and safety organization, continues to expand the scope of its work, including moving forward with building the on-line OH&S Resource Centre, which will support hundreds of health sector Joint Occupational Health and Safety Committees. Among other projects, SWITCHBC is also working on updating the Provincial Violence Prevention Curriculum and implementing sector wide standards for psychological health and safety.

JOINT HEALTH SCIENCE BENEFIT TRUST

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

The JHSBT website is designed to give members information on the JHSBT; its structures, policies, annual reports, and financial statements, in accordance to the JHSBT trust agreement. The website also lists the JHSBT service providers who assist in managing the operation of the Trust, along with links to claims paying agents, Pacific Blue Cross and Great West Life, and 3rd party administrator HBT.

The JHSBT website also provides an opportunity for members to provide feedback, comments or questions to the JHSBT through questions@jhsbt.ca. Benefit redesign continues to be investigated by the Benefit Redesign

committee. The primary responsibility of the Trustees of the JHSBT is to ensure that the plan remains healthy and solvent, particularly in an unstable investment climate.

HSPBA members' comments and feedback are always welcome through info@jshbt.ca

Respectfully submitted,
Jeanne Meyer

*Constant, slow movement teaches us to keep working
like a small creek that stays clear,
that doesn't stagnate, but finds a way
through numerous details, deliberately.
-Rumi*

2023 Presidential Candidate Statement: Kane Tse

When I became your president in 2021, it started a new journey for our union. I was honoured to be entrusted with the important task of building upon the foundations of our organization and charting a new course to tackle the issues that we faced.

The past 2 years have not been easy for us. Facing a pandemic, climate change, spiraling inflation and extremism targeting frontline health care workers, compounded by existing struggles of the poisoned drug crisis, wages falling behind the rest of Canada and staggering workloads as demands increased on health care and also in long-term care, child development, addictions counselling and community social services.

Into this maelstrom, I faced the challenge of creating relationships with you, Board members, staff, the government and the labour movement only through virtual meetings. Many of you didn't know who I was, and neither did others outside of HSA that we work with.

I have worked to earn that trust and together, we have achieved many things. Our collective agreements have increases and COLA provisions not seen in decades and have set the standard for other provinces, thanks to a record number of bargaining proposals that engaged members sent. We held ourselves accountable to Confronting Racism with Solidarity with significant and continuing work and forming a Racial Justice Committee. We defended the child development system by pushing back against the closure of not-for-profit CDCs in favour of for-profit providers. We moved towards electronic voting for contract ratification and Convention, adapted our communications to an online publication and reduced the frequency of a printed *Report* magazine, lessening our environmental impact.

I have built positive and constructive relationships with the Board of Directors and joined forces with our colleagues in the BCFed to negotiate contracts that begin to turn the tide on recruitment and retention, paid sick leave for all workers and advocate for strengthening our public health care system.

These are only the highlights of what we have accomplished together, but with your input we will continue to shape the future of HSA, including developing a new strategic plan and more opportunities for you to engage with the union and the labour movement. I have been told that "Change only moves at the speed of trust", and I ask you to place your trust in me to continue our journey towards a better HSA for all of us.

Website: <http://kanetse.ca>



Finances

Report of the Finance Committee

The Finance Committee is committed to protecting members' financial interests by overseeing the finances of the union and ensuring that appropriate policies and processes are in place and followed. We ensure member expense claim appeals are adjudicated and oversee the management of HSA's investment portfolio. Budget variances are reviewed monthly, and our position is reported to the Board of Directors each quarter. The Finance Committee handles emergent financial concerns and meets with the Auditor to review the books at year end.

At Convention, many resolutions passed require resources. The Committee is tasked with ensuring that we are prudent in how we allocate those resources by acting with the highest degree of diligence to protect the members' financial interests. The committee meets quarterly in a hybrid fashion to work through the Union business. To ensure timely decisions are made between meetings, we frequently discuss issues over email or have online meetings.

General Fund

The General Fund pays for the day-to-day operations of the union. This fund receives 95% of our dues revenue, and we maintain a healthy cash balance, topped up by investment income, to ensure that we have enough funds to cover three months of operating expenses. The General Fund at the end of 2022 had a balance of \$6.7M. This includes internally restricted funds of \$1.6M the Board of Directors set aside for specific items and capital expenditures that are scheduled for 2023. The General Fund surplus of \$848K was transferred to the Bargaining Fund (\$500K) and the Defense Fund (\$348K).

Bargaining Fund

The Bargaining Fund is used for negotiating collective agreements, organizing new members, retaining existing members, and other bargaining related activities. This fund is allocated 2.5% of dues and made additional investment income of \$15,655. As 2022 was a bargaining year, there were significant bargaining related expenses totalling \$2.26M. In past years, we anticipated the cost of bargaining on behalf of our members, and we seeded the fund with enough reserves to cover these expenses. The deficiency of receipts over expenses for the year is \$1.76M. At the end of 2022, this Fund had a balance of \$1.3M. Given that we now have until 2025 to replenish for the next major round of bargaining, we leave the Bargaining Fund in a strong financial position.

Defense Fund

The Defense Fund is allocated 2.5% of dues and earned additional investment income in 2022 of \$23,382. This fund pays for items relating to our office building at 180 East Columbia Street in New Westminster, such as property taxes, building insurance, interest on mortgage and line of credit fees, and provides resources to be used in the event of job action. The Union's property is our collateral if we need to draw on our line of credit. The Defense Fund had a balance of almost \$7.2M at the close of 2022.

Our mortgage with Vancity Credit Union against the building, \$7.1M expires May 5, 2025, with a fixed interest rate of 3.25%.

Our target strike fund was increased in 2022

to reflect a change in the minimum wage rate and membership levels. The revised calculation is \$10.38M which we would fund through our cash deposits, investments, and line of credit.

Investments

The markets were turbulent, with rising interest rates in 2022. Our investment portfolio closed 2022 with a fair market value of \$5.1M. The unrealized market loss during 2022 was \$346K. We expect a recovery of this loss during the years 2023 and 2024, as our maturing bonds take advantage of the rising interest rates.

Health Sciences Professional Education and other Funds

In 2022, we were once again received \$3M from the Ministry of Health for HSPBA members for professional development. HSA's share of these funds is \$2.45M to be administered and distributed to our members. At the end of 2021, there was \$2.27M available in the \$3M HSPBA Professional Development Fund. With the new monies received, plus interest, less disbursements made in 2022 of \$1.8M, this Fund has \$2.9M available for disbursement.

Other funds in HSA's current collective agreements include the HSPBA annual \$400K Professional Development Fund, the EDMP Fund, and the NBA Funds. All these funds are listed in Note 4 Deferred Contributions in the Audited Financial Statements. We have invested these funds in term deposits to maximize interest where possible. These other funds provide us with a further \$825K available for additional funding in 2023.

Budget 2023

Budgeting for the next year is a no small feat. This is done in collaboration with the management team. Each item must align with our strategic plan goal to match organizational needs with our resources, to improve service to members, enhance member engagement, defend and strengthen our collective agreements, and

effectively manage our essential relationships. These five strategic priorities keep us focussed on our mission: HSA is a collective voice, proudly advancing and defending members' rights and interests in our workplaces, communities, and society.

This year's budget builds on prior budgets to address the five priorities in our Strategic Plan. This budget projects a \$78K surplus on \$26.2M receipts.

In 2023, HSA continues to increase funding to provide further member education workshops. The Equity, Diversity and Inclusion Division continues to expand. HSA's Racial Justice Committee has been established and the Indigenous Advisory Circle is being formed. Plans are for staff growth in Legal Services and Labour Relations, Strategic Communications and Member Development as well as in the Divisions of Operations and Human Resources. These additions will contribute to improving service to members.

I would like to acknowledge and thank Finance Committee members:
Janice Morrison, Regional Director, Region 9
Jill Slind, Regional Director, Region 5
and Tonya Harford, Region 3

as well as HSABC staff:
Cathy Davidson (Controller)
Christine Singh (Accountant)
Antonella Napoletano (Payroll Administrator)
and Accounting Staff Eleanor Arcalas, Joy Opiana, Otgon Dashdavaa and Teresa Penfold-Lonn.

Your dedication and support to the Finance Committee as well as the members has not gone unnoticed!

Respectfully submitted,
Jing-Yi Ng
Chair, Finance Committee
Secretary-Treasurer and Regional Director,
Region 3

Health Sciences Association of British Columbia
Summarized Financial Statements
For the year ended December 31, 2022

Health Sciences Association of British Columbia

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For the Year Ended December 31, 2022

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

To the Members of Health Sciences Association of British Columbia:

Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2022, and the summary statements of operations and changes in fund balances and cash flows for the year then ended, are derived from the audited financial statements of Health Sciences Association of British Columbia for the year ended December 31, 2022.

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

Summary Financial Statements

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

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 7, 2023.

Management's Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

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

Port Moody, British Columbia

March 7, 2023

MNP LLP

Chartered Professional Accountants

MNP LLP

601, 205 Newport Drive, Port Moody B.C., V3H 5C9

T: 604.949.2088 F: 604.949.0509



MNP.ca

Health Sciences Association of British Columbia

Summarized Statement of Financial Position

As at December 31, 2022

	#	General Fund	Bargaining Fund	Defense Fund	2022 Total	2021 Total
Assets						
Current						
Cash and term deposits	1	\$ 3,153,651	\$ 34,654	\$ 54,246	\$ 3,242,551	\$ 3,437,469
Marketable securities (Note 3)	2	965,618	1,653,966	2,475,724	5,095,308	5,493,280
Dues receivable	3	2,295,352	60,404	60,404	2,416,160	1,679,199
Accounts receivable	4	543,826	-	-	543,826	351,509
Prepaid expenses and deposits	5	175,673	-	117,902	293,575	411,140
HSPBA Professional Development Fund (Note 4)	6	7,134,120	1,749,024	2,708,276	11,591,420	11,372,598
Capital assets (Note 5)	7	2,935,460	-	-	2,935,460	2,357,503
Total Assets	8	\$ 390,701	\$ -	\$ 16,936,587	\$ 17,327,288	\$ 17,706,040
	9	\$ 10,460,281	\$ 1,749,024	\$ 19,644,863	\$ 31,854,168	\$ 31,436,141
Liabilities and Fund Balances						
Current						
Accounts payable and accruals (Note 6)	10	\$ 1,689,828	\$ -	\$ -	\$ 1,689,828	\$ 1,411,003
Salaries payable (Note 7)	11	1,665,062	-	-	1,665,062	1,177,954
Current portion of long-term debt (Note 9)	12	-	-	392,490	392,490	380,000
	13	\$ 3,354,890	\$ -	\$ 392,490	\$ 3,747,380	\$ 2,968,957
Interfund balances	14	(5,738,744)	421,431	5,317,313	-	-
Employee future benefits (Note 8)	15	2,409,332	-	-	2,409,332	2,160,096
Deferred contributions (Note 4)	16	3,734,634	-	-	3,734,634	2,698,309
Long-term debt (Note 9)	17	-	-	6,742,622	6,742,622	7,137,724
	18	\$ 405,222	\$ 421,431	\$ 12,059,935	\$ 12,886,588	\$ 11,996,130
Fund Balances (Note 11)						
Invested in capital assets	19	390,701	-	4,484,162	4,874,863	4,800,660
Internally restricted	20	1,644,596	1,327,593	2,708,276	5,680,465	7,221,802
Unrestricted	21	4,664,872	-	-	4,664,872	4,448,592
	22	\$ 6,700,169	\$ 1,327,593	\$ 7,192,438	\$ 15,220,200	\$ 16,471,054
Total Liabilities and Fund Balances	23	\$ 10,460,281	\$ 1,749,024	\$ 19,644,863	\$ 31,854,168	\$ 31,436,141

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

Approved on behalf of the Board:



Kane Tse, President



Jing-Yi Ng, Secretary-Treasurer

Health Sciences Association of British Columbia Summarized Statement of Operations and Changes in Fund Balances

For the Year Ended December 31, 2022

	#	2022			Unaudited		Unaudited		2021 Actual
		General Fund	Bargaining Fund	Defense Fund	2022 Actual	2022 Budget	2023 Budget		
Receipts									
Dues	1	\$ 22,806,456	\$ 600,170	\$ 600,170	\$ 24,006,796	\$ 23,185,720	\$ 25,950,000	\$ 22,716,793	
Initiation fees	2	38,780	-	-	38,780	29,000	32,500	36,230	
Investment	3	79,912	15,655	23,382	118,949	274,500	171,500	370,562	
Other Income	4	(1,117)	-	-	(1,117)	-	-	(725)	
Deferred contributions recognized	5	1,865,987	-	-	1,865,987	75,000	75,000	768,291	
	6	24,790,018	615,825	623,552	26,029,395	23,564,220	26,229,000	23,891,151	
Expenditures									
General Fund									
Executive	7	1,427,312	-	-	1,427,312	1,369,256	1,667,261	1,648,110	
Union governance	8	1,937,259	-	-	1,937,259	1,409,235	1,684,224	1,444,385	
Affiliations	9	2,928,909	-	-	2,928,909	1,009,414	1,052,005	1,642,554	
Legal services and labour relations	10	9,625,103	-	-	9,625,103	9,126,073	10,375,488	8,798,147	
Strategic communications and member development	11	3,738,491	-	-	3,738,491	4,448,503	4,937,298	3,741,374	
Operations	12	2,811,458	-	-	2,811,458	3,486,138	3,588,187	2,907,602	
Human Resources	13	340,582	-	-	340,582	394,953	377,562	250,661	
Equity, diversity and inclusion	14	225,055	-	-	225,055	160,671	281,438	6,000	
Finance	15	589,053	-	-	589,053	558,110	613,839	615,750	
Bargaining Fund	16	-	2,262,459	-	2,262,459	712,143	710,400	401,996	
Defense Fund	17	-	-	513,115	513,115	712,143	710,400	518,929	
	18	23,623,222	2,262,459	513,115	26,398,796	23,386,639	25,998,102	21,969,508	
Excess (deficiency) of receipts over expenditures before other items									
	19	1,166,796	(1,646,634)	110,437	(369,401)	177,581	230,898	1,921,643	
Other Items									
Amortization expense	20	(209,211)	-	(325,782)	(534,993)	(168,267)	(152,245)	(524,421)	
Unrealized loss on marketable securities	21	(65,658)	(112,463)	(168,339)	(346,460)	-	-	(4,513)	
Excess (deficiency) of receipts over expenditures for the year									
	22	891,927	(1,759,097)	(383,684)	(1,250,854)	9,314	78,653	1,392,709	
Fund Balance, Beginning of year	23	6,656,242	2,586,690	7,228,122	16,471,054	-	-	15,078,345	
Internal fund transfers (Note 10)	24	(848,000)	500,000	348,000	-	-	-	-	
Fund balance, end of year (Note 11)	25	\$ 6,700,169	\$ 1,327,593	\$ 7,192,438	\$ 15,220,200	\$ -	\$ -	\$ 16,471,054	

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

Health Sciences Association of British Columbia
Summarized Statement of Cash Flows
For the Year Ended December 31, 2022

	2022	2021
Operating Activities		
Excess (deficiencies) of receipts over expenditures for the year	\$ (1,250,854)	\$ 1,392,709
Items not involving cash:		
Loss on sale of capital assets	1,117	725
Gain on sale of marketable securities (Note 3)	(6,466)	(290,931)
Building amortization	325,782	325,650
Computer amortization	176,445	153,407
Furniture and equipment amortization	31,631	44,229
Telephone amortization	1,135	1,136
Unrealized gain of fair value of marketable securities	346,460	4,513
Operating cash flow	(374,751)	1,631,436
Changes in non-cash working capital		
Dues receivable	(736,961)	(64,180)
Accounts receivable	(192,215)	(155,262)
Prepaid expenses and deposits	117,565	(54,413)
Accounts payable and accruals	278,825	(158,144)
Salaries payable	487,108	(65,559)
Cash provided by (used by) operating activities	(420,429)	1,133,878
Investing activities		
Professional Development Fund	(577,958)	(2,248,026)
Sale (purchase) of marketable securities, net of proceeds	57,879	(1,447,109)
Purchase of capital assets, net of proceeds	(157,359)	(215,703)
Cash used in investing activities	(677,438)	(3,910,838)
Financing activities		
Increase in severance payable	249,235	282,969
Repayment of long-term debt principal	(382,611)	(370,513)
Increase in deferred contributions	1,036,325	2,265,803
Cash provided by financing activities	902,949	2,178,259
Outflow of cash for the year	(194,918)	(598,700)
Cash and term deposits, beginning of year	3,437,469	4,036,169
Cash and term deposits, end of year	3,242,551	\$ 3,437,469
Represented by		
Cash	1,227,006	1,433,283
Term deposits	2,015,545	2,004,186
	3,242,551	3,437,469

See Accompanying independent Auditors' Report and Notes to the Financial Statements

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2022

1. Association

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

2. Significant accounting policies

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

Fund accounting

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

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

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

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

Cash and term deposits

Cash and term deposits include cash held at financial institutions and various term deposits, net of accrued interest, of \$2,003,219 (2021 - \$2,000,000) bearing interest at rates between 2.50% and 2.55% (2021 - 0.50% and 2.55%) maturing between May 2023 and November 2024.

Capital assets

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

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

Revenue recognition

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

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

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

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2022

2. Significant accounting policies (Continued from previous page)

Financial instruments

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

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

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

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

Financial asset impairment

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

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

Employee future benefits

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

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

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2022

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

Measurement uncertainty

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

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

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

Foreign currency translation

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

3. Marketable securities

	2022		2021	
	Market	2022	Market	2021
	Value	Cost	Value	Cost
Canadian equities	828,528	662,199	1,335,740	791,759
Government and corporate bonds	2,071,343	2,082,604	4,056,794	4,056,794
US equities, stated in Canadian dollars	1,513,858	1,446,910	99,686	75,219
Other investments	681,579	684,622	1,060	1,234
	5,095,308	4,876,335	5,493,280	4,925,006

As at December 31, 2022, the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$6,466 (2021 - \$290,931).

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2022

4. Deferred Contributions

	2022	2021
HSPBA Professional Development (\$3 million Ministry of Health) Fund		
Opening	2,268,249	109,477
Funds received by HSA	2,446,920	2,494,920
Interest received	26,688	7,527
Member reimbursements	(1,646,845)	(253,734)
HSA admin fees	(185,881)	(89,941)
	2,909,131	2,268,249
HSPBA Professional Development (annual \$400,000 per term of HSPBA CA) Fund		
Opening	161,976	201,467
Funds received by HSA	326,257	332,656
Interest received	3,108	2,470
Member reimbursements	(26,288)	(374,617)
	465,053	161,976
EDMP Fund		
Opening	145,414	118,042
Funds received by HSA	126,219	87,372
Expenditures	(36,764)	(60,000)
	234,869	145,414
NBA Fund		
Opening	495	495
Funds received by HSA	78,277	-
	78,772	495
Other deferred contributions	46,809	122,175
Total deferred contributions	3,734,634	2,698,309

5. Capital assets

			2022	2021
	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>Net Book Value</i>	<i>Net Book Value</i>
General fund				
Computer equipment	1,541,460	1,201,223	340,237	364,316
Furniture and equipment	1,033,666	983,297	50,369	78,123
Telephone equipment	173,701	173,606	95	1,231
	2,748,827	2,358,126	390,701	443,670
Defense fund				
Office Premise - 180 East Columbia Street				
Land	2,300,000	-	2,300,000	2,300,000
Building	17,236,933	2,600,346	14,636,587	14,962,370
	19,536,933	2,600,346	16,936,587	17,262,370
	22,285,760	4,958,472	17,327,288	17,706,040

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2022

6. Accounts payable and accruals

Accounts payable and accruals includes \$76,266 (2021 - \$165,711) of remittances payable to various government agencies.

7. Salaries payable

	2022	2021
Vacation	629,281	609,396
Accrued wages	324,994	-
Overtime and lieu time	710,787	568,558
	1,665,062	1,177,954

8. Employee Future Benefits

Severance	1,827,395	1,653,207
Sick pay payable upon severance of employment	581,937	506,889
	2,409,332	2,160,096

9. Long-term debt

	2022	2021
Vancouver City Savings Credit Union Mortgage payable:		
Blended weekly payments of \$11,892 including principal and interest at 3.25% per annum (2021 - 3.25%) with a loan maturity date of May 5, 2025.	7,135,112	7,517,724
Less: current portion	(392,490)	(380,000)
	6,742,622	7,137,724

The Association's long-term debt is secured by a general security agreement providing a first charge over all assets of the Association and 100 East Columbia Street Properties Ltd. and an unlimited guarantee and postponement of claim by 100 East Columbia Street Properties Ltd. with respect to the debts and liabilities of the Association. The Association is also required to maintain certain financial reporting ratios including a minimum debt service coverage ratio and a minimum working capital ratio. As at December 31, 2022, the Association is in compliance with the required financial reporting covenants. It is management's opinion that the Association is likely to be in compliance with all such covenants throughout the next 12 months subsequent to December 31, 2022.

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

Years	Principal
2023	392,490
2024	413,378
2025	419,102
2026	432,942
2027 and thereafter	5,477,200
	7,135,112

Health Sciences Association of British Columbia Notes to the Summarized Financial Statements

For the year ended December 31, 2022

10. Interfund transactions

During the year, the Board of Directors approved interfund transfers totaling \$848,000 (2021 - \$48,000) from the General Fund, \$348,000 (2021 - \$48,000) transferred to the Defense Fund and \$500,000 (2021 - Nil) transferred to the Bargaining Fund.

11. Fund balances

	Invested in capital assets	Unrestricted fund balance	Internally restricted fund balance	Total
Balance, January 1, 2021	5,427,077	4,067,843	5,583,425	15,078,345
Excess of receipts over expenditures	-	1,252,090	140,619	1,392,709
Net additions of capital assets	223,956	(223,956)	-	-
Internally restricted general funds	(316,975)	(855,133)	1,172,108	-
Capital asset amortization	(533,398)	207,748	325,650	-
Balance, December 31, 2021	4,800,660	4,448,592	7,221,802	16,471,054
Excess of receipts over expenditures	-	891,925	(2,142,779)	(1,250,854)
Net additions of capital assets	167,593	(167,593)	-	-
Internally restricted general funds	450,581	(726,241)	275,660	-
Capital asset amortization	(543,971)	218,189	325,782	-
Balance, December 31, 2022	4,874,863	4,664,872	5,680,465	15,220,200

12. Credit facilities

At December 31, 2022, the Association has a Vancouver City Savings Credit Union operating line of credit available to a maximum of \$2,500,000 (2021 - \$2,500,000) bearing interest at the financial institution's prime lending rate plus 0.25%. As at December 31, 2022, the facility was not drawn upon (2021 - \$Nil). The line of credit is secured by the Association's land and building with a net book value of \$16,936,587 (2021 - \$17,262,370) and subject to the financial reporting covenants as described in Note 9.

Health Sciences Association of British Columbia

Notes to the Summarized Financial Statements

For the year ended December 31, 2022

13. Related party transactions

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

All three of The Trusts were wound up effective January 31, 2022 with the Associations existing member of the Trusts being transferred over to the Healthcare Benefit Trust ("HBT"); an unrelated 3rd party. As at December 31, 2022 the three related trust no longer exist, and as such, have no financial information to disclose.

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

14. Financial instruments

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

Interest rate risk

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

Foreign currency risk

Foreign currency risk is the risk that the value of investments denominated in currencies, other than the functional currency of the Association, will fluctuate due to changes in foreign exchange rates. As at December 31, 2022, the Association held equity instruments denominated in U.S. dollars with the Canadian dollar equivalent fair value of \$1,513,858 (2021 - \$99,686)

Liquidity risk

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

Credit Risk

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

Other price risk

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

Health Sciences Association of British Columbia
Notes to the Summarized Financial Statements
For the year ended December 31, 2022

15. Comparative figures

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

Committee and Working Group Reports

Report of the Resolutions Committee

I am pleased to present the report of the 2023 Resolutions Committee.

Convention resolutions guide the work of the union and are taken very seriously.

Under the union's constitution, members may submit resolutions through their local chapters, where members vote on whether to forward them for consideration by convention delegates. Resolutions may also be submitted by the Board of Directors, which receives recommended resolutions from the union's committees. The purpose of resolutions is for members to debate and guide union policy, and to give direction for the union to take policy positions or action on a range of issues. Issues directly related to collective bargaining are not dealt with at the annual convention, but at bargaining proposal conferences held prior to the expiry of HSA members' collective agreements.

The Resolutions Committee is comprised of the chair, the union's vice-president, one board member who participates with voice but no vote, and one member-at-large from each region, who is elected at their regional meeting to serve on this committee. This year, because a number of members-at-large were unable to make themselves available for the three-day meeting to review and consider the resolutions submitted from chapters around the province, we had a few last-minute additions to the committee, and were able to ensure that our deliberations and debates were robust and well representative of HSA members from across the province.

The committee is tasked with having a thorough discussion of each resolution, considering opportunities to group together resolutions seeking the same outcome or action, and making a recommendation to delegates on whether to support or oppose each resolution.

This work is achieved through discussion and debate at the committee level. In some cases, committee members reach out to the lead stewards to get clarification or propose changes to the submitted resolutions to ensure the intent of the resolutions is captured.

A big job for committee members is to prepare a brief report on each resolution to present to convention delegates by way of explaining the issues committee members considered in coming to a decision on whether or not to support each resolution.

This year, the deadline for submission of resolutions was Friday, February 3.

Of the 167 resolutions submitted by the deadline, 18 were not accepted as they did not meet the criteria set under the committee's policy.

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

If convention runs out of time to consider each resolution, the remaining resolutions are forwarded to the next meeting of the union's Board of Directors for vote.

I want to thank all the committee members for their work in preparing the resolutions for convention, and ensuring that as much work as possible can be done by members in our time together at convention.

I know that we all look forward to the debate and discussion by delegates.

Respectfully submitted on behalf of the committee,

Mandi Ayers, Chair, Vice President and Regional Director, Region 10
Jill Slind, Regional Director, Region 5
Andrew Duarte, Region 1
Jade Stuart, Region 2
Robyn Kennett, Region 3
Laura Greenwood, Region 4
Ann Hahr, Region 5
Marina Moskeleva, Region 6
Sherry Lewis, Region 7
Laurie Golemiec, Region 8
Mike Tyson, Region 9
Jenn Hiscock, Region 10

Report of the Committee on Equality and Social Action

CESA History

At the 1989 HSA convention, delegates passed a resolution to establish the Committee for Equality and Social Action (CESA), along with the CESA Fund. The fund was established in the spirit of solidarity to support grassroots organizations not affiliated with HSA that are focused on human rights, climate action, social and economic justice, workers' rights, and universal healthcare. The CESA fund continues to be an important part of our collective commitment to supporting labour and social justice movements both locally and internationally.

In August 2022, CESA worked with our communications team to publish a story in *Beyond the Bulletins* to highlight the history of the fund and to encourage members to reach out to grassroots organizations to apply for the CESA fund if they met the criteria.

CESA Fund Meetings

Every year, CESA committee members hear from organizations working to deliver vital services, education, advocacy, and support on behalf of vulnerable people in BC. In the fall, CESA members gather to hear short 10-minute, virtual presentations by the groups applying for support through HSA's Equality and Social Action Fund. Over the course of three days in November, the CESA committee met with 28 applicants as part of the process of selecting recipients for this year's CESA fund.

The solidarity fund is based on 0.6% of total HSA revenue, as per Resolution 27 passed by the HSA membership at our 2012 HSA Convention. This year the committee received requests for funding totalling \$204,394, and had \$141,385 available for disbursement. As we've seen in previous years, the requests far exceeded the budget so tough choices needed to be made.

The criteria used to determine successful recipients are as follows:

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

Committee members worked diligently to assess the work of each group and make funding choices. The committee creatively stretched every dollar to ensure that as many community organizations as possible could be supported. The committee stands in solidarity, knowing that the money will make a significant positive difference to the most at-risk people in our society.

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

Social Justice Day

Social Justice Day, which takes place on February 20th, is a time to recognize the need to promote social justice. This year, CESA's recommended focus for the Social Justice Day workshop centered around mental health de-stigmatization. A one-day workshop was held virtually over Webex on February 21st.

The facilitator, Margaret Tebbutt, provided practical strategies to develop mental resiliency. Participants, including CESA members, learned how to identify a substance use or mental health problem and how to respond appropriately to a colleague, patient/client, or community member that may be presenting with challenging behaviours.

Throughout the workshop, self-reflection was encouraged and participants grew more comfortable with discussing mental health and mental illness.

Campaigns

The CESA committee also makes recommendations to the HSA Board of Directors to support social justice campaigns and events. This year, CESA recommended endorsing the Single Mother Alliance of BC's Transit for Teens Campaign, calling for free-of-charge transit for children and teens up to 18 years. This builds on the previous success of the "All Aboard" campaign to provide free transit to all children 12 and under.

Another recommendation made by the CESA Committee was to support the Downtown Eastside Women's Centre annual gala, Herstory, for International Women's Day. The gala had the purpose of raising support and awareness for the work of the DTEWC while celebrating the strength and power of the women served by the centre. Five tickets were purchased for HSA members to attend.

Special Project – Archive

This year, the committee consisted of a completely new group of members, none of whom had previous experience with the committee. As a group, we thought a historical archive would help the committee when making decisions, especially when there were no returning members.

The committee met with HSA Records Administrator Jennifer Baetz to brainstorm logistics of a chronological history of the committee and what relevant information would be helpful.

The vision of this archive would include the social justice day themes, profiles of the CESA fund applicants with relevant information, as well as campaigns that either were or weren't supported by the committee.

Having all of this information in an easy to reference collection will help guide decision making for future committees and make looking up history easier and more accessible.

Respectfully submitted on behalf of the committee,

Heath McLeod, Chair, Regional Director, Region 8
Alexandra Thomson, Regional Director, Region 4
Robyn Kennett, Region 3
Gina Choe, Region 5
Suzanne Lauzon, Region 8

Projects Funded by CESA in 2022:

Story Money Impact	\$5,000
Cowichan Women Against Violence Society	\$5,000
Together Against Poverty Society (TAPS)	\$5,000
Union Protein Project (UPP)	\$5,000
Coalition of Child Care Advocates of BC	\$3,000
Penticton & Area Access Centre	\$8,500
Sher Vancouver	\$2,000
Junior Black Achievement Awards	\$2,500
YWCA Metro Vancouver	\$6,000
Greater Van Gogos	\$2,000
Project Somos Children's Village (Compassion Fruit Society)	\$4,500
RADIUS SFU (Equity Centred Support Systems)	\$3,000
BC Poverty Reduction Coalition	\$7,500
Sierra Club of BC	\$6,000
Single Mothers' Alliance of BC Society	\$7,000
BC Society of Transition Houses	\$6,000
Mom2Mom Child Poverty Initiative Society	\$4,000
First Call Child & Youth Advocacy Society	\$5,000
WAWAW	\$5,000
Seniors Services Society of BC	\$10,000
Camp Jubilee	\$5,000
Downtown Eastside SRO Collaborative	\$5,000
Elizabeth Bagshaw Clinic	\$4,400
CODEV	\$24,985
Total Donations	\$141,385

Report of the Education Committee

The Education Committee prioritizes education workshops held by HSA, reviews education policies, selects members to attend CLC Winter School, and selects the recipients of the HSA scholarships and bursaries. This year's committee did an extensive review of the education policies and procedures and terms of reference.

2022 was an extremely busy year for HSA's Education department. 41 workshops were planned and/or supported by the education officers: 26 were held virtually, and 15 were in person. The total number of seats for those workshops was 777 and there were 1169 applicants for the workshops. External facilitators were used in 23 of the workshops.

Feedback for the courses has been overwhelmingly positive. Members have continued to ask for both in-person and virtual workshops and the education department continues to offer a mix of both types of workshops.

In November the committee selected this year's attendees to the 2023 CLC Winter School. This was done by email with each committee member reviewing all the applications. We selected four members to attend out of the 34 applicants.

The 2022 CLC Winter School was cancelled due to an upsurge in Covid at the time. The four members chosen to attend were offered the opportunity to attend in 2023, in addition to the four members funded under the 2023 budget.

The committee met in early February for three days to adjudicate the applicants for this year's scholarships and bursaries. Approximately 100 applications were reviewed for the awards: 10 x \$1500 full-time scholarships, 20 x \$1500 full-time bursaries, 4 x \$750 part-time bursaries; and 2 x \$1500 Indigenous student bursaries. The committee's recommendations have been forwarded for approval by the Board of Directors. The recipients will be notified in June 2023.

I want to take this opportunity to acknowledge the dedication and hard work of the HSA Education Officers: Jennifer Brandt, Sarah Chapple, and Simran Ahmed, and administrative support staff Karin Hodgson and Tracy Frenette.

Respectfully submitted on behalf of the committee,

Mandi Ayers, Chair, Regional Director, Region 10
Heath McLeod, Regional Director, Region 8
Laura Johnson, Region 4
Samantha Collins, Region 2
Tanisha Bors, Region 4

Report of the Occupational Health and Safety Committee

The past year has been a big year in the area of Occupational Health and Safety for HSA. The OHS committee has witnessed developments on a number of fronts including OHS education, the growth and development of SWITCH BC, significant changes in OHS in collective agreements, and key changes in WorkSafeBC legislation.

The committee, which met four times this year, participated in the progress and priorities in a number of OHS areas in both healthcare and community social services, including a notable growth in member engagement in local, regional and provincial fronts.

Education

The OHS committee was involved in the development and execution of the biennial HSA OHS Conference, which took place in Vancouver at the Hyatt Regency in June 2022. OHS stewards, JOHS committee reps, stewards, and Board of Directors members from every region, along with a number of staff members, gathered to learn and share their experiences in OHS. The conference was chaired by OHS committee chair Alexandra Thomson, and featured workshops facilitated by OHS activist members from across the province. Participants provided positive feedback, and we wish to thank all the members who were able to participate in this event.

There was great interest in both OHS Steward and OHS Steward Advanced workshops. These workshops were offered both in-person and online.

Other OHS opportunities supported by the OHS committee included participation in the national “Women in Safety” conference, and sponsoring members to participate in the annual CMHC Bottom Line Conference on workplace mental Health.

SWITCH BC

The OHS committee received regular updates on the development of the new OHS organization, SWITCHBC (Safety, Wellbeing, Innovation, Training and Collaboration in Health Care). SWITCHBC is an organization created and supported through the HSPBA collective agreement, and involves all healthcare unions and healthcare employers in the province, along with the Ministry of Health, WorkSafeBC, SafecareBC, and the Doctors of BC.

SWITCH is developing a number of projects to improve the physical and mental health of BC’s healthcare workers. Projects that HSA has direct involvement in include a new violence prevention curriculum, developments in psychological health and safety, and development of the provincial OHS resource centre to support workers and JOHS committees. HSA is represented on SWITCHBC’s Board of Directors by David Durning, and Mike Wisla serves as the HSPBA representative to the Technical Advisory Committee.

CSS Health and Safety Association

On the community social services front, HSA is also a charter member of the new Community Social Services Health and Safety Association. CSSHSA is a registered safety association with WorkSafeBC, and is funded through a levy on employers. The board of directors is made up of employer and union representatives, including HSA OHS advocate Mike Wisla. The CSSHSA technical advisory panel also includes HSA representation.

The fields of health care and social services have the highest injury and claim rates of all industries in British Columbia, and these organizations are a demonstration of the recognition of all parties: unions, employers, government and WorkSafeBC of the need to find solutions.

Bargaining

Significant expansion of occupational health and safety language in the public sector contracts resulted in much improvement to workload language, as well as to provisions related to psychological health and safety, ergonomics, and violence. We also saw important commitments to enhance SWITCHBC and workplace committee.

WorkSafeBC

Along with this strategy WorkSafeBC has issued major penalties to employers in both health care and social services. Fines have been in the hundreds of thousands of dollars, and penalties have included health authority wide compliance orders. Key issues have had big focusses on proper investigations and training.

On the regulatory side, HSA OHS staff kept the committee informed about a number of regulatory changes and consultations. HSA was involved in supporting improvements to right to refuse regulations, in improvements to hazardous drug regulations, and continues to work on updating legislation on violence,

workplace conduct, and bullying and harassment. This work is continuously ongoing.

Member Involvement

An important part of a successful OHS program is worker involvement. This past year has been a very good year for increasing member engagement in occupational health and safety, as OHS staff worked to recruit HSA members to participate on an expanding number of worksite joint occupational health and safety committees.

On top of JOHS committees, health authorities have committees in place for psychological health and safety and violence prevention. For the first time, HSA has been able to recruit worker reps for these committees in every health authority. HSA is also now represented at the BC Federation Occupational Health and Safety Standing Committee by both a staff person and a member.

OHS has had a tremendous amount of growth this year. Growth with agencies, growth with contracts, legislation and enforcement, and most importantly growth with member involvement and engagement.

The committee would like to recognize the efforts of all involved in OHS, the OHS stewards, JOHS committee members, regional committee members, committee members, as well as volunteers and supporters. Effective OHS takes a team, and your work has made this possible.

Respectfully submitted on behalf of the committee,

Alexandra Thomson, Chair, Regional Director, Region 4
Brooke Carter, Regional Director, Region 2
Ramzan Anjum, Region 5
Marg Beddis, Region 7
Lorna Henschke, Region 9

Report of the Political Action Committee

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

Our committee has met five times since the last convention. Here is a brief summary of the work undertaken by the committee.

Constituency Liaisons

The HSA Constituency Liaison (CL) program trains and supports HSA members to lobby their local MLAs. This year, after two years of online training, we offered a two-day in-person workshop at the HSA office. The training focused on the fundamentals of speaking to ministers and MLAs, and our two campaign issues. This year's campaign issues were:

- to advocate for the government to recruit and retain specialized health and social services professionals; and
- for continued funding for the important work of supporting children and families at Child Development Centres

The second campaign issue is an on-going issue that our members have been raising with the provincial government. Our work supporting Child Development Centres has been particularly important as the government announced a change in providing support

to families with children and special needs through Family Connection Centres.

Improving the Transition to Family Connection Centres

The BC government announced a plan to create 'family connection hubs' or Family Connection Centres (FCCs) to be able to provide faster and more comprehensive care for infants, children and youth with support needs. While improving access to therapies for those with support needs is crucial, HSA and other stakeholders had a number of questions and concerns regarding the transition.

In response to these concerns, soon after David Eby was sworn in as premier, he announced that the overall transition to Family Connection Centres, and the plan to end individualized autism funding, would be paused, with the exception of four 'pilot' sites, including one in Kelowna. Unfortunately, in early January when the pilot sites were announced, a for-profit therapy business was selected for one of the FCC pilots. This business was selected over the Starbright Children's Development Centre, a non-profit provider with over 50 years of experience delivering care to clients and their families.

This decision could have meant the closure of Starbright due to lack of funding, but due to the extreme concern and dismay expressed by families, staff, and stakeholders, including HSA, the government stepped in and signed a new two-year service agreement with Starbright. This is an example of the importance of our

political advocacy and connections with MLA and government representatives.

Given the urgent need to improve the process of selecting Family Connection Centres, the Constituency Liaison program is adapting the campaign about Child Development Centres to incorporate changing the Family Connection Centre selection process as another important topic to address with our local MLAs and government.

Labour Council Delegates

The past year saw HSA Labour Council delegates work with their councils to interview and endorse candidates who sought government office in the fall local election. Thank you to all HSA Labour council delegates for the time and energy they put into this work on behalf of HSA, and our local communities.

Two Political Action Committee members, Kieran Shoker and Sonia Bilkhu, serve on their local labour councils, and encourage other members who want to learn about the labour movement and make change in their community to get involved.

Local Election

Local/municipal elections were held across the province on October 15, 2022. HSA provided information about voting requirements, voting dates, and shared the endorsements from members' local Labour councils. In addition, the union reached out to members via text message, email and social media, and held a special election discussion panel focused on affordable housing solutions.

HSA members Wendy Morin, Janice Morrison, Benjamin Perry, Shannon Stewart, and Tanya Webking all ran as candidates for election in their communities. Congratulations to Wendy Morin and Janice Morrison who were successfully elected, and thank you to all candidates who sought office to make life better in their home community.

Political Action Fund (PAF)

The Political Action Fund offers funding for community-based political activism, issue-based campaigns, and education. Examples of support from this committee include having an HSA member participating in the committee of the BC Health Coalition. Member Tammam El-Khodor is the HSA representative on the Coalition.

The Political Action Fund provided scholarships for members to attend the Canadian Labour Congress Winter School, taking a course focused on political action. This year the committee awarded scholarships to Ming Ma, Amora Sun, and Kevin Taki.

The Political Action Committee also revised the Political Action Fund application to make it clear that members can apply for support to work on issue-based campaigns, including climate action campaigns.

If you are interested in getting training in community-based political activism, issue-based campaigns that support HSA political action principles, please consider applying to the Political Action Fund. You can find the application on the HSA website at <https://www.hsabc.org/member-benefits/political-action>

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

Federal Politics

In the 2021 federal election, the Political Action Committee decided to focus member mobilization on three policy issues: Pharmacare, child care, and climate action.

There has been significant work done to expand child care through partnerships between the federal and provincial governments, and the Canadian government has committed to passing a Canada Pharmacare Act by the end

of 2023 and tasking the National Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan by the end of the agreement in June 2025.

Climate Action

The case for urgent action to address the climate crisis only grows stronger each year. 2022 was the fifth hottest year on our planet in history, and caused another year of extreme weather events across the province.

In order to draw attention to this important issue, and encourage members to make changes in their lives to reduce their climate footprints, the Political Action Committee ran a Climate Action Challenge over social media this fall. Thank you to all those who let us know about all the great work you are doing to cut down on your carbon footprint, and congratulations to those who won a gift card to a local business of their choice!

We are also planning for a webinar on addressing climate change to be offered in the next few months.

The Political Action Committee submitted a resolution calling for all HSA committees to consider climate action in their committee work. I ask all delegates at convention to support the Climate Action resolution when it is brought to the floor for debate.

It was a pleasure collaborating with Region 8 Director Heath, Members-at-Large Sonia, Julie, and Kieran as well as having staff support provided by Nicole, Pattie, and Amber. Thank you to the entire committee for your work and commitment!

Respectfully submitted,

Nancy Hay, Chair, Regional Director, Region 6
Heath McLeod, Regional Director, Region 8
Sonia Bilkhu, Region 7
Julie Paquette, Region 6
Kieran Shoker, Region 10

Report of the Women's Committee

The mandate of the women's committee is threefold: to advocate for women's leadership in HSA, the union movement, and our communities; to increase and support women's active participation in the union; and to promote women's economic and social justice issues, labour solidarity, and equality. On this committee, we define "woman" as an individual who either identifies as a woman and/or has lived personal experience with misogyny.

In the 2022 term, the Women's Committee established that they were looking at ways to help members to recognize and understand the impacts of intimate partner violence so that they can be supportive to other members who are experiencing it. To that end, HSA held not one, but two domestic violence workshops which were held in September and December of 2022. These were presented by Anne Davis, Kamal Dhillon, and Anne Marie McDougall. 36 members learned about the signs of intimate partner violence and effective ways to support colleagues and clients who may be experiencing intimate partner violence. This is important work for us to undertake and we hope that we will be able to continue holding these workshops going forward.

Each year, the HSA Women's Committee marks International Women's Day with a workshop to explore issues impacting those in the union who identify as women. This year's theme was "Women's Health and Safety in the Workplace – Working in Rural and Remote Communities" presented by Jackie Spain, BC Federation of Labour and former HSA board member. Twenty-

four participants had the opportunity to learn more about gender-based inequities, health and safety rights, and how these concepts affect women's health and safety in rural and remote workplaces.

As a Women's Committee, we would be remiss if we did not also acknowledge the atrocities happening to women in Iran as we speak. After the so-called morality police brutally murdered 22-year-old Mahsa Amini for not properly covering her hair in September 2022, the largest women-initiated and organized act of unarmed protest in recent history began against the significant injustice Iranian women face including but not limited to marriage as young as 13, and the restriction of several freedoms including the right to travel without express permission of their husbands or fathers. In December, the Iranian government escalated their response to these protests to sentencing protestors and allies to death and summarily executing them. The HSA Women's Committee stands in solidarity with the Women Life Freedom movement, and urges all HSA members to do the same.

Respectfully Submitted on behalf of the committee,

Jill Slind, Chair, Regional Director, Region 5
Nancy Hay, Regional Director, Region 6
Teresa Forbes, Region 2
Neilofur Akhtar, Region 6
Caroline Widgiz, Region 8

Report of the Young Workers Advisory Group

Group Identity

2023 looks to be a productive year for the YWAG as our group moves forward into its third year. Five members, along with two alternates, were selected by the HSA board as appointees to the working group from a pool of applicants who submitted expressions of interest in late 2022.

Current working group members are: Kevin Taki, Carley Townsend, Chelsea Bellingham, Robyn Turner, and Michelle Le. Unfortunately due to extenuating circumstances, Paige Purcha was unable to continue to serve and was replaced by Michelle Le.

We are excited to bring a fresh perspective and are eagerly anticipating working collaboratively with the board and members to tackle “big picture” issues within the province, in our nation, and within our world at large. We look forward to the future with hope and verve to the work to be done over our two-year term.

Direction and Steerage

Capacity building and visible representation were identified as integral to the founding members of the YWAG, while collaborative partnerships, allyship through activism, and a democratic process are the focus of the current group. Themes of occupational, economic, social, and racial diversity underpin the thoughts and the work being undertaken.

Directives from HSA’s parent unions Public Services International (PSI) and NUPGE speak to the ongoing crisis of economic inflation, systemic injustices towards marginalized groups, and the lasting impact of the pandemic on workers across the world. HSA leadership has recognized the importance of divesting from centralized power and increasing the breadth and depth of opportunities offered to its due-paying members, especially those traditionally faced with barriers to participation and advocacy.

The current YWAG appointees have chosen to align our group principles and ethics with the aforementioned items from PSI, NUPGE, and HSABC, while focusing our advocacy through an intersectional and strengths-based lens. We are committed to strengthening the standing of HSA within the broader labour movement and advancing the working lives and opportunities of all members and working people.

Values shared by members of the YWAG include transparency, equitability, accountability, and receptivity. Decisions and actions taken as individuals or as a group will be evaluated and recommended based on our shared understanding of these values.

Actions and Activities

Working group members have been afforded many opportunities to strengthen connections within and outside HSABC’s network of affiliates and exercise their own organization and mobilization skills. Events attended or

organized by YWAG members, as well as possible participation at future events include:

- 2022 NUPGE Young Workers Conference, held October 6th to 8th 2023 in Ottawa
- HSABC Young Worker's Forum, held December 9th at HSABC head office
- 2023 CLC Pacific Winter School, held January 15th to 17th at Harrison Hot Springs Resort
- 2023 CLC Convention, held May 8th to 12th in Montreal
- PSI 30th World Conference, held triennially October 12th to 18th in Geneva Switzerland



Pictured here is a combined table of YWAG appointees and HSAA delegates completing work at the 2022 NUPGE conference

In accordance with our values of intersectionality and representative diversity the YWAG has pledged to hold one quarterly meeting within or near each appointees' respective worksite and geography. Locations include Victoria (RJH), Nanaimo (NRGH), and Prince George (UHNBC). Outreach to underserved areas and members was the driving force behind this decision, as well as a desire to advocate with and empower traditionally marginalized patient-provider communities.

Modernizing provision and delivery of healthcare services has been identified as a priority issue within the provincial and federal governments; decision-makers have implemented large-scale projects and enveloped funding based on data driven research conducted in those areas. The YWAG

looks to emulate this practice on behalf of members and the union by conducting research and gathering data, allowing us to form and present reasoned arguments which affect change within our political and healthcare systems.

Challenges

YWAG members recognize and respect the challenges of maintaining optimal team functioning, nurturing healthy relationships with undefined boundaries, and persevering in work and life through "the trying times of COVID". Each individual member of the YWAG is a currently practicing healthcare professional from a distinct background (recreation therapy, dietetics, physiotherapy, speech language pathology, mental health worker) with their own experience on the healthcare team, so the broadness and scope of these difficulties do not fall on uncaring heads.

Severe shortages of staffing has caused difficulty in securing leave, while lack of support from direct reports and managers creates feelings of animosity, and unreasonably high workload act as barriers to appointees involvement in existing campaigns. HSA members and others attending the December 9, 2022 Young Workers' Forum echoed sentiments stated by speakers and attendees at the NUPGE conference and heard within our worksites across the province: cost of living, equity through representation, and opportunities/avenues for political activism through our union are issues which require immediate redress.

Moving Forward

Current and future members throughout the province can look forward to meeting with YWAG members throughout the term; communication between ourselves, our constituent union siblings, and the board will be conducted in a clearly defined and bilateral process.

HSA members may reach out to the working group members with any questions,

comments, or concerns regarding current and future practice and be confident they will be acknowledged and acted upon. Increased opportunities for activism, political organizing regarding key issues, and utilizing the knowledge/skills of all HSA members will be three key performance indicators (KPIs) for measure as we move throughout our term.

The YWAG strives to work in solidarity with both the board and our affiliate and constituent organizations on behalf of all members, regardless of age cohort.

Respectfully submitted,

Kevin Taki, current chair (rotating), Region 2
Chelsea Bellingham, Region 1
Michelle Le, Region 3
Carley Townsend, Region 2
Robyn Turner, Region 10
Paige Purcha, Region 5



Our HSABC YWAG delegates standing in solidarity with our HSAA counterparts at the OBSCUE support rally held next to parliament during the October 2022 NUPGE conference.



**The union delivering modern health care
and community social services**



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

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Assistant Bioinformatics Coordinator
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