

2013 ANNUAL REPORT



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



ON THE COVER

Ravina Aheer, registered psychiatric nurse, Richmond Hospital, and Nicole McIntosh, registered psychiatric nurse, Mount St. Joseph's Hospital.

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AGENDA

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

THURSDAY, APRIL 18, 2013

PRE-CONVENTION PLENARY AND MEETINGS

8:00 AM	Registration
9:00 AM	Transitioning to the 37.5 Hour Work Week
10:00 AM	Break-out Meetings
12:00 PM	New Delegates Luncheon
1:00 PM	Plenary Session
4:00 PM	Regional Meetings
5:00 PM	HSA Social
6:40 PM	Movie: <i>Miss Representation</i> (sponsored by HSA Women's Committee)

FRIDAY, APRIL 19, 2013

CONVENTION SESSIONS

8:00 AM	Registration
8:30 AM	Call to Order
	Credentials Report
	Anti-Harassment Policy Statement
	Adoption of Rules of Order
	Adoption of Agenda
	Adoption of Minutes of 2012 Annual General Meeting
9:30 AM	President's Report
10:00 AM	Elections Committee Report
	Resolutions Committee Report
	Run for the Cure Committee Report
	Finance Committee Report
11:00 AM	Guest Speaker
	Jim Sinclair, President, BC Federation of Labour
11:30 AM	Resolutions Committee Report
12:00 PM	Lunch

1:30 PM Guest Speaker
 Ron Stipp, Regional Representative, Canadian Labour Congress
 Education Committee Report
 Resolutions Committee Report

3:00 PM Guest Speaker
 Adrian Dix, Leader, New Democratic Party of BC

3:15 PM Political Action Committee Report

5:00 PM Adjournment

6:00 PM Reception

7:00 PM Convention Banquet and Dance

SATURDAY, APRIL 20, 2013

CONVENTION SESSIONS

8:30 AM Call to Order
 Credentials Report
 Presidential Election
 Women's Committee Report
 Committee for Equality and Social Action Report
 Resolutions Committee

11:15 AM Elections (Trials Committee)

12:00 PM Lunch

1:30 PM Guest Speaker
 James Clancy, President, National Union of Public and General Employees
 Election Results
 Occupational Health and Safety Committee Report
 Resolutions Committee
 Good and Welfare

4:00 PM Convention Adjournment

REPORT OF THE PRESIDENT

Meeting the challenge of endless negotiations

A year ago in my annual report to members I was able to report out that bargaining plans were underway in most of the collective agreements where HSA has members. We knew that much of the time and energy of union activists and staff would revolve around bargaining in the public sector in the province.

Health Science Professionals, Nurses, Community Health and Community Social Services Bargaining Association contract negotiations were just getting underway as the 2012 Annual Report was published.

A year later, health science professionals and community health members have just ratified collective agreements, members in community social services are in the process of a ratification vote, while HSA's registered psychiatric nurses signed off on the nurses' agreement seven months after expiry of the previous contract.

As has been the case for the past decade or more, the public sector is in a constant state of bargaining. Gone are the days when a collective agreement approached expiry, the parties negotiated a set of collective agreement provisions, and then proceeded to carry on advocating for adherence to the terms and conditions, and protecting the rights negotiated.

With the constant attack on public services leading to erosion, restructuring, and changes in

the delivery of services, the defense of the integrity of public sector collective agreements has meant sustained and intense advocacy and negotiation – for the people who deliver the services, and for the British Columbians who depend on them. From transportation and resources management to education, social services, and health care our public services are under strain and attack.

The core of HSA's business is negotiating and defending collective agreement rights. In 2012, with all four of the public sector agreements up for negotiation, the union's focus was primarily on working in a difficult bargaining atmosphere to defend members' rights.

On behalf of your board of directors, thank you to:

HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION:

- Chief Negotiator Jeanne Meyers
- Bargaining Committee co-chairs:
 - Val Avery, physiotherapist, Victoria General Hospital and Board of Directors;
 - Kimball Finigan, radiation therapist, BC Cancer Agency and Board of Directors;
 - Brendan Shields, music therapist, Richmond Hospital and Board of Directors,

WITH THE CONSTANT ATTACK ON PUBLIC SERVICES LEADING TO EROSION, RESTRUCTURING, AND CHANGES IN THE DELIVERY OF SERVICES, THE DEFENSE OF THE INTEGRITY OF PUBLIC SECTOR COLLECTIVE AGREEMENTS HAS MEANT SUSTAINED AND INTENSE ADVOCACY AND NEGOTIATION.



Reid Johnson

- who replaced Kimball in the last weeks of bargaining.
- Bargaining Committee members:
 - Cheryl Greenhalgh, medical radiation technologist, Royal Columbian Hospital;
 - Edith MacHattie, occupational therapist, Centre For Child Development (Surrey);
 - Denise Sylvest, physiotherapist, Castlegar Community Health Centre and Talarico Place.
- Alternates to the Bargaining Committee:
 - Candis Johnson, supported child care consultant, Child Development Centre of

- Prince George;
- Rick Lascelle, respiratory therapist, Ridge Meadows Hospital.

NURSES BARGAINING ASSOCIATION:

- Bargaining Committee members:
 - Val Barker, registered psychiatric nurse, Lions Gate Hospital;
 - Pat Blomme, senior labour relations officer, HSA.

COMMUNITY BARGAINING ASSOCIATION:

- Bargaining Committee members:
 - Kate Meier, residential care worker, South Peace Child Development Centre;
 - Dani Demetlika, senior labour relations officer, HSA.

COMMUNITY SOCIAL SERVICES
BARGAINING ASSOCIATION:

- Bargaining Committee members:
 - Jody Moore, family counsellor, Cameray Counselling Centre;
 - Margaret Blair-Cook, supported child development consultant, Central Okanagan Child Development Association, who replaced Jody in the final months of bargaining;
 - Sharon Geoghegan, senior labour relations officer, HSA.

THE WORK OF YOUR
BARGAINING COMMITTEES
WOULD NOT HAVE BEEN
POSSIBLE WITHOUT THE
SUPPORT OF STEWARDS,
OTHER ACTIVISTS, AND
MEMBERS.

The work of your bargaining committees would not have been possible without the support of stewards, other activists, and members who ensured these committees had strong direction as they negotiated on your behalf. Participation in bargaining proposal meetings in anticipation of bargaining helped to set the priorities, stewards worked tirelessly to ensure essential services schedules were in place, and members supported job action undertaken to support the efforts of the bargaining committees.

So thank you, too, to all our stewards, activists, and members for your continued commitment to the services you provide.

Public sector bargaining happens on many fronts. With collective agreements all expiring at the same time in British Columbia, government orchestrates a bargaining strategy for employers. This centralized bargaining mandate has served to give employers the upper hand in bargaining. In the lead-up to the 2012 round of bargaining, the BC Federation of Labour took a key step to bring together all its affiliated unions involved in bargaining to coordinate a united approach to negotiating in these circumstances. That coordination ensured that all the unions had the best information possible to take forward to the various bargaining tables. This was an invaluable resource for all the unions and bargaining associations working to negotiate contracts within a restrictive mandate in a way that would best serve individuals members.

As an affiliate of the BC Federation of Labour, HSA has a voice in our province's important union movement. At the Federation's biannual convention in the fall of 2012, union members re-elected President Jim Sinclair and Secretary Treasurer Irene Lanzinger to another term as the leadership of the union movement in BC. Under their leadership, the BC Federation of Labour has led high profile campaigns that raised the minimum wage, highlighted

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the plight of farmworkers, and improved protections for those who work alone. These important campaigns have ensured that we work in solidarity with all working people – not just union members – for a better province for us all.

While bargaining activities were a priority in 2012 and early 2013, HSA's work on many other fronts did not slow down. With a number of staff devoted to supporting bargaining, temporary labour relations staff were brought on to ensure the advocacy for and defense of members' rights did not suffer. This resulted in some pressures on the union's budget, which, thanks to a continued commitment to prudent fiscal oversight, was managed. Elsewhere in this Annual Report, Executive Director of Legal and Labour Relations Jeanne Meyers reports on the track record this commitment to service has meant, in very tangible ways, for HSA members. I encourage you to review this report, which gives some very significant insight

into the value of collective agreement rights, and into the value of strong advocacy for members protected by those rights.

An area in which financial pressures have resulted in changes to benefits for HSA members is in the union-governed and run long term disability trusts. These trusts were closed in 2006 after HSA successfully negotiated shifting responsibility for LTD coverage to a government plan. Members who had gone onto LTD before then would stay on the original plans. After years of funding challenges and no additional contributions, the world-wide financial crisis had put the trusts in crisis: without action, by as early as 2017 there would have been no money remaining to pay disability benefits to any of the approximately 200 members who count on LTD payments for at least a portion of their income. This issue was extensively discussed at the 2012 annual convention, when delegates directed the Board of Directors to consult the membership about whether they could support an increase in union dues to offset the loss of some coverage for some members on long term disability. A referendum was conducted, and 84 per cent of voting HSA members voted against increasing union dues to address the funding shortfall.

This was a difficult decision for trustees, and for the membership, but the result is that while there has been some reduction in benefits, the trusts remain viable and LTD recipients covered by the closed trusts will have continued access to income, which is much better than the alternative they were facing: bankrupt funds that would be unable to pay out any benefits at all.

Looking ahead to 2013, there is no question that HSA stewards and staff will be called upon to continue to work hard to support our members – be it advocating for members in workplace disputes, supporting our activists' work on behalf of members, or

working with our partners in labour and the broader community to defend and enhance the services British Columbians count on.

In the coming year, we can also anticipate challenges to HSA from the BC Nurses' Union, which last fall initiated a raid of registered psychiatric nurses out of HSA. The BCNU has been condemned by the BC Federation of Labour and the Canadian Labour Congress for a continued and concerted campaign to move members from other unions into the BC Nurses' Union. Last fall, BCNU conducted campaigns at Royal Columbian Hospital and two other smaller facilities to reassign the union membership of HSA members to BCNU. This spring, in partnership with the BC Liberal government, the BCNU worked to ram legislation through on the last day of the legislature before the May 14 election to move licenced practical nurses out of the Facilities Bargaining Association and into the Nurses Bargaining Association. No consultation was done with any of the affected unions, including HSA, which represents registered psychiatric nurses in the collective bargaining association.

HSA will continue to work to advocate for RPNs as the caregivers of choice in mental health. And that starts with helping them stay in HSA instead of being raided by the BCNU, which has historically refused to recognize the specialized training and unique position registered psychiatric nurses have on the modern health care team.

Just as highly specialized health science professionals are integral to a successful health care team, so are RPNs to the nursing team. Without strong advocates for specialized professions, the role and value of RPNs is threatened. Since its foundation, HSA has worked to educate employers, government decision-makers and the public about the important and specialized role so many members of the mod-


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ern health care team bring to a successful system.

The work that HSA's board members, constituency liaisons, members-at-large, and other activists continue to do to raise the profile of the union delivering modern health care is making a difference. Early in 2012, HSA held its first HSA lobby day at the BC Legislature. Members met with cabinet ministers and government and opposition MLAs to educate them about the role of health science professionals in the modern health care and social services systems. With each meeting, our member lobbyists have made connections with decision makers about the value of your work and your professions.

Ultimately, decisions about the direction of public services are made by government, which is why for the past decade, delegates to the union's convention

have approved increased and continued involvement in the political process. May 14 will see a provincial election in BC, and HSA members will be actively involved on many fronts – from encouraging members to speak up and take a stand on important public policy issues by exercising their right to vote, to being supported by the union’s Political Action Committee to work on campaigns for candidates who support the union’s values established by annual conventions: a positive role for the public sector; the principles set out in the Canada Health Act; progressive occupational health and safety legislation; and free collective bargaining for public sector employees.

Elsewhere in this Annual Report, the union’s committees and executive directors report out on the union’s activities in more detail. You will see from those reports that HSA activists and staff have focused on the core objects and purposes of our union, providing a high level of representation and promoting members’ interests, and that we can expect continued excellent service and representation in the coming year. 

*Respectfully submitted,
Reid Johnson, President*

REPORT OF THE EXECUTIVE DIRECTOR OF LEGAL SERVICES AND LABOUR RELATIONS

Hard-won success despite unprecedented difficulties

Every year we write of challenges which the union has faced, and the strategies the union has developed to meet those challenges.

Last year we told you that we were in for a tough round of bargaining. We spoke of the threatened erosion of our classification system under the guise of modernization, the labour relations implications of reorganization and consolidation, and the increasingly complex issues in disability management. We had come out of a round of “net zero” bargaining with benefit improvements. Yet management broke other promises before the end of 2011. The Joint Classification Committee intended to modernize the classification system had failed due to under-resourcing on management’s side of the table. Our commitment to the value of the Enhanced Disability Management Program was sorely tested by the unwillingness of health authorities to follow through on funding promises. Health science professionals could see their wages falling in comparison to other provinces. And we said we were going to turn this around.

We have had a year of extraordinary activity. We have increased our resources in all areas – not just bargaining and labour relations. It has been a difficult year but one which shows results. New challenges appeared in the form of raids by BCNU, a shifting bargaining mandate, and an inhospitable labour rela-

tions climate. Despite all this, HSA is able to report steady forward progress.

BARGAINING

Health Science Professionals
Bargaining Association

We have always been aware of the Ministry of Health’s presence at the bargaining table but it has never been so invasive. Bargaining for the 2010 – 2012 collective agreement created such discord that we were left with damaged relations with the health authorities and Health Employers Association of BC. Bargaining did not start in a manner which gave us much hope of healing those rifts. The first salvo attacked the wage rates of pharmacists. The Ministry of Health then directed HEABC to roll out a bargaining strategy which did not address the particular issues facing health science professionals. A strong strike vote resulted in bringing the government to the table but their objective was clearly to bully health science professionals into an agreement which did not come close to providing any relief on the issues of excessive call, classification redesign, disability management, shift premiums or wage redress.

Government had little choice but to loosen its grip on the bargaining process and give the union

IT HAS BEEN A DIFFICULT YEAR BUT ONE WHICH SHOWS RESULTS. NEW CHALLENGES APPEARED IN THE FORM OF RAIDS BY BCNU, A SHIFTING BARGAINING MANDATE, AND AN INHOSPITABLE LABOUR RELATIONS CLIMATE. DESPITE ALL THIS, HSA IS ABLE TO REPORT STEADY FORWARD PROGRESS.

and the health authorities the opportunity to engage in proper dialogue about what was needed to reach a renewal agreement.

The collective agreement for the period 2012-2014 is a step in the right direction. We have improved on-call, protected the classification system while fashioning a redesign process with a fighting chance of achieving a result, restored shift differentials, and negotiated personal harassment language. In addition to a three per cent general wage increase, the work week is extended from 36 to 37.5 hours per week, providing for an additional 4.2 per cent increase for full time employees. Where part-time schedules are extended there will of course be an adjusting pay increase as well. We are now scheduling meetings



Jeanne Meyers

with the health authorities to ensure that there is strict compliance with the protections bargained for members during the transition, including a prohibition against lay-off as a result of the transition.

Although we were unable to avoid accepting the Pharmacare tie-in which was first accepted by the Nurses Bargaining Association, establishing a bargaining precedent in health, we were able to ameliorate more of its effects than any other bargaining unit. In addition to the delayed implementation and a further three-month grace period we have established a further review process for members unable

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to obtain Special Authorizations. We secured, as well, the return of BlueNet direct pay card for prescriptions.

Nurses Bargaining Association

This agreement was ratified by the NBA despite the resistance of HSA's registered psychiatric nurses. While the agreement is unremarkable in other aspects it unfortunately contained a Pharmacare tie-in without any additional protections for members, as well as a differential sick leave benefit for new nurses. It does, however, provide a welcome three per cent wage lift for our RPNs. As a feature of this collective agreement is a return to a 37.5 hour work week, HSA has dedicated two of our labour relations officers to work with RPNs to facilitate the transition.

Community Bargaining Association

The two-year agreement covers more than 14,000 workers in community health, and comes after one

year of difficult negotiations. The agreement achieves members' key priorities including an across-the-board wage increase while protecting health and welfare benefits. Highlights include:

- 3 per cent wage increase for all employees (2 per cent upon ratification and 1 per cent April 1st)
- improved scheduling provisions
- improved grievance arbitration language
- respectful workplace provisions
- improved selection criteria provisions
- elimination of a double probationary period for casuals
- protection for casuals in the event of retendering

Community Social Services Bargaining Association

This tentative agreement was reached early on March 3, following a marathon 13-day bargaining session. At the time of publication the ratification process has not been completed. Members in this sector had taken rotating strike action and managed to achieve gains to their collective agreement in a hostile bargaining environment. Highlights of the agreement include:

- wage increases for all employees
- 1.5 per cent on April 1, 2013
- an extra 1 per cent wage increase for all step 1 employees on April 1, 2013
- 1.5 per cent on January 1, 2014
- a labour market adjustment review
- mileage increases to \$0.45 per kilometre
- meal allowance increases
- employer paid criminal record check for continued employment;
- improved coverage for hearing aids;
- improved language for union rights and layoff and recall.

A STRONG STIKE VOTE RESULTED IN BRINGING THE GOVERNMENT TO THE TABLE BUT ITS OBJECTIVE WAS CLEARLY TO BULLY HEALTH SCIENCE PROFESSIONALS INTO AN AGREEMENT WHICH DID NOT COME CLOSE TO PROVIDING ANY RELIEF ON THE ISSUES.

LABOUR RELATIONS

Although we had four bargaining tables in play through most of 2012 we brought on additional staff to backfill labour relations officers given bargaining assignments. The union has been steadily growing and the complexity of members' issues has not lessened.

Collective Agreement Administration

Our labour relations officers cover a wide variety of issues in general servicing. If matters involve specialized issues in classifications or disability management they are referred to the appropriate department. However, scheduling, discipline and discharge, selections, and benefit entitlements were frequently found

in the labour relations caseload during 2012. Formal file management is only one of the varied duties of the labour relations officers who spend considerable time in the field and advising stewards and members on the full range of contract administration issues that arise.

Consolidations

Our labour relations staff were active in various consolidation initiatives during 2012 including pharmacy, biomedical engineering, and laboratory.

Restructuring

There was a steady number of section 54 matters resulting from amalgamations and restructuring with labour relations staff involved to minimize displacement.

Essential Services

Our labour relations officers were inevitably drawn into the essential service process. Designations had not been reviewed comprehensively since 2004. The last decade has seen enormous change in health care delivery and review of the designations was a labour intensive undertaking for stewards and their labour relations officers.

DISABILITY MANAGEMENT

Long Term Disability (LTD) Appeals

With two full-time LTD advocates now in the department, we have made steady progress over the course of the past year and successfully brought under control the backlog of LTD appeal files which had accumulated. This backlog was the result of an unexpected and sharp increase in LTD claim denials

and terminations by Great-West Life in 2011 and early 2012. The complexity of these files remains very high, and our advocates regularly manage appeals which involve members with co-morbid medical conditions or, frequently, no definitive diagnosis. We are pleased to advise that we continue to enjoy a very high success rate on behalf of our members, with an overall win rate of 93 per cent.

While the number of new LTD appeal files has leveled off to a steady rate, we have seen a substantial jump in the number of LTD advice files we are opening and tracking. These are ongoing situations in which members who are on active LTD claims are encountering challenges and difficulties with their benefits either from Great-West Life or their employer. Our advocates are increasingly involved in these disputes because the issues are too complex and without HSA's advocacy members face a reduction to, or loss of, benefits.

The new health sector collective agreements (health science professionals, nurses, and community health) all have new accommodation language designed to assist members who are permanently disabled from their own job and are either facing a potential LTD claim, or are in the first 24 months of their LTD claim. The intent of the Memorandum of Agreement is to encourage employers to actively seek out early and appropriate accommodation for those members, in accordance with best disability management practices.

These new collective agreements also contain improvements to the Early Retirement Incentive Benefit (ERIB) provisions of the LTD plan for eligible members. RPNs and community health employees who are eligible for the ERIB now also have continued access to group extended health benefits until age 65. Health science professionals covered under the HSPBA collective agreement and who are eligible for the ERIB have continued access to both group extended health benefits and dental coverage.

Workers' Compensation Board (WCB) Appeals

We experienced a 42 per cent increase in the number of new WCB appeal files being opened during the course of late 2011 through 2012. It is unclear what is driving this trend, but we suspect a change in the claims adjudication process at the Board is resulting in more denials. However, with our WCB advocacy team in place, the caseload is well under control and in most capable hands. We are pleased to report an overall success rate of 72 per cent.

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

While this area started out 2012 with 52 files, as of the writing of this report the active caseload has jumped by 260 per cent to 133 files. HSA members face a number of unique challenges including the Lower Mainland consolidation of services which has resulted in disputes over who has the accommodation obligation, as well as funding issues, and the narrow scope of opportunities available for members due to the specialized nature of HSA disciplines.

Enhanced Disability Management Program (EDMP)

In the most recent round of HSPBA bargaining, HSPBA achieved \$408,000 for implementation of EDMP. Going forward we must determine the number of regional representatives that we can allocate, and to which health authorities. In addition, consideration must be given to how we will ensure the EDMP is appropriately implemented, and union advocacy provided, in health authorities which will not have regional representation. Certainly we will be looking to address the funding shortfall in the next round of collective bargaining.

WITH TWO FULL-TIME LTD ADVOCATES NOW IN THE DEPARTMENT, WE HAVE MADE STEADY PROGRESS OVER THE COURSE OF THE PAST YEAR AND SUCCESSFULLY BROUGHT UNDER CONTROL THE BACKLOG OF LTD APPEAL FILES WHICH HAD ACCUMULATED.

Attendance and Wellness Program (AWP) Grievance

In 2012, HSA along with BCGEU, CUPE, HEU and UFCW, filed a grievance against Vancouver Coastal Health's AWP. This grievance was aimed at addressing the punitive aspects of the program, specifically, automatic denial of access to overtime, unilateral reduction of FTE, and potentially unilateral termination of employment. The hearing took place in the fall of 2012 before arbitrator Vince Ready. In his decision of January 18, 2013, Mr. Ready advised he took issue with various aspects of the AWP which he found to be unreasonable and punitive, and which ran afoul of the law. He ordered that the punitive aspects be eliminated from the AWP, that any employees who had been impacted by automatic overtime bans or FTE reductions have those bans lifted and FTE hours reinstated, and that the AWP literature be revised to address the concerns and issues identified in the award.

Influenza Control Policy Grievance

On October 12, 2012, HSA filed a grievance against the HEABC and the health authorities with respect to the mandatory flu shot policy announced in the summer of 2012. The grievance challenged the new policy on the basis that it contravened not only the collective agreement, but also the Labour Relations Code and the Human Rights Code, as well as the Canadian Charter of Rights and Freedoms. Numerous meetings took place between the union, HEABC and the Ministry of Health. Ultimately, the day before the new policy was to come into effect, the Ministry of Health entered into an agreement with the health sector unions that employers would continue to adhere to the flu shot policy that was in effect prior to August 2012, that employees would be encouraged by both the union and their employer to obtain a flu shot but that those who chose not to be vaccinated would not be disciplined, and that the parties would continue to discuss potential revisions over the course of the next year in an effort to reach mutually agreeable outcomes. This promise of consultation was an empty promise and the union is advancing the grievance to arbitration and seeking early dates in order to have this matter resolved before flu season is upon us this fall.

CLASSIFICATIONS

Pharmacists' Rates

At the beginning of 2012 the routine work of the classifications department was superseded by the need to respond to the crisis amongst pharmacists created by the ill-considered decision on health sector employers to meet savings targets through a downward adjustment of pharmacists' wages. The union immediately filed multiple grievances and the classifications department was instrumental in

moving these matters forward. While the matter was ultimately resolved in negotiations, the health authorities were forced to withdraw from their decision to slash rates almost immediately, under tremendous pressure from the union and the affected pharmacists.

JCC Policy Grievance

Following the collapse of the Joint Classification Committee in the fall of 2011 the union initiated a grievance which was unusual in nature. Alleging a fundamental breach of the bargain struck in negotiations in late 2010, by which interim classification modifications could be implemented while the Joint Classification Committee was undergoing a significant inquiry into classification modernization, the union swiftly moved the matter before arbitrator John Hall and successfully obtained an interim injunction prohibiting the employers from making classification changes based on the interim classifications Memorandum of Understanding. This prohibition was negotiated into the subsequent collective agreement, ratified March 6, 2013. The classification system remains intact and the parties will continue to engage in a system review but with the assistance of a seasoned classification arbitrator to lend guidance.

Social worker/SPO policy grievance

In June 2012 the union was able to resolve 135 outstanding grievances to define the wage rate differential between the classification of social worker and social program officer. The implementation continues.

Other grievance activity

In 2012 the number of grievances coming into the classification department more than doubled. While


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consolidation and restructuring contributed to this substantial increase, many classification disputes involved a failure to apply the operating instructions and provisions of the classification system. Others related to qualification differentials. Still others involved claims for additional procedures and clinical specialist. We are pleased to be able to report that our win-loss record in this area is notable. Of the files that the classification department took forward in 2012 only one case was unsuccessful, and complete wins prevailed over partial wins by almost a two-to-one margin.

LEGAL

In 2012, 29 cases went to hearing. They included a range of disputes including discipline and discharge, college complaints, contracting-in, leave provisions (marriage, special, sick), incorrect pay, selection, accommodation, classification related and scheduling. Over 90 per cent of our legal matters were successful,

an impressive win-loss record for our legal department. There were other significant legal challenges involving bargaining and related disputes, including a raid by BCNU which is the subject of ongoing litigation.

In summary, while we continue to achieve success in challenging times, the challenges are greater than at any time in the past and the hard-fought successes achieved by an excellent and committed staff are all the more rewarding. 

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

REPORT OF THE DIRECTOR OF HUMAN RESOURCES AND OPERATIONS

Efficient operations mean better service for members

HSA is fortunate to have an outstanding group of labour relations, legal and communications experts who work every day to represent the interests of our 17,000 members. Less visible to you is the team of administrative, finance and technology professionals who support this work. Their job is to both identify and implement operational systems that make the union's work more effective and efficient.

These systems not only improve service, they save money – money that can be reallocated to services ranging from labour relations and legal support to member education and campaigns. I am very proud to report that since 2008, HSA has reduced its operations spending from 20 per cent of the overall HSA budget to just 14 per cent.

Last convention, I reported to you that our current office space was no longer functional and we were looking to acquire new space. After a lengthy process that included a needs assessment of our current and future space requirements and a Request for Information (RFI) from developers, HSA announced last fall that we are building a new office building at the Brewery District site in New Westminster.

HSA has been short on space almost from the moment we moved to Joyce Street back in 1998. Since then, we've renovated, reconfigured and doubled-up to make do. But it hasn't been enough.

The needs assessment determined that HSA needs

a minimum of 25,000 square feet to be functional. Our current space is 16,000 square feet.

The new office at the Brewery District will be a stand-alone building that the union will own freehold, and will design to meet our specific needs. The building will feature 21,000 square feet of office and meeting space on the main floor and an additional 6,047 square feet on the second floor that will be used for member training, conferences and meetings. This design allows us to have all HSA staff on the same floor, improving opportunities for collaboration, mentoring and information sharing. It also significantly increases and enhances the space we use for member education and meetings. Furthermore, the construction allows for an additional 9,703 square feet of space should we need it in the future. The office is located in a central location close to Skytrain and easily accessed from both the highway and airport, making member travel to and from the office straightforward and affordable. Those of you who have visited our current location will also be pleased to learn that the new office will include more parking spaces that are more easily accessed.

While we are early in the design stages, HSA is committed to a more flexible use of space – that is office design that can change and evolve with our needs without incurring significant costs. We are also looking at a number of design initiatives that will put

I AM VERY PROUD TO REPORT THAT SINCE 2008, HSA HAS REDUCED ITS OPERATIONS SPENDING FROM 20 PER CENT OF THE OVERALL HSA BUDGET TO JUST 14 PER CENT.

us in good standing for LEED certification.

The budget for the new building is \$17.7 million. The HSA Board of Directors, in consultation with the union's Finance Committee and senior staff, has developed a financial plan for the building that allows us to acquire this space without any reduction in member services. HSA has an excellent track record of prudent financial management that has allowed us to significantly grow the value of our real estate asset. Members can be confident that the same prudent approach will guide us through the acquisition of our new space.

Numerous resolutions to convention have called to HSA to find ways to reduce our environmental footprint. One of the ways we're accomplishing this is by offering members the opportunity to receive most of their union information electronically and the introduction of online registration for union events. Internally, we constantly strive to reduce our



Rebecca Maurer


dependence on paper through initiatives like the recent digitization of the materials required to run our board meetings. Historically, these materials were produced in hard copy format, a process that consumed over 25,000 sheets of paper per year, and required significant administrative resources. By converting to tablet technology, we now conduct our board meetings digitally. This has produced significant efficiencies, completely eliminating copy output, and greatly reducing administrative support required for preparation.

Another initiative we continue to work on is

enhanced access to technology for stewards and activists who are engaged in union business. This work demands simple and secure ways of communicating via e-mail and the means to author and store union documents in digital format. Ideally, such a system will also enable mobility by providing synchronization to mobile phones and tablets.

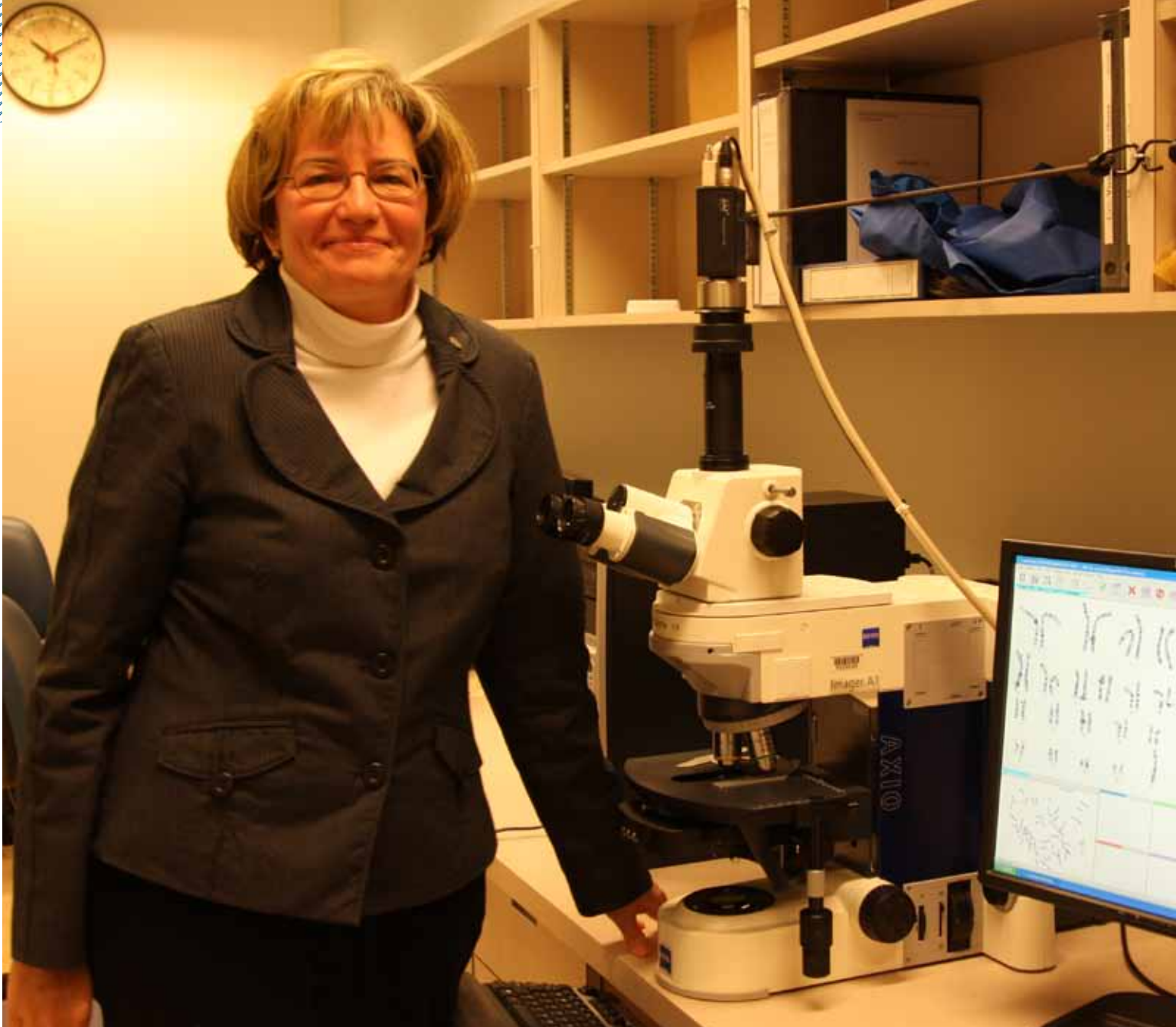
The challenges we face in building a system like this is ensuring it meets the functional and usability expectations of our stewards, but balances the security and privacy needs of the union. Additionally, we must also find a cost effective way of supporting members who are using the system. We will continue to make this a top priority and will continue to report to you on our progress.

We are excited to report on completion of the scheduled three-year project to co-locate our computer network to Calgary. This project, as previously reported, is part of our strategic partnership with TELUS to reduce costs and mitigate the risks of housing our technology infrastructure locally and is designed to meet our operational requirements for the next decade. Work on this project was completed within the expected timeline and associated costs were on budget.

This year, HSA welcomed a number of new staff members to our organization. With several senior staff approaching retirement age, we are focused on recruiting the most skilled and capable practitioners in the industry ready to take on the challenges that lie ahead. These individuals have joined an extraordinary staff team who generously share their experience, knowledge and wisdom while giving one hundred percent to the daily task of representing you, the members. As always, it has been a pleasure and an inspiration working with this wonderful group of people. 

Rebecca Maurer
Director of Human Resources and Operations

HSA HAS AN EXCELLENT TRACK RECORD OF PRUDENT FINANCIAL MANAGEMENT THAT HAS ALLOWED US TO SIGNIFICANTLY GROW THE VALUE OF OUR REAL ESTATE ASSET. MEMBERS CAN BE CONFIDENT THAT THE SAME PRUDENT APPROACH WILL GUIDE US THROUGH THE ACQUISITION OF OUR NEW SPACE.



Christina Haessig, medical laboratory technologist
in cytogenetics, Vancouver General Hospital

ELECTIONS



PRESIDENTIAL ELECTION 2013

The President of the Health Sciences Association is elected by delegates at annual convention in odd-numbered years. Members are encouraged to seek nomination and to run for the position of president. Nominations are open until the balloting procedure commences at the convention.

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

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



PRESIDENTIAL ELECTION 2013

Reid Johnson

It's hard to grasp that it's been six years since I was first elected President of HSA. With your support and encouragement, I am honoured to again offer myself as a candidate for President.

My goals were to increase the profile of our members, increase our influence with decision-makers, amplify our voice in the labour movement and improve the services to our members. With the help of members and staff, we have achieved great progress in all these areas.

Since 2007, HSA has had hundreds of TV, radio and print media interviews and articles – a sample of which is available at hsabc.org. HSA sits on the Board of the Canadian Breast Cancer Foundation. I have chaired the Health Human Resources group of

the CBCF 2020 Task Force to end breast cancer by 2020. Through that involvement, I sat on the human resource subcommittee of the Ministry of Health's Breast Health Committee. I also sit on the Technology Education and Careers Council and the advisory council of the BC Agenda for Shared Prosperity. HSA's broader public profile has grown tremendously over these six years.

During Bill 29 settlement negotiations, I pushed for regular meetings with health authorities and the government. We now have mandated face-to-face meetings with all health authorities and the Ministry of Health. I have met with the Premier, cabinet ministers, MLAs and senior ministry staff. Our voice is being heard in Victoria. We are starting to see the fruit of this developing influence.

In 2007, I started regular semi-annual meetings with the HSA members' professional associations. I am a vice-president of the BC Federation of Labour and its finance committee and constitutional committee chair. As a board member of our National Union, I helped bring needed changes to CLC raiding language, despite fierce opposition from outside NUPGE. HSA is counted on for leadership and our voice is flowing through these organizations.

I have participated in almost 100 chapter and steward meetings from Fort St. John to White Rock, from Campbell River to Cranbrook. I have advocated for increased member services and programs while reducing the cost of operations and governance.

We have withstood the challenges of a government bent on devaluing public services and expanding privatization in a harsh climate of public policy and negotiations. Better times are on the horizon. I appreciate your support as we continue to build on our achievements and meet these challenges together.

*Reid Johnson,
President*



PRESIDENTIAL ELECTION 2013

Ali Rirash

My name is Ali Rirash. I was born and raised in Somalia, East Africa. I moved to Canada in 1993 as a refugee from this war torn nation. I studied medical laboratory technology at St. Claire College at Windsor, Ontario and graduated in June 1998. I also completed a Bachelor of Science at University of Windsor.

I worked at the following institutions: Detroit Medical Centre, King Faisal Specialist Hospital and Research Centre in Saudi Arabia, Westman Lab in Brandon, Manitoba, Diagnostic Services of Manitoba at St. Boniface Hospital in Winnipeg, and since July 2009 at Victoria General Hospital in Victoria.

While most of the jobs I had were union, I didn't have direct involvement in organized labour. But we are at a turning point in history for organized labour.

Never before in our short history have unions been so marginalized. Just look back at the hostile policy that federal government has imposed since the last election in 2011.

Back to work legislation for Canada Post employees even before they started striking, and similar treatment for Air Canada pilots and other employees. Bill C-377 is a way to handicap union involvement and organization – it's a way to monitor how and where we spent our membership money. The ultimate insult to injury was bringing 200 Chinese employee to work at HD Mining in Tumbler Ridge.

It is not a coincidence that finally globalization and privatization are reaching our shores and we're not safe. To confront this attack on working people we have to be more proactive rather than reactive to the neoconservatives' hostile policy.

The Way Out is to reinforce our organization and change the way we run things.

- Ensure the federal government reforms the financial system and the wealth creation process to benefit the working class – not just big banks. For instance, the Bank of Canada's interest rate has been frozen at one per cent for the last four years but banks have been charging 19 per cent and more for credit cards.
- Stop austerity – layoffs, tax increases, and public utility sales.
- Encourage union amalgamation in BC.
- International solidarity – boycotting all the cheap products made by slave labourers.
- Protecting rights of temporary foreign workers here at home.

It's easy to promise something rather than doing it, but with your support I hope we can achieve these objectives and improve the living conditions of our members, in the country and around the world.

Let's fight for real change not loose change!

In solidarity,
Ali Rirash B.Sc. MLT (CSMLS) , MT (ASCP)



Monika Tsia, clinical exercise specialist, Surrey Memorial Hospital

FINANCIAL REPORTS

REPORT OF THE FINANCE COMMITTEE



Your Finance Committee (L-R), Cathy Davidson, Marg Beddis, Janice Morrison, Brendan Shields

FINANCES: DOES BARGAINING EVER END?

As I write this report ratification of the HSPBA Agreement has been completed across the province. Your Finance Committee strongly supported a Yes vote. In seven months we begin the process again to select the bargaining committee for the 2014 round of bargaining. It seems that bargaining never ends. At the same time, your finance committee is acutely aware that bargaining is not the only work of the union. Members value quality education. They want to see public promotion of their professions and their role as part of the modern health care team. Lastly, but far from least, members also expect timely attention and resolution to their servicing needs.

Overall, 2012 was a year much like 2011. Bargaining was front and center for the majority of our membership. Negotiating fair and reasonable contracts for our members was the goal of each of

the bargaining teams. The BC government was as intransigent as before, the only substantive change in this round was the buzz words were no longer “net zero” but “co-operative gains”.

The 2013 budget was developed with only a modest increase in dues revenue and the knowledge that bargaining and member servicing would require major resource allocations.

THE UNION'S FUNDS

HSA has seen a change in its total fund balance from \$15.7 to \$15 million at the end of 2012.

General Fund

The General Fund is used for the day-to-day operations of HSA. This fund is maintained as a safeguard to cover approximately three months of regular and ongoing union costs and expenditures. The union

generated an operating surplus in this fund of \$334,645. At year end we transferred fund reserves of \$1,035,723 from the general fund to the bargaining fund. The fund balance at the end of the year was \$3 million.

Defence Fund

The Defence Fund serves to provide resources to be used in the event of job action. This past year we have seen members from both the CBA (Community Bargaining Association) and CSSBA (Community Social Services Bargaining Association) access job action funds.

The most significant asset of the Defence Fund is the HSA office building. With the change to Canadian accounting standards for not-for-profit organizations (ASNOP), HSA has elected to apply the one-time transitional provision to measure its capital assets at their fair value. As such the value of the land and building has been increased to \$5.5 million. It is this asset that we use for collateral in the event we have to draw on our line of credit.

The fund balance at the end of the year was \$8.8 million.

Bargaining Fund

The Bargaining Fund is used for negotiating collective agreements, Section 54 meetings, organizing and other bargaining related activities. The fund started the year with just \$156,147. It received an additional \$660,488 in revenue during the year and HSA spent over \$1.8 million on bargaining activities in 2012. HSA's negotiating teams were extremely busy at the NBA, HSPBA, CBA and CSSBA tables.

At year end, \$1,035,723 was transferred from the general fund to cover this deficit. Projected dues revenue for 2013 is \$665,000 and this amount will be available for any anticipated bargaining expenses.

The fund balance at the end of the year is zero.

Building Fund

The Building Fund was developed to provide resources to lease, purchase or create space for union activities. During 2012 this fund spent \$48,334 for expenses related to the planning, design and acquisition of our new office space.

The fund balance at year end is \$207,302.

BUDGET 2013


The budget projection for 2013 anticipates a surplus of \$5,477 on projected revenue of \$13.5 million. HSA continues to efficiently utilize its operations staff and reduce expenses in the operations division so more resources can be focused on strengthening member support and services. As such we have regularized two temporary labour relations officer positions (LROs). This is in keeping with HSA's objects and purpose: "to provide a high level of representation for the members and generally promote the interests of the members." With a view to the future, these new LROs will also be a key element to succession planning within the labour relations department.

INVESTMENT PORTFOLIO

Despite the gloomy financial headlines of "fiscal cliffs" and "Greek default" the markets overall did manage some positive gains in 2012. In February 2011 we engaged the services of Leith Wheeler Investment Counsel Ltd. to manage HSA's investment portfolio. Since inception we have seen a portfolio increase of 5.9%. This surpasses the industry benchmark of 3.3% for the same period. We continue to maintain a conservative mix of bonds and stocks as per HSA's investment policy.

Our overall cash position at the close of 2012 was \$1.1 million with \$800,000 in short term deposits. HSA is pleased to report the current position of cash,

terms and investments available for use in 2013 is \$6 million.

I would once again like to thank the Finance Committee members Brendan Shields and Marg Beddis for their commitment to HSA and their hard work throughout 2012. I would also like to thank Cathy Davidson and the accounting staff for their continued dedication and support in preparing the yearend financial statements and assistance to the auditors. 

*Respectfully submitted,
Janice Morrison, Chair
Secretary -Treasurer*



**HEALTH SCIENCES ASSOCIATION
OF BRITISH COLUMBIA**

Financial Statements
December 31, 2012

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To the Members of Health Sciences Association of British Columbia:

We have audited the accompanying financial statements of Health Sciences Association of British Columbia ("the Association"), which comprise the statement of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011 and the statements of operations and changes fund balances and cash flows for the years ended December 31, 2012 and December 31, 2011, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Health Sciences Association of British Columbia as at December 31, 2012, December 31, 2011 and January 1, 2011 and the results of its operations and changes in fund balances and its cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.

Port Moody, British Columbia

March 1, 2013

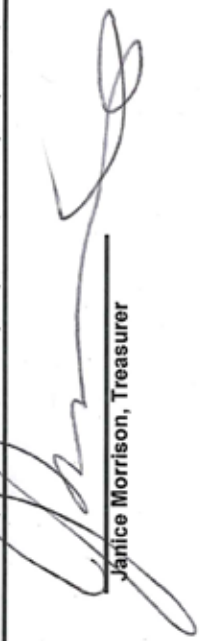
MNP LLP
Chartered Accountants

Health Sciences Association of British Columbia
Statement of Financial Position
As at December 31, 2012

	General Fund	Bargaining Fund	Building Fund	Defence Fund	2012 Total	2011 Total
Assets						
Current						
Cash and term deposits	\$ 775,712	\$ (62,188)	\$ (193,028)	\$ 642,367	\$ 1,162,862	\$ 2,102,180
Marketable securities (Note 5)	3,800,380	-	399,853	635,798	4,836,031	7,164,812
Dues receivable	1,181,580	62,188	-	-	1,243,769	1,225,636
Accounts receivable	15,274	-	-	-	15,274	17,389
Accrued interest receivable	4,536	-	477	759	5,772	7,066
Prepaid expenses and deposits	126,232	-	-	2,455,608	2,581,840	187,587
Capital assets (Note 6)						
	5,903,714	-	207,302	3,734,532	9,845,548	10,704,670
	173,963	-	-	5,052,907	5,226,870	5,026,898
Total assets	\$ 6,077,677	\$ -	\$ 207,302	\$ 8,787,439	\$ 15,072,418	\$ 15,731,568
Liabilities and fund balances						
Current						
Accounts payable and accruals	\$ 1,257,871			\$ -	\$ 1,257,871	\$ 997,379
Salaries payable (Note 7)	533,675				533,675	435,434
	1,791,545				1,791,545	1,432,813
Severance payable (Note 7)						
	1,093,652				1,093,652	954,107
Member professional development						
	158,302				158,302	396,352
	1,251,953				1,251,953	1,350,459
Fund balances (Note 8)						
Invested in capital assets	173,963			5,052,907	5,226,870	5,026,898
Internally restricted	-		207,302	3,734,532	3,941,833	4,563,930
Unrestricted	2,860,216				2,860,216	3,357,468
	3,034,179		207,302	8,787,439	12,028,919	12,948,296
Total liabilities and fund balances	\$ 6,077,677	\$ -	\$ 207,302	\$ 8,787,439	\$ 15,072,418	\$ 15,731,568

Approved on behalf of the Board:


 Reid Johnson, President


 Janice Morrison, Treasurer

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

Health Sciences Association of British Columbia
Statement of Operations and Changes in Fund Balances
For the Year Ended December 31, 2012

	General Fund	Bargaining Fund	Building Fund	Defence Fund	2012 Actual	2012 Budget	2013 Budget	2011 Actual
Receipts								
Dues	\$ 12,460,757	\$ 655,829	\$ -	\$ -	\$ 13,116,587	\$ 12,824,809	\$ 13,296,369	\$ 12,741,980
Initiation fees	23,700	-	-	-	23,700	18,000	18,000	22,358
Investments	190,504	4,659	20,394	134,095	349,652	368,250	215,200	725,792
Member professional development recognized	482,672	-	-	-	482,672	-	-	8,405
	13,157,633	660,488	20,394	134,095	13,972,611	13,211,059	13,529,569	13,498,534
Expenditures (Schedule of Expenses)								
General Fund								
Executive	834,186	-	-	-	834,186	823,583	851,628	881,599
Union governance	1,059,192	-	-	-	1,059,192	1,038,138	1,080,325	1,120,237
Affiliations	671,115	-	-	-	671,115	662,226	639,387	636,964
Legal services and labour relations	5,263,405	-	-	-	5,263,405	4,674,814	5,051,725	4,434,417
Strategic communications and member development	2,680,338	-	-	-	2,680,338	2,469,083	2,566,717	2,406,174
Operations	2,018,971	-	-	-	2,018,971	2,237,260	2,138,680	2,050,843
Finance	298,033	-	-	-	298,033	340,843	312,646	328,678
Bargaining Fund	1,856,040	-	-	-	1,856,040	641,240	664,818	1,171,603
Building Fund	48,334	-	48,334	-	48,334	-	-	59,654
Defence Fund	177,625	-	-	177,625	177,625	159,009	110,900	55,284
	12,825,242	1,856,040	48,334	177,625	14,907,240	13,046,196	13,416,826	13,145,454
Excess (deficiency) of receipts over expenditures before other items	332,391	(1,195,551)	(27,940)	(43,530)	(934,630)	164,863	112,743	353,080
Other items								
Amortization	(106,798)	-	-	(71,249)	(178,047)	(116,370)	(107,296)	(219,719)
Unrealized gain (loss) on marketable securities	109,051	3,681	11,920	68,647	193,300	-	-	(465,241)
Excess (deficiency) of receipts over expenditures for the year	334,645	(1,191,870)	(16,019)	(46,132)	(919,377)	48,493	5,447	(331,881)
Fund balances, beginning of year	3,535,257	156,147	423,321	8,833,571	12,948,296	-	-	13,280,177
Interfund transfers (Note 9)	(835,723)	1,035,723	(200,000)	-	-	-	-	-
Fund balances, end of year	\$ 3,034,179	\$ -	\$ 207,302	\$ 8,787,439	\$ 12,028,919	-	\$ 12,948,296	\$ 12,948,296

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

Health Sciences Association of British Columbia
Schedule - Expenses
For the Year Ended December 31, 2012

	Actual 2012	Budget 2012	Budget 2013	Actual 2011
Executive				
Administration, professional development	\$ 4,711	\$ 7,500	\$ 11,000	\$ 7,901
Business travel and expense	17,403	15,000	13,000	19,336
Salaries and benefits				
President	166,379	160,110	164,673	157,897
Division Directors & Controller	468,233	464,921	482,210	521,936
Executive administration	177,461	176,052	180,745	174,530
	\$ 834,186	\$ 823,583	\$ 851,628	\$ 881,599
Union governance				
Annual convention	\$ 599,486	\$ 522,000	\$ 620,000	\$ 634,810
LTD referendum vote	44,667	-	-	-
Board of Directors	123,883	131,800	118,000	154,818
Committee meetings				
Constitutional and organizational policy	884	4,000	2,000	3,032
Education	8,797	9,700	9,000	9,070
Elections	166	2,000	2,000	2,366
Equality and social action	7,654	11,000	9,000	14,611
Executive	7,050	9,000	7,000	14,479
Finance	9,197	11,000	9,000	11,278
Occupational health and safety	8,281	14,500	12,000	17,575
Political action	9,516	10,000	10,000	9,549
Presidential issues	934	-	-	-
Resolution	19,326	22,000	15,000	23,805
Run for the cure	6,600	5,000	-	4,715
Women's	8,842	11,000	8,500	15,302
Committee programs				
Equality and Social Action Fund	79,651	66,055	81,177	63,607
Political Action Fund	14,731	99,083	67,648	21,183
Regional meetings	109,530	110,000	110,000	120,039
	\$ 1,059,192	\$ 1,038,138	\$ 1,080,325	\$ 1,120,237

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

Health Sciences Association of British Columbia
Schedule - Expenses
For the Year Ended December 31, 2012

	Actual 2012	Budget 2012	Budget 2013	Actual 2011
Affiliations				
B.C.F.L. convention and meetings	\$ 76,839	\$ 100,750	\$ 18,000	\$ 16,991
B.C.F.L. per capita dues	82,080	82,080	91,400	82,080
C.L.C. convention and meetings	2,442	-	-	19,521
C.L.C. per capita dues	79,800	79,800	86,400	79,800
Labour councils meetings	4,551	4,600	4,600	5,454
Labour councils per capita dues	11,040	10,000	11,560	9,382
NUPGE Secretariat	8,032	10,000	8,000	9,926
NUPGE convention and meetings	28,738	20,000	46,000	24,991
NUPGE per capita dues - 2% of dues	262,332	256,496	265,927	254,840
Affiliate support & memberships	43,190	30,000	30,000	65,240
BC Health Coalition	10,000	10,000	10,000	10,000
Canadian Breast Cancer Foundation	35,000	35,000	35,000	35,000
CCPA membership	22,500	22,500	27,500	17,500
NUPGE Solidarity Fund	1,000	1,000	1,000	1,000
Municipal Employee Pension Committee	-	-	-	1,775
Western HSA	3,572	-	4,000	3,464
	\$ 671,115	\$ 662,226	\$ 639,387	\$ 636,964
Legal services and labour relations				
Administration, professional development	68,695	47,000	72,000	49,089
Business travel and expense	201,499	179,800	178,000	214,339
Salaries and benefits				
Arbitration	449,534	447,842	453,706	524,073
Classifications, research	691,816	717,279	720,522	597,820
Disability management	824,342	750,689	854,330	406,930
LRO servicing, admin support	2,156,752	2,098,266	2,289,401	2,129,275
Pensions	128,662	123,938	124,766	121,118
Medical reports, witness expense	144,826	115,000	114,000	107,507
Professional fees	597,279	195,000	245,000	284,266
	\$ 5,263,405	\$ 4,674,814	\$ 5,051,725	\$ 4,434,417

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

Health Sciences Association of British Columbia
Schedule - Expenses
For the Year Ended December 31, 2012

	Actual 2012	Budget 2012	Budget 2013	Actual 2011
Strategic communications and member development				
Administration, professional development	\$ 4,972	\$ 7,000	\$ 7,000	\$ 7,500
Business travel and expense	35,828	35,000	33,000	39,821
Salaries and benefits				
Communications	684,699	639,858	644,781	665,745
Education	204,642	241,443	241,670	123,619
Mobilizing, organizing	135,229	121,178	122,090	119,825
Occupational health and safety	83,097	120,204	121,176	124,653
Policy analyst	-	-	-	66,156
Chapters, mobilizing	67,092	90,000	63,500	137,604
Communication programs				
Annual report and constitution	42,787	9,500	13,500	61,484
Campaign material	28,624	30,000	30,000	26,212
Committee support	47,005	73,000	63,000	60,984
Education support material	2,348	24,000	7,000	5,570
Public relations	381,478	428,400	559,000	336,710
The Report publication	104,905	104,500	103,500	102,205
Member development				
Internal labour training forums				
Steward Training Level I	67,925	130,000	150,000	158,154
Steward Training Level II	171,046	230,000	230,000	197,834
OH&S	48,803	95,000	70,000	67,768
Activist training	27,272	20,000	30,000	30,961
External labour training forums	28,729	30,000	37,500	21,912
Member professional development fund	482,672	-	-	8,405
Scholarships	31,188	40,000	40,000	43,052
	\$ 2,680,338	\$ 2,469,083	\$ 2,566,717	\$ 2,406,174

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

Health Sciences Association of British Columbia
Schedule - Expenses
For the Year Ended December 31, 2012

	Actual 2012	Budget 2012	Budget 2013	Actual 2011
Operations				
Administration, professional development	\$ 26,788	\$ 29,150	\$ 23,000	\$ 25,838
Business travel and expense	7,118	12,150	7,700	8,872
Salaries and benefits				
Administration	247,968	258,497	234,017	295,688
Information technology	695,330	688,185	715,056	691,979
Office manager	95,448	95,052	95,921	94,610
Payroll/Human resources	86,516	83,640	84,396	83,929
Facilities and supplies				
Building maintenance, utilities	196,605	238,191	183,900	237,801
Courier	21,278	13,000	16,300	16,287
Equipment lease, maintenance	16,124	19,200	17,500	14,682
Furniture maintenance, small purchases	8,391	5,000	7,500	3,730
Insurance	30,625	32,000	31,000	34,066
Office, kitchen supplies, bank charges	64,809	53,500	51,500	68,711
Postage, printing	30,269	29,000	29,000	24,327
HR management and organizational development	49,864	127,000	74,000	106,618
Information technology				
Computer software	51,818	72,900	47,000	41,459
Computer supplies, maintenance, support	145,590	175,535	210,400	129,561
Records management	12,812	8,725	9,725	9,161
Telecommunications	231,620	296,535	300,765	163,525
	\$ 2,018,971	\$ 2,237,260	\$ 2,138,680	\$ 2,050,843
Finance				
Administration, professional development	\$ 5,334	\$ 6,500	\$ 2,500	\$ 4,711
Business travel and expense	4,063	6,500	4,500	5,395
Professional fees	16,141	40,000	31,000	42,992
Salaries and benefits - accounting	272,495	287,843	274,646	275,580
	\$ 298,033	\$ 340,843	\$ 312,646	\$ 328,678

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

Health Sciences Association of British Columbia
Schedule - Expenses
For the Year Ended December 31, 2012

	Actual 2012	Budget 2012	Budget 2013	Actual 2011
Bargaining fund				
Advertising campaign	\$ 450,416			\$ 469,960
Collective bargaining:				
Community Social Services	35,260			63,431
Community Health	85,780			4,686
Nurses Bargaining Association	41,636			6,005
Health Science Professionals	659,170			453,899
Polling	-			30,990
Staff wages & benefits	579,591			132,522
Sec.54 consolidation meetings	4,188			10,110
	\$ 1,856,040	\$ 641,240	\$ 664,818	\$ 1,171,603
Building fund				
Professional fees	\$ 48,334	\$ -	\$ -	\$ 59,654
Defence fund				
Apartment:				
Property taxes	1,334			1,318
Strata fees	5,840			5,177
Utilities and maintenance	10,388			593
Office building:				
Property taxes	55,597			48,151
Strata fees	66,268			-
Utilities and maintenance	7,848			-
Job action activities	30,351			45
	\$ 177,625	\$ 159,009	\$ 110,900	\$ 55,284

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

Health Sciences Association of British Columbia
Statement of Cash Flows
For the Year Ended December 31, 2012

	2012	2011
Operating activities		
Excess of receipts over expenditures for the year	\$ (919,377)	\$ (331,881)
Items not involving cash:		
Gain on sale of capital assets	-	(435)
Gain on sale of marketable securities	(137,571)	(452,441)
Apartment amortization	3,802	3,802
Building amortization	67,447	78,555
Computer amortization	69,567	66,780
Furniture and equipment amortization	32,474	39,294
Telephony amortization	4,757	31,287
Write down (recovery) of fair value of marketable securities	(193,300)	465,241
Operating cash flow	(1,072,201)	(99,798)
Changes in non-cash working capital		
Dues receivable	(18,133)	(46,720)
Accounts receivable	2,115	18,299
Accrued interest receivable	1,294	21,861
Prepaid expenses and deposits	(2,669,301)	(104,191)
Accounts payable and accrued liabilities	260,637	9,820
Salaries payable	98,241	(27,202)
Cash provided by operating activities	(3,397,348)	(227,930)
Investing activities		
Sale (purchase) of marketable securities	2,659,652	(239,917)
Purchase of capital assets, net of disposals	(102,972)	(66,266)
Repayments received on long-term investments	-	-
Cash provided by (used in) investing activities	2,556,680	(306,183)
Financing activities		
Increase (decrease) in Credit Line Vancity	(145)	145
Increase (decrease) in severance payable	139,546	(19,801)
Increase (decrease) in deferred contributions	(238,051)	387,948
Cash provided by (used in) financing activities	(98,650)	368,291
Outflow of cash for the year	(939,318)	(165,823)
Cash and term deposits, beginning of year	2,102,180	2,268,003
Cash and term deposits, end of year	\$ 1,162,862	\$ 2,102,180
Represented by:		
Cash	\$ 360,636	\$ 898,741
Term deposits	802,226	1,203,439
	\$ 1,162,862	\$ 2,102,180

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

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

1. Organization

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

2. Impact of adopting accounting standards for not-for-profit organizations

These are the Association's first financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO). The accounting policies in Note 3 have been applied in preparing the financial statements for the year ended December 31, 2012, the comparative information for the year ended December 31, 2011, and the opening ASNPO statement of financial position as at January 1, 2011 (the Association's date of transition to ASNPO).

In preparing these financial statements, the Association has elected to apply the following transitional provision permitted by CICA 1501 *First-time adoption by not-for-profit organizations* at the date of transition to ASNPO:

Fair value of capital assets

- The Association elected to measure its office land and building at the date of transition at its fair value and use that fair value as its deemed cost at that date.

Reconciliations and explanatory notes on how the transition to ASNPO has affected the statement of financial position and statement of operations as previously reported under Canadian generally accepted accounting principles (GAAP) are provided below.

Explanation of charges to fund balances at January 1, 2011:

	Adjustments to Opening Fund Balance (Defence Fund)
Adjustment to increase fair value of office land	373,480
Adjustment to increase fair value of office building	425,305
	798,785

Reconciliation of excess (deficiency) of receipts over expenditures for the year ended December 31, 2011:

	Sub-Notes	Canadian GAAP	Adjustments	ASNPO
Excess (deficiency) of receipts over expenditures before other items		353,080	-	353,080
Amortization	1	209,087	10,632	219,719
Unrealized gain (loss) on marketable securities		465,241	-	465,241
		674,328	10,632	684,960
Deficiency of receipts over expenditures for the year		(321,248)	(10,632)	(331,880)

Notes to the reconciliation of deficiency of receipts over expenditures for the year ended December 31, 2011:

Sub-Note 1

Due to the increase in the fair value of the office building as at January 1, 2011, the amortization expense for the year ended December 31, 2011 was increased on a proportionate basis.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

3. Significant accounting policies

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

Fund accounting

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

The General Fund reports the Association's unrestricted resources and reports amounts invested in operating capital assets.

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

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

The Building Fund reports on funds to lease, purchase or create space for union activities.

Revenue recognition

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

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

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

Cash and term deposits

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

Marketable securities

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

Capital assets

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

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

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

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

3. Significant accounting policies - *continued*

Financial instruments

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

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

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

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

Severance and termination benefits

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

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

Measurement uncertainty

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

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

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

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

4. Financial instruments

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

Interest rate risk

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

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

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

5. Marketable Securities

The Association's investments are comprised of equity and debt securities, all of which are classified as held-for-trading securities and are carried at their fair value based on the quoted market prices of the securities at December 31, 2012.

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

	2012		2011	
	<i>Fair</i>		<i>Fair</i>	
	<i>Value</i>	<i>Cost</i>	<i>Value</i>	<i>Cost</i>
Canadian equities	1,987,238	1,986,522	2,731,909	2,961,665
Government and corporate bonds	2,445,216	2,302,167	3,760,264	3,547,022
US equities, stated in Canadian funds	403,577	397,148	587,491	614,082
Other investments including mutual funds and T bills	-	-	85,148	85,148
	4,836,031	4,685,837	7,164,812	7,207,917
<hr/>				
Represented by:				
General Fund	3,800,380		4,071,763	
Defence Fund	635,798		2,261,215	
Bargaining Fund	-		351,792	
Building Fund	399,853		480,042	
	4,836,031		7,164,812	

As at December 31, 2012, the accrued interest was \$5,722 (2011 - \$7,066) and the total realized gain for the year on sale of marketable securities included with investment receipts on the statement of operations is \$137,571 (2011 - \$452,441).

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

6. Capital assets

	<i>Cost</i>	<i>Accumulated Amortization</i>	<i>2012 Net Book Value</i>	<i>2011 Net Book Value</i>
General fund				
Computer equipment	832,344	705,289	127,055	115,358
Furniture and equipment	884,151	837,243	46,908	57,674
Telephony equipment	168,023	168,023	-	4,757
	1,884,518	1,710,555	173,963	177,789
Defence fund				
Apartment				
Land	64,327	-	64,327	64,327
Building	152,077	33,198	118,879	122,681
	216,404	33,198	183,206	187,008
Office Premises				
Land	2,431,405	-	2,431,405	2,431,405
Building	3,068,598	905,349	2,163,249	2,230,696
	5,500,003	905,349	4,594,654	4,662,101
Deferred development costs				
Office building construction	275,047	-	275,047	-
	5,991,454	938,547	5,052,907	4,849,109
Defence and General funds	7,875,972	2,649,102	5,226,870	5,026,898

The Association entered into a letter of intent for the construction of a new office premises located at 100 East Columbia Street in New Westminster, BC with an expected completion date of March 31, 2014. The design, development and construction costs to date have been capitalized as deferred development costs in the Defence Fund and are not subject to amortization until such time as the building is in use. Included in prepaid expenses and deposits of the Defence Fund is \$2,455,608 (2011 - \$Nil), representing a non-refundable deposit held in-trust for the completion of the construction.

7. Salaries and severance payable

	<i>2012</i>	<i>2011</i>
Current		
Vacation	310,940	219,740
Accrued wages and severance	37,564	90,495
Overtime	185,171	125,199
	533,675	435,434
Long-term		
Severance	765,036	669,763
Sick pay payable upon severance of employment	328,616	284,343
	1,093,652	954,106
	1,627,327	1,389,540

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

8. Fund balances

	Invested in Capital Assets	Unrestricted Net Assets	Internally Restricted Net Assets	Total
Balance, January 1, 2011	5,179,915	3,219,258	4,881,002	13,280,175
Excess of receipts over expenditures	-	267,549	(599,428)	(331,879)
Transfer of funds	-	200,000	(200,000)	-
Capital assets and investment additions	66,702	(549,058)	482,356	-
Capital asset amortization	(219,719)	219,719	-	-
Balance, December 31, 2011	5,026,898	3,357,468	4,563,930	12,948,296
Excess (deficiency) of receipts over expenditures	-	334,645	(1,254,022)	(919,377)
Transfer of funds	-	(835,723)	835,723	-
Capital asset additions and investment additions	378,019	(174,221)	(203,798)	-
Capital asset amortization	(178,047)	178,047	-	-
Balance, December 31, 2012	5,226,870	2,860,216	3,941,833	12,028,919

9. Interfund transactions

The Finance Committee approved the interfund transfer to the Bargaining Fund of \$1,035,723 (2011 - \$200,000) from the General Fund, as this represents an allocation to cover the deficit in the Bargaining Fund for the year. The Finance Committee also approved the transfer to the General Fund of \$200,000 (2011 - \$Nil) from the Building Fund.

The net result of the interfund transfers was an \$835,723 transfer from unrestricted net assets to internally restricted net assets.

Health Sciences Association of British Columbia Notes to the Financial Statements

For the year ended December 31, 2012

10. Related party transactions

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

	Trust Fund #1	Trust Fund #2	Trust Fund #3
Financial Position			
Assets			
Cash and investments	5,244,311	207,272	17,341,593
Accounts receivable	-	308,525	-
Future income tax assets	-	-	-
	5,244,311	515,797	17,341,593
Liabilities and Fund balance (Unfunded liability)			
Benefits and accounts payable	80,097	25,855	172,960
Income taxes payable	295,407	-	335,856
Future income taxes	23,000	-	92,000
Reserve for future benefits	3,453,000	-	18,817,000
Fund balance (unfunded liability)	1,392,807	489,942	(2,076,223)
	5,244,311	515,797	17,341,593
Operations			
Revenue			
Investment gain	572,697	136,686	1,786,479
Expenses			
Benefits	1,235,649	1,652,868	2,617,933
Income taxes (recovery)	7,994	136,125	464,503
Operations	181,200	200,294	256,847
Change in actuarial liability for plan benefits	(5,569,000)	(31,228,000)	18,817,000
	(4,144,157)	(29,238,713)	22,156,283
Changes in Fund Balance for Year	4,716,854	29,375,399	(20,369,804)
Fund Balance (Unfunded Liability), beginning of year	(3,324,047)	(28,885,457)	18,293,581
Fund Balance (Unfunded Liability), End of Year (September 30, 2012)	1,392,807	489,942	(2,076,223)

The Association's President is also a director of the National Union of Public and General Employees and, therefore, the organizations are related.

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

The HSA Building Corporation, Inc. guarantees the Association's line of credit (note 11).

11. Line of credit

The Association has an operating line of credit available up to \$2,000,000 with interest at prime. As at December 31, 2012, no balance is outstanding under this facility (2011 - \$Nil).

Health Sciences Association of British Columbia
Notes to the Financial Statements
For the year ended December 31, 2012

12. Budget information

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

13. Comparative figures

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





Dean Elbe, pharmacist at Children and Women's Hospital in Vancouver

RESOLUTIONS

REPORT OF THE RESOLUTIONS COMMITTEE



Your Resolutions Committee (L-R) back row: Sheila Anderson, Tim Darvell, Rick Lascelle, Tammy Cranston, Erna Beunder, Erna Erwin, Bruce MacDonald. Front row: Trish Holm, Anithia Felix, Val Avery, Gwen Derosa, Neelam Mann.

On behalf of the Resolutions Committee I would like to welcome delegates to the 2013 HSA Convention. As dedicated health care and social services professionals we take on one more responsibility, that of setting the future direction for our union in the coming year by debating and voting on resolutions presented to you, the convention delegates.

The HSA constitution states (Article 7, Section 4(a)): “Members of the Union may bring matters before a Convention for consideration by means of resolutions submitted to, and approved by, their Chapter. These resolutions may include proposed Constitutional changes or policy matters.”

This year the deadline for the receipt of resolutions in the HSA office was February 12, 2013. Of the 47 resolutions received by deadline, one was forwarded directly to the Board of Directors as it

was simply an approval for a change of name for a chapter; one resolution related to bargaining of collective agreements and was refused for annual convention but placed in the file for the next Bargaining Proposal Conference for the Health Science Professionals Bargaining Association. One additional resolution was received after deadline and although refused for being late we were able to notify the chapter that a similar resolution had been received from another chapter and therefore their matter would be discussed at this convention.

The Resolutions Committee is comprised of the vice president (chair of the committee) and ten other members who are elected members at large from their regions. This committee is mandated by the HSA constitution to make recommendations to the convention on all resolutions.

The first meeting of the Resolutions Committee took place in November 2012 when all the members were delegates to the BC Federation of Labour biennial convention. The members were able to compare and contrast not only the resolutions practice but also the entire conduct of the BC Federation of Labour convention as opposed to our own HSA convention. We spent some time discussing what constitutes a good resolution and challenged the members to go back to their chapters and assist their members in writing comprehensive resolutions for this HSA convention.


The Resolutions Committee gathered together again in February 2013 and went to work on categorizing, numbering and debating the resolutions that had been received for this HSA convention. For each resolution the committee must consider the following factors:

- Is the intent of the resolution clearly stated?
- What are the implications of the resolution?
- What are the financial implications of the resolution?
- Is the request something that HSA can reasonably accomplish?
- Does the resolution support current policy and strategic directions?

There is often considerable debate regarding each resolution and on many occasions research is done on the topic of the resolution to ensure that all factors have been considered. With all opinions thoroughly canvassed the committee members then vote to recommend “concurrence” or “non-concurrence” to the convention delegates. The final step is then to write a rationale which supports the recommendation of the committee and which will be read to the delegates at convention.

The Resolutions Committee also has the responsibility to determine the order of presentation of

the resolutions to the convention floor, but which is subject to amendment by the delegates. Each delegate to convention is entitled to one vote on each resolution. For those resolutions which change the HSA constitution a vote of two thirds of the delegates is required; all other resolutions require a simple majority of the delegate votes in order to pass. All resolutions which are adopted will take effect upon the adjournment of the convention unless otherwise specified in the resolution.

I'd like to thank all the members of the Resolutions Committee for the time and consideration they have put into carrying out their mandate. Also, thanks to the staff who supported us: Rebecca Maurer and Rosemary DeYagher. The committee looks forward to presenting the resolutions to the 2013 convention delegates. 

Respectfully submitted,
Val Avery, Chair

Resolutions

1. COMMUNICATIONS

WHEREAS: Health Sciences Association of BC (HSA) membership voting is required for strike votes and contract ratification votes; and

WHEREAS: Accomplishing this task requires a huge commitment of time and resources on the part of HSA stewards and HSA staff in arranging meeting locations, conducting the vote, counting the ballots and submitting results to the HSA head office; and

WHEREAS: There are electronic options available for the purpose of voting that are used by other unions.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) investigate the use of electronic voting and report back to the 2014 Convention.

SUBMITTED BY: Campbell River Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

2. COMMUNICATIONS

WHEREAS: One of the best ways to convey information to a large number of people is on the internet; and

WHEREAS: The union is encouraging its members to get information and be informed by going to the union website; and

WHEREAS: Some chapters are comprised of many sites over large geographic areas.

THEREFORE BE IT RESOLVED: That **INDIVIDUAL CHAPTERS BE ENCOURAGED TO CONSULT WITH THE HEALTH SCIENCES ASSOCIATION OF BC (HSA) COMMUNICATIONS DEPARTMENT ON WAYS TO IMPROVE COMMUNICATION TO THEIR MEMBERS.**

BE IT FURTHER RESOLVED: That **INDIVIDUAL CHAPTERS WISHING TO CREATE THEIR OWN WEB PAGES AT THEIR OWN EXPENSE BE PERMITTED TO LINK TO THE HSA WEBSITE.**

SUBMITTED BY: Surrey Memorial Hospital
Committee Recommendation:
Concurrence as amended
_____ Concurrence
_____ Non-concurrence

3. COMMUNICATIONS

WHEREAS: The scope of practice for many Health Sciences Association of BC (HSA) member professions is not well understood by the general public.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) undertake an updated campaign aimed at informing the general public about the scope of work encompassed by the professions represented by HSA, for example, the allied health staff roles in residential care.

Submitted by: St. Vincent’s Langara
 Committee Recommendation: Concurrence
 _____ Concurrence
 _____ Non-concurrence

4. COMMUNICATIONS

WHEREAS: Health Sciences Association of BC (HSA) health science professionals perform essential, varied and highly valued services; and

WHEREAS: The current provincial government has indicated that it does not feel that HSA professional support is valuable for elections; and

WHEREAS: The public remains largely unaware of the duties and the education of health science professionals (being that they still relate to “nurses and doctors”).

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) immediately increase its monetary investment in media coverage and public education of our various health science professions.

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

5. COMMUNICATIONS

WHEREAS: Currently there is no Health Sciences Association of BC (HSA) standing committee charged with raising awareness about the various health professions represented by HSA; and

WHEREAS: There is little public awareness about the changes impacting their roles and working conditions in the complex modern health care system.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) form a Public Awareness Standing Committee to co-ordinate ongoing public education campaigns.

SUBMITTED BY: St. Vincent’s Langara
 Committee Recommendation: Non-concurrence
 _____ Concurrence
 _____ Non-concurrence

6. CONSTITUTION

WHEREAS: The annual Health Sciences Association of BC (HSA) Convention has become a major expense for the organization, consuming, as of 2013, approximately 5 per cent of the overall budget; and

WHEREAS: Convention takes a good deal of staff time for preparation and organization; and

WHEREAS: There are less expensive regional options that could give members increased input into governing the union; and

WHEREAS: Many HSA members have requested that HSA increase its resources for member servicing.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) henceforth have a convention every two years, starting in 2013, to be held in every odd numbered year; and

RESOLUTIONS - CONSTITUTION

BE IT FURTHER RESOLVED: That all necessary changes to the constitution be made to accommodate the change to a biennial convention; and

BE IT FINALLY RESOLVED: That the funds saved will be redirected to member servicing, and the annual budget as reported to its members shall reflect this transfer of funds.

SUBMITTED BY: Royal Columbian Hospital
Committee Recommendation: Concurrence
_____ Concurrence
_____ Non-concurrence

7. CONSTITUTION

WHEREAS: The position of Vice President and Secretary-Treasurer are currently elected by the Board of Directors; and

WHEREAS: These positions arguably have the most accountability to Health Sciences Association of BC (HSA) members; and

WHEREAS: Every HSA member has the right to participate in the democratic processes of the union as outlined in our constitution.

THEREFORE BE IT RESOLVED: That a constitutional change be made that strengthens democracy of our union by electing the Vice President and Secretary-Treasurer by delegates at convention, not just the board members.

SUBMITTED BY: Golden and District
General Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

8. EDUCATION

WHEREAS: The collective agreement includes a

significant amount of information; and

WHEREAS: There have been changes to local agreements; and

WHEREAS: There have been changes to the general agreements; and

WHEREAS: Training sessions are costly; and

WHEREAS: It is difficult for members to take time away from work to attend workshops.

THEREFORE BE IT RESOLVED: That online tutorial training be offered to assist members to understand the collective agreements that the Health Science Association of BC (HSA) covers.

SUBMITTED BY: South Okanagan Women in Need Society (SOWINS)
Committee Recommendation: Concurrence
_____ Concurrence
_____ Non-concurrence

9. EDUCATION

WHEREAS: Access to training for many members is difficult due to the time needed to be away from families; and

WHEREAS: More members would have access to training; and

WHEREAS: Travel costs are expensive for members outside the Lower Mainland.

THEREFORE BE IT RESOLVED: That **THE HEALTH SCIENCES ASSOCIATION OF BC (HSA) EXPLORE OFFERING regional workshops FOR STEWARDS, SUCH AS ADVANCED STEWARD TRAINING AND OCCUPATIONAL HEALTH AND SAFETY TRAINING** in communities throughout the province.

EQUALITY AND SOCIAL ACTION

SUBMITTED BY: South Okanagan
Women in Need (SOWINS)
Committee Recommendation: Concurrence as
amended

_____ Concurrence
_____ Non-concurrence

10. ENVIRONMENT

WHEREAS: Conventional paper-based mailouts to members involve excessive environmental waste and financial cost to the union.

THEREFORE BE IT RESOLVED: That all Health Science Association of BC (HSA) communications to members be sent electronically unless paper correspondence is specifically requested by the individual member.

SUBMITTED BY: St. Vincent's Langara
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

11. EQUALITY AND SOCIAL ACTION

WHEREAS: The Health Sciences Association of BC (HSA) represents members who provide services to women and their children who are homeless as a result of poverty, violence and lack of affordable housing; and

WHEREAS: Women with children are the fastest growing demographic within the homeless population; and

WHEREAS: The needs of homeless women and their children are not always well understood or addressed due to stereotypes regarding homelessness.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA), through the BC Federation of Labour (BCFL), lobby the provincial

government for an increase in the stock of affordable housing available for women and children; and

BE IT FURTHER RESOLVED: That HSA, through the BCFL, continue to lobby for increased funding for programs serving women and their children who are experiencing poverty, violence and homelessness.

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

12. EQUALITY AND SOCIAL ACTION

WHEREAS: The Health Sciences Association of BC (HSA) has a duty to serve HSA members; and

WHEREAS: HSA members should benefit from philanthropic activities; and

WHEREAS: It is imperative for the HSA board and committees to use member dues responsibly.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC donate to causes directly impacting British Columbians and to organizations in which the majority of the funding remains in the province; and

BE IT FURTHER RESOLVED: That a maximum of \$25,000 is donated yearly; and

BE IT FURTHER RESOLVED: That donations to charities and organizations occur only if said organizations have administrative costs of less than 20 per cent.

BE IT FINALLY RESOLVED: That all necessary changes to the constitution shall be made to accommodate the change in donation policies.

SUBMITTED BY: Royal Columbian Hospital

RESOLUTIONS - FINANCE

Committee Recommendation: Non-concurrence

Concurrence

Non-concurrence

13. FINANCE

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

THEREFORE BE IT RESOLVED: that Meyers Norris Penny LLP be confirmed as the union's auditor until the year 2014 annual convention.

SUBMITTED BY: Board of Directors

Committee Recommendation: Concurrence

Concurrence

Non-concurrence

14. FINANCE

WHEREAS: The current Health Sciences Association of BC (HSA) policy regarding overnight accommodation states if you can return home before 10:00 pm HSA will not cover the expense of an overnight stay; and

WHEREAS: 10:00 pm is a time throughout BC, year round when it is dark and therefore more difficult driving conditions are present; and

WHEREAS: HSA events are attended by stewards and members volunteering and committing a portion of their personal time to HSA and their safety, comfort and quality of life is important to the HSA executive; and

WHEREAS: Many HSA events begin at 8:00 or 9:00 am, making for a potentially long 12-13 hour day, involving attending an event, followed often by air travel home and to many rural members that is fol-

lowed still by a drive home from their nearest airport.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) change their overnight stay policy from a 10:00 pm return home time to a more reasonable time of 9:00 pm.

SUBMITTED BY: Chetwynd General Hospital

Committee Recommendation: Non-concurrence

Concurrence

Non-concurrence

15. FINANCE

WHEREAS: It is often difficult to recruit and retain stewards; and

WHEREAS: Members expect a high level of communication and support from stewards; and

WHEREAS: Stewards volunteer their personal time off, vacation and work time to meet the demands of union business.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) provide stewards with reasonable paid time to perform their duties, such as organizing and conducting steward and general chapter meetings.

SUBMITTED BY: University Hospital of Northern British Columbia

Committee Recommendation: Non-concurrence

Concurrence

Non-concurrence

16. FINANCE

WHEREAS: All Health Sciences Association of BC (HSA) members contribute union dues of which a percentage is allocated to the Defense Fund; and

WHEREAS: Not all HSA members are designated

essential during job action; and

WHEREAS: During recent job action HSA members designated as non-essential did not receive any monetary compensation for lost wages.

THEREFORE BE IT RESOLVED: That the Health Science Association of BC provide job action pay to members designated non-essential regardless of the length of job action.

Submitted by: Trail Chapter
 Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

17. FINANCE

WHEREAS: Health Sciences Association of BC (HSA) members contribute 1.6 per cent in union dues and other unions such as the British Columbia Nurses' Union (BCNU) contribute 2.0 per cent in union dues; and

WHEREAS: HSA members' issues have increased in complexity, there have been numerous consolidations, reorganizations and changes in health care which require more HSA staffing resources; and

WHEREAS: Other health sector unions have had to charge a higher percentage (2 per cent) to their membership to provide the same level of service.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) increase union dues from 1.6 per cent to 1.8 per cent to provide an even better service level than is currently provided to the members.

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

18. FINANCE

WHEREAS: Other unions (British Columbia Nurses' Union (BCNU)) in the health care sector do not collect dues off severance payout upon retirement.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) not collect dues from severance upon retirement.

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

19. FINANCE

WHEREAS: Some Health Sciences Association of BC (HSA) chapters contain multiple sites separated by distances up to 25 km; and

WHEREAS: Chapter meetings are not accessible by all members in these multiple-site chapters.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) allow for paid union leave for members to attend chapter meetings 25km or more from their worksite; and

BE IT FURTHER RESOLVED: That HSA members receive mileage reimbursement to attend these meetings.

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

20. GENERAL

WHEREAS: In the past Health Sciences Association of BC (HSA) has provided alcohol free of charge at HSA sponsored events such as the wine and cheese

RESOLUTIONS - GENERAL

reception and dinner reception at the HSA annual convention; and

WHEREAS: HSA hosted a meet and greet with Members of the Legislative Assembly (MLAs) in Victoria in April 2012 which included alcohol free of charge; and

WHEREAS: It is common practice to provide alcohol free of charge when an organization hosts an event such as a meet and greet with MLAs.

THEREFORE BE IT RESOLVED: That Health Sciences Association of BC (HSA) reinstate a policy that allows the serving of alcohol free of charge at HSA sponsored events.

Submitted by: Trail Chapter
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

21. GENERAL

WHEREAS: Many organizations compete for the attention of government representatives; and

WHEREAS: It may be difficult to engage government representatives; and

WHEREAS: Alcohol served at Health Sciences Association of BC (HSA) sponsored functions may make it easier or appealing to engage with such officials; and

WHEREAS: The alcohol ban has created challenges for HSA organizers to attract government representatives to information sessions; and

WHEREAS: Last year's resolution passed that alcohol cannot be purchased with HSA dues

THEREFORE BE IT RESOLVED: That Health

Sciences Association of BC (HSA) dues be allowed to purchase alcohol for certain special and specific events, especially when government officials or outside groups are being lobbied or hosted.

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

22. GOVERNANCE

WHEREAS: At the 2012 Health Sciences Association of BC (HSA) annual convention delegates debated the resolution of going to a biennial convention; and

WHEREAS: the estimated cost of the Convention is approximately \$600,000; and

WHEREAS: The union needs to be fiscally responsible to its members and many rank and file members do not see the direct benefits of convention as they are unable to attend.

THEREFORE BE IT RESOLVED: That the **HEALTH SCIENCES ASSOCIATION OF BC (HSA)** board prepare a business case for the 2014 annual convention so the delegates may debate the merits of a biennial convention; and

BE IT FURTHER RESOLVED: That the business case be presented to the membership at least 30 days in advance of the call for **CONVENTION** resolutions for 2014.

SUBMITTED BY: Kelowna General Hospital
Committee Recommendation: Concurrence as amended
_____ Concurrence
_____ Non-concurrence

23. GOVERNANCE

WHEREAS: The debate on resolutions is a very important part of convention and running out of time to cover all resolutions does happen on occasion; and

WHEREAS: This proposed resolution **WOULD MINIMIZE THE TIME SPENT DEBATING A RESOLUTION BY ALLOWING THE QUESTION TO BE CALLED IF NO DELEGATE WISHED TO EXPRESS OPPOSITION TO THE RESOLUTION OR PROPOSE AN AMENDMENT; AND**

WHEREAS: **MICROPHONES ON THE FLOOR OF CONVENTION COULD BE LABELED “PRO” TO SPEAK IN FAVOUR OF THE RESOLUTIONS COMMITTEE’S RECOMMENDATION OR “CON” TO SPEAK AGAINST THE COMMITTEE’S RECOMMENDATION.**

THEREFORE BE IT RESOLVED: **THAT THE SPONSOR CHAPTER OF A RESOLUTION TO THE HEALTH SCIENCES ASSOCIATION (HSA) ANNUAL CONVENTION WOULD BE GIVEN THE OPPORTUNITY TO SPEAK FIRST TO THEIR RESOLUTION; AND**

BE IT FURTHER RESOLVED: That HSA amend the **ANNUAL CONVENTION RULES OF ORDER** to implement **“PRO” AND “CON” MICROPHONES FOR** the 2014 convention.

SUBMITTED BY: Hudson’s Hope Health Centre
Committee Recommendation: Concurrence as amended

_____ Concurrence
_____ Non-concurrence

24. GOVERNANCE

WHEREAS: There are health science professionals (HSPs) who work in non-union workplaces and recognize the importance and value of unions; and

WHEREAS: The labour movement places a high priority on organizing unorganized workers; and

WHEREAS: The new Canadian Auto Workers – Communication, Energy and Paperworkers (CAW-CEP) merged union is exploring new ways of organizing so that individuals can join a union.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) investigate allowing health science professionals in non-union workplaces to join HSA and report back to the membership prior to the deadline for resolutions to the 2014 HSA Convention.

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

_____ Concurrence
_____ Non-concurrence

25. GOVERNANCE

WHEREAS: The Health Sciences Association of BC (HSA) president represents and is the public voice and face of all HSA members; and

WHEREAS: The regional director position is voted on by all members within a region; and

WHEREAS: Lack of direct involvement by many members has led to disengagement in general.

THEREFORE BE IT RESOLVED: That all Health Sciences Association of BC (HSA) members be polled/referendum by email or mail out as to the question of whether or not the present process of **CONVENTION DELEGATES** electing the HSA president be retained or the process be changed so that all HSA members vote for the position of HSA president by email or mail out.

SUBMITTED BY: Royal Jubilee Hospital
Committee Recommendation: Concurrence as amended

_____ Concurrence
_____ Non-concurrence

RESOLUTIONS - HEALTH HUMAN RESOURCES

26. HEALTH HUMAN RESOURCES

WHEREAS: There is presently a shortage in some health care professions, e.g. physiotherapy and this is expected to increase in the future; and

WHEREAS: There are qualified health care professions from outside Canada who could be recruited to fill existing and future positions.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby appropriate federal and provincial ministries to financially assist **INTERNATIONALLY EDUCATED HEALTH CARE PROFESSIONALS** seeking Canadian credentialing.

BE IT FURTHER RESOLVED: That HSA work with various health care professional bodies to expedite the credentialing and examination of internationally educated health care professionals.

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

27. HEALTH HUMAN RESOURCES

WHEREAS: There is presently a shortage in many health care professions, eg physiotherapy and this is expected to worsen in the future; and

WHEREAS: Universities and colleges are not training enough allied health care professionals to meet the increasing need.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) **CONTINUE TO** lobby provincial government agencies, including the Ministry of Advanced Education, to increase enrollment in educational institutions to meet the increasing demand for allied health care professionals.

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

28. HEALTH HUMAN RESOURCES

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

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

WHEREAS: The workload is great and the workforce is limited; and

WHEREAS: There is a great and continuing need for practicum teaching sites;

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) continue to promote the various job classifications of its members to help grow the workforce; and

BE IT FURTHER RESOLVED: That HSA help to raise awareness that its members provide education as clinical liaisons to help grow the health science professionals workforce; and

BE IT FINALLY RESOLVED: That HSA investigate ways to assist the growth of the health science professionals workforce **WITH THE AID OF PROFESSIONAL ASSOCIATIONS AND GOVERNING BODIES** by helping to promote awareness of the need for clinical site teaching facilities and by lobbying the provincial government for adequate funding and staffing to help meet these needs.

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

29. HEALTH HUMAN RESOURCES

WHEREAS: Health science professionals (HSPs) are expected to remain current with professional practice; and

WHEREAS: Budgetary restraints have forced some health authorities to prioritize nursing education over that of HSPs.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC lobby employers to increase access to education opportunities for Health science professionals (HSPs)

BE IT FURTHER RESOLVED: That HSA lobby employers to distribute education funding equally across professions.

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

30. HEALTH SERVICES

WHEREAS: Research has shown that providing intervention services to children with special needs in their early developmental stages improves their developmental outcomes; and

WHEREAS: Research has shown that investing time and money in early intervention for children is cost effective in the long term; and

WHEREAS: Children under five years of age are waiting up to two years to receive early intervention services therefore hindering the child's development.

THEREFORE BE IT RESOLVED: That the Health Science Association of BC (HSA) lobby the Ministry of Children and Family Development to provide the opportunity for children with special needs to reach

their full potential and success by providing financial resources and consistent, attainable, reliable services that are accessible to all children with developmental challenges.

SUBMITTED BY: Central Okanagan Child Development Association
 Committee Recommendation: Concurrence
 _____ Concurrence
 _____ Non-concurrence

31. HEALTH SERVICES

WHEREAS: Research shows that early intervention services provided at an adequate level have a lifelong impact on a child's ability to function in society; and

WHEREAS: Early intervention services are inadequately and inequitably funded across BC and many children never receive services because of long waiting lists.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby the **PROVINCIAL** government to designate early intervention services **FOR CHILDREN** as critical and fund them adequately.

SUBMITTED BY: North Okanagan Neurological Association (NONA)
 Committee Recommendation: Concurrence as amended
 _____ Concurrence
 _____ Non-concurrence

32. HEALTH SERVICES

WHEREAS: Most Health Science Professionals (HSPs) work for a regional Health Authority; and

WHEREAS: A small number of HSPs work in not for profit community agencies; and

RESOLUTIONS - LABOUR RELATIONS

WHEREAS: The last two collective agreements were negotiated with concessions in order to free up savings within existing budgets to increase compensation; and

WHEREAS: Most of the concessions agreed to do not free up savings in community agencies and the employer must then pay for compensation resulting in cuts to services.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) cost out the impact a collective agreement would have on each community agency; and

BE IT FURTHER RESOLVED: That HSA lobby the government to fund any shortfalls so that services are not reduced.

SUBMITTED BY: North Okanagan Neurological Association
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

33. LABOUR RELATIONS

WHEREAS: The British Columbia Nurses' Union (BCNU) has been attempting to raid Health Sciences Association of BC (HSA) members; and

WHEREAS: The BCNU has successfully raided our sister unions, the Hospital Employees' Union (HEU) and British Columbia Government and Service Employees' Union (BCGEU); and

WHEREAS: The BCNU, because of its raiding activities, has been expelled from the BC Federation of Labour (BCFL), the Canadian Labour Congress (CLC) and its own national parent union.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) members are no

longer obliged to honour British Columbia Nurses' Union (BCNU) job actions or picket lines until:

1. The BCNU adopts a written policy that it will stop raiding other unions;
2. The BCNU compensates the unions it has raided or attempted to raid, including HSA; and
3. The BCNU applies for and is accepted as a member in good standing with the BC Federation of Labour, the Canadian Labour Congress and its national parent union.

SUBMITTED BY: Royal Columbian Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

34. MEMBER SERVICES

WHEREAS: High workload levels affect the quality of patient care provided by health science professionals and can affect the health and safety of the professional in the performance of her duties; and

WHEREAS: The employers are already required to collect and report monthly workload information for unit producing work performed by health care professionals; and

WHEREAS: Currently there is no validated method of measuring the volume of administrative tasks performed by health science professionals.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby health authorities to take steps to ensure that the unit producing workload information be made available for comparison among worksites; and

BE IT FURTHER RESOLVED: That a workload measurement tool be developed in order to measure

OCCUPATIONAL HEALTH AND SAFETY

administrative workload tasks that are not currently recognized as unit producing.

SUBMITTED BY: St. Joseph's General Hospital
Committee Recommendation: Non-concurrence
 Concurrence
 Non-concurrence

35. MEMBER SERVICES

WHEREAS: In August 2012, the provincial government and health authorities mandated all health care workers with patient exposure to get the annual flu shot or wear a mask; and

WHEREAS: This mandate may be imposed again in future flu seasons and this threatens our members' civil liberties.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) continue to promote basic human rights for its members to make their own informed choice in regard to seasonal flu vaccination without violation of their privacy and civil rights and without fear of punitive action or dismissal.

SUBMITTED BY: St. Joseph's General Hospital
Committee Recommendation: Concurrence
 Concurrence
 Non-concurrence

36. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Domestic violence is an unspoken and poorly understood issue that exists in workplaces; and

WHEREAS: Members may not know how to address domestic violence issues in the workplace.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) empower its

members through education about the effects of domestic violence in the workplace.

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

37. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: There is increasing evidence and awareness that domestic violence is occurring in the workplace and creating an unsafe work environment; and

WHEREAS: WorkSafeBC is addressing this issue with recommendations rather than regulations.

THEREFORE BE IT RESOLVED: That the Health Sciences Association (HSA) work with BC Federation of Labour (BCFL) to lobby WorkSafeBC to move toward stronger language regarding domestic violence; and

BE IT FURTHER RESOLVED: That HSA work with BCFL to lobby WorkSafeBC to create regulations specific to domestic violence.

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

38. OCCUPATIONAL HEALTH AND SAFETY

WHEREAS: Each facility has a code of conduct for its employees; and

WHEREAS: The Health Sciences Association of BC (HSA) has a code of conduct for its members; and

WHEREAS: There is no code of conduct to protect HSA members from individuals and/or parties from other facilities or organizations.

RESOLUTIONS - POLITICAL ACTION

THEREFORE BE IT RESOLVED: That a joint committee comprised of Health Sciences Association of BC (HSA) members, health authorities and HSA staff develop a code of conduct to protect members from individuals and/or parties from other facilities or organizations.

SUBMITTED BY: St. Joseph's General Hospital
Committee Recommendation: Non-concurrence
_____ Concurrence
_____ Non-concurrence

39. POLITICAL ACTION

WHEREAS: Canada's federal government has historically provided basic and supplemental health-care coverage to all refugee claimants through the Interim Federal Health Program; and

WHEREAS: On July 1, 2012, the federal government eliminated all health care coverage for some classes of refugees, and limited coverage for other refugee classes to urgent health services and treatment for conditions deemed to pose a risk to public safety; and

WHEREAS: Refugees do not qualify for free provincial health care coverage, even if they meet the low income requirements; and

WHEREAS: Refugees are one of the most vulnerable groups in our society, and now have no coverage for primary care, treatment of chronic illnesses, and most medications.

THEREFORE BE IT RESOLVED: that the Health Sciences Association of BC work with labour and other allies to pressure the federal government to re-instate for all refugees, the full range of health care benefits that were available prior to July 1, 2012.

SUBMITTED BY: Board of Directors

HEALTH SCIENCES ASSOCIATION

Committee Recommendation: Concurrence
_____ Concurrence
_____ Non-concurrence

40. POLITICAL ACTION

WHEREAS: Canada's "Temporary Foreign Worker Program" is intended to fill temporary jobs where no qualified Canadian residents are available; and

WHEREAS: Because they can be paid lower wages, some temporary foreign workers (TFWs) are hired to perform permanent work, or fill jobs for which qualified Canadian residents are available; and

WHEREAS: TFWs are vulnerable to abuse from their employers.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) work with labour and other allies to ensure that:

- a) employers are not allowed to use temporary foreign workers (TFWs) to drive down wages and working conditions for other workers in Canada;
- b) workers already living in Canada are given a fair opportunity to fill jobs before they are offered to TFWs;
- c) legal safeguards are in place to ensure the fair treatment and compensation of TFWs employed in Canada; and
- d) TFWs are given a fair opportunity to become landed immigrants and citizens.

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

41. POLITICAL ACTION

WHEREAS: the federal government:

1. uses the Canada Health Transfer and Canada Social Transfer to provide funds to the provinces to fund health care and social services; and
2. no longer considers the relative prosperity of each province when distributing these funds; and
3. plans to change the guaranteed annual minimum increase in the CHT from 6 per cent to 3 per cent in **2016**.

THEREFORE BE IT RESOLVED: that the Health Sciences Association of BC (HSA) work with labour and other allies to pressure the federal government to:

- a) maintain the annual minimum increases in the Canada Health Transfer(CHT) and Canada Social Transfer (CST) at their current rates, when the current CHT and CST agreements expire;
- b) resume using an equalization formula to divide these funds among the provinces; and
- c) negotiate a new Health Accord with the provinces that includes establishing **STANDARDIZED** national health care programs, **AS WELL** as national pharmacare and national home care programs.

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

42. POLITICAL ACTION

WHEREAS: Public sector bargaining has deteriorated under the Liberal administration such that meaningful collective bargaining is virtually non-existent throughout the public sector; and

WHEREAS: The role of the Public Sector Employers Council (PSEC) has been to frustrate and smother bargaining initiatives that could be favourable for both parties in the collective agreement process; and

WHEREAS: The PSEC mandate is to foster – rather than frustrate – communication between employees and employers on a range of bargaining and human resource issues.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby **THE PROVINCIAL GOVERNMENT** for a review of the role of the Public Sector Employers Council (PSEC) in the collective bargaining process; and

BE IT FURTHER RESOLVED: That HSA lobby **THE PROVINCIAL GOVERNMENT** to return PSEC to a coordinating role; rather than gate-keeper to the narrow fiscal dictates of the government in power.

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

43. POLITICAL ACTION

WHEREAS: The population of seniors is increasing and requiring more care; and

WHEREAS: The need for spaces for senior care appears to remain greater than the spaces available; and

WHEREAS: There have been reports in the media concerning quality of care issues in some seniors’ facilities.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby the **PROVINCIAL** government to provide funding for a realistic and appropriate number of senior care facilities to

RESOLUTIONS - POLITICAL ACTION

accommodate seniors in need; and

BE IT FURTHER RESOLVED: That HSA also lobby by the **PROVINCIAL** government to oversee proper monitoring of facilities so that British Columbia residents can be confident that the health care needs of seniors in these facilities are being met.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation:

Concurrence as amended

_____ Concurrence

_____ Non-concurrence

44. POLITICAL ACTION

WHEREAS: The health care system can sometimes be confusing to navigate for families assisting their elder relatives who are in need of senior care facilities; and

WHEREAS: The cost of senior care facilities is often beyond the retirement income level of seniors.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby the government to provide a central service (such as a **TOLL FREE** telephone number) or some other feasible mechanism) that can provide families with contacts for the service or services they need to know about in their locality; and

BE IT FURTHER RESOLVED: That HSA lobby the government to keep the costs of obtaining elder care that fall within the means of the average senior's retirement income.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation:

Concurrence as amended

_____ Concurrence

_____ Non-concurrence

45. POLITICAL ACTION

WHEREAS: The general population of seniors is increasing; and

WHEREAS: The health of individuals often declines with age.

THEREFORE BE IT RESOLVED: That the Health Sciences Association of BC (HSA) lobby the government to vigorously promote ways for the older population to maintain a healthier lifestyle.

SUBMITTED BY: Penticton Regional Hospital
Committee Recommendation: Concurrence

_____ Concurrence

_____ Non-concurrence







Health science professional members during job action in November

COMMITTEE REPORTS

COMMITTEE ON EQUALITY AND SOCIAL ACTION



Anne Davis, Brendan Shields, Breahn Giesbrecht, Larry Bryan, Dave Noga

Your committee:

Brendan Shields
(Chair and Director, Region 4)
Anne Davis
(Director, Region 1)
Breahn Giesbrecht
(Member at Large, Region 7)
Dave Noga
(Member at Large, Region 6)
Larry Bryan
(Member at Large, Region 5)
Yukie Kurahashi (Staff)
Bill Hannah (Staff)

In our four meetings this year the Committee on Equality and Social Action, under its mandate, spent a great deal of time in discussion around the subject of equality and diversity. Equality and diversity in terms of who has it and who does not, equality and diversity and the place it holds in our union, and equality and diversity and how it is expressed in the HSA. These were fruitful discussions which in fact resulted in a new diversity and anti-harassment statement that will now be included at each of our gatherings.


The reality of equality and diversity and the lack of it was emphasized to the entire committee on the day that is commonly referred to as the “speed dating” day. This is the day that CESA meets applicants for the Equality and Social Action Fund that we are charged with allocating on your behalf. This year there were 28 applicants requesting \$142,000, nearly double the fund. Of those groups we were able to fund 23. I cannot emphasize enough the need that

is present in our communities right now. It is so large and pressing at this time that it wouldn’t be an exaggeration to say that the committee was in shock after the day was over.

This year, once again, it became incredibly obvious in meeting the applicants that the gap between the haves and the have-nots is not only increasing in size but, indeed, it is quickly becoming a chasm that is not easily crossed anymore. The importance of CESA and the role it plays as a lifeline to the organizations which access our funding in many cases is truly profound.

During the process of allocating the funding I couldn’t help but think of our members in the early 1980s who had the vision to develop and implement CESA. The Board of Directors at that time set the tone with this sentiment: what we want for ourselves we truly want for others. With the mandate of the members of the HSA they then put your union’s money into action through CESA. This insightful

action on their part continues to be nothing short of visionary given the growing inequity we are seeing in our communities, country, and the world. The actions of our committee speak to their big-heartedness and it reveals their deep understanding of the need for all of us to engage in social justice through our union.

I know that I speak for all CESA members when I say that we are all so proud to represent you, the members of the HSA, and continue on your behalf the long tradition of social justice unionism embodied and expressed through CESA that was struck back in 1980s. 

*Respectfully submitted,
Brendan Shields, Chair*

PROJECTS FUNDED BY CESA IN 2012

Afro Canadian Positive Network of BC	\$1,000
BC Coalition of People with Disabilities	\$2,000
BC Society of Transition Houses	\$1,500
Camp Jubilee	\$1,000
Canada Without Poverty	\$2,000
Check Your Head: The Youth Global Education Network	\$4,000
Coalition of Child Care Advocates of BC	\$2,500
Co-Development Canada	\$14,000
Downtown Eastside Women's Centre	\$4,000
Ending Violence Association of BC	\$4,500
First Call: BC Child and Youth Advocacy Coalition	\$3,000
Grandmother's Advocacy Network	\$2,500
Haiti Union Solidarity Fund	\$2,395
Living Wage for Families Campaign	\$2,500
Nanaimo Women's Resource Society	\$4,000
Next Up: The Global Youth Education Network Society	\$4,000
Partners in the Horn of Africa	\$2,000
Positive Living North	\$2,756
Protein for People	\$3,000
QMUNITY "trans project"	\$4,000
Vancouver Co-op Radio	\$4,500
West Coast LEAF	\$4,500
West Kootenay Women's Association	\$4,000

VISA CASHBACK DISBURSEMENT:

World Peace Forum Society	\$1,845.71
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CONVENTION 2013 RAFFLE FUNDRAISING BENEFICIARY TARGET:

Camp Jubilee - Approximately \$3,000 projected fundraising (in addition to \$1,000 from Equality and Social Action Fund)

TOTAL **\$81,496.71**

EDUCATION COMMITTEE



**Lee McKellar, Bill Hannah, Val Avery, Madhu Maharaj,
Allen Peters, Mandi Ayers, Leila Lolua**

Your committee:

Allen Peters
(Chair, Director, Region 8)
Val Avery
(Director, Region 2)
Lee McKellar
(Member at Large, Region 2)
Madhu Maharaj
(Member at Large, Region 4)
Mandi Ayers
(Member at Large, Region 10)
Leila Lolua (Staff)
Bill Hannah (Staff)

The mandate of HSA's Education Committee is to deliver HSA's comprehensive education program and oversee the administration of HSA scholarships and bursaries. Through in-house and external courses HSA ensures that stewards have the knowledge and tools required to represent the interests of HSA and its members. The role of the steward includes organizing within HSA chapters, advocating for members' rights and being involved with HSA as a political organization. These diverse responsibilities require diverse training opportunities. Consequently, there continues to be increasing demand for core steward training – three-day workshops for new stewards and two-day workshops for health and safety stewards. Constituency Liaison training continues to be in demand and HSA continues to meet the training requirements of the expanded number of HSA members who have stepped up to educate MLAs about HSA and issues important to our members' interests. HSA provides labour council delegate training

for members who participate in their local Canadian Labour Congress labour councils to ensure that our activists have the knowledge to represent HSA effectively. In response to members' demand to have more education available online, all workshops now include companion information and activities on Moodle, an on line education system (this includes the Constituency Liaison workshop and the election campaign school). We have significantly decreased the amount of paper that participants receive, and members seem pleased to be able to access information on line. Further development and promotion of these aspects are planned. The education budget has been increased to accommodate the growing number of stewards attending core workshops.

The committee identifies educational needs and makes recommendations to the board of directors regarding workshops, policies and programs consistent with the goals and objectives of HSA.

EXTERNAL LABOUR EDUCATION

The Education Committee also oversees the selection of HSA scholarships that offer members the chance to participate in external labour-related education at the Canadian Labour Congress Winter School and the BC Federation of Labour's Summer Institute for Union Women. HSA funds wage replacement and costs to make it possible for members to experience these valuable, multi-union educational opportunities.

FINANCIAL AID AND AWARDS

HSA's financial aid and awards plan – which supports members and their children through bursaries and scholarships for full-time post-secondary study in a public education facility – are always well subscribed. This year 232 applications were received for scholarships and bursaries. Each year the committee is impressed by the quality of applicants, and has the challenging task of choosing 30 winners. Four part-time bursaries are now available to members, in addition to the full-time awards. HSA offers two \$1000 aboriginal bursaries for students entering post-secondary education in an HSA-related field. If you know of any aboriginal students in your community, encourage them to apply. Please note that the application deadline for these awards is generally the end of February each year. Refer to the education section of HSA's website for more details. In addition, the committee oversees the Madden Memorial Fund, which funds members taking labour-oriented training in areas such as human rights, labour relations and health and safety.

THE YEAR IN REVIEW


Pre-convention workshops were well attended by delegates last year. Members attended workshops to discuss chapter organizing and mobilizing, public speaking and building leadership through diversity.

This year marked the addition of a new staff member to the education department at HSA. Bill Hannah brings a skill set which both complements our existing programs and helps us to build for the future. Those of us who attended fall regional meeting workshops or more recent political action workshops will already have seen what this future holds.

Each year, regional workshops are held in conjunction with regional meetings in the fall. As was requested by convention, the 2012 topic was disability management. This one-day workshop covered topics such as sick leave, the duty to accommodate, long term disability, and workers' compensation.

This year's committee participated in a Moodle-enabled virtual meeting. Using Moodle and Big Blue Button the committee held a meeting regarding changes to the assessment method for scholarships and bursaries. Using their own computers from their homes the new rubrics were viewed, discussed and edited through the internet by the committee members in a shared virtual meeting room. Overall the meeting was considered a success and there are plans for more virtual meetings to save money and time in travel.

RPN-specific steward training was held January 10-11. It was well attended. Participants enjoyed being able to train with others from the same discipline who share similar challenges. In May, two site-specific steward training workshops will be offered at Royal Columbian and at Surrey Memorial Hospitals.

Education is an ongoing process, something that helps to mobilize and keep our activists and stewards engaged with their union and in their workplaces as advocates. As always, but especially in a bargaining year, we continue to support stewards to organize locally in their worksites to be prepared to defend our bargaining objectives. 

Respectfully submitted,
Allen Peters, Chair

OCCUPATIONAL HEALTH AND SAFETY COMMITTEE



Your committee:

Heather Sapergia
(Chair, Director, Region 10)
Allen Peters
(Director, Region 8)
Tanis Blomly
(Member at Large, Region 3)
John Christopherson
(Member at Large, Region 5)
Nancy Banks
(Member at Large, Region 10)
David Durning (Staff)

**John Christopherson, David Durning, Heather Sapergia,
Allen Peters, Nancy Banks**

The Occupational Health and Safety Committee is a standing committee which reports to HSA's Board of Directors. In conjunction with the Education Committee, OHS makes basic and ongoing safety steward training available. We advocate for worker safety through prevention, protection and awareness of safety issues. We support our OHS stewards in their work as safety advocates. The committee also acts on resolutions assigned from convention.

YEAR IN REVIEW

The committee usually meets four times during its year long term but due to the Health Science Professional Bargaining Association job action this past December, we met three times.

One of the highlights of the past year for OHS activists was the International Conference on Violence in Health Care, held for the first time outside of Europe, in Vancouver in October 2012.

The three-day conference offered plenaries, keynotes and workshops on many aspects of violence in health care, including reports from the front lines of medical care in countries where war is a daily reality. Keynote speakers gave accounts of their personal experiences of being victims of violence at work. There were many presentations on efforts to make health care work sites safer for both workers and patients/clients. HSA sent one staff person and 13 activists.

We also discussed Bill 14, an amendment to the Workers' Compensation Act which attempts to address mental disorders caused by workplace factors. Another topic which needs ongoing monitoring is the effect on OHS steward assignments due to consolidations in Lower Mainland worksites.

HSA, along with other unions representing health care workers, objected strongly to punitive aspects of the Ministry of Health flu policy that was to be instituted this past winter. We were successful in having the punitive aspects of the policy rescinded. We still


encouraged members to get the flu shot and will be discussing a more collaborative approach to flu shots this coming year.

HSA also led successful objections to Vancouver Coastal Health Authority's punitive attendance management program. Instead of supporting members to become healthy, the program punished members with reductions to full-time equivalent positions and overtime bans. With the assistance of a mediator, the punitive aspects of the program were overturned. The OHS Committee will continue to watch the development of these issues and draw on them when planning activities and recommending opportunities for member education.

YEAR AHEAD

Marty Lovick, HSA staff person for OHS, retired in 2012. We will be welcoming our new staff person, David Durning, as this report goes to press. David brings well rounded experience in OHS to his new position at HSA and we look forward to working with him. In the transition period, we have been ably supported by Miriam Sobrino, HSA's Director of Communications.

We will be encouraging all members to "Take A Minute", not only on April 28, the Day of Mourning for workers killed or injured on the job, but every day at their work sites.

I would like to thank the other members of the OHS committee and all our OHS stewards around the province who advocate for the safety of our members every day. 

*Respectfully submitted,
Heather Sapergia, Chair*

POLITICAL ACTION COMMITTEE



Nancy Hay, Marg Beddis, Penny Regier, Adesh Kahlon, Anne Davis

Your committee:

Marg Beddis
(Chair, Region 7 Director)
Anne Davis
(Region 1 Director)
Nancy Hay
(Member at Large, Region 6)
Adesh Kahlon
(Member at Large, Region 3)
Penny Regier
(Member at Large, Region 7)
Carol Riviere (Staff)

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

THE YEAR IN REVIEW

Most of PAC's work this year focused on preparing for the provincial election scheduled for May 14, 2013.

Our first task was to ensure that our application form for the Political Action Fund was in the format we needed, as we anticipated many members applying for release time to work on the election.

We met four times during our 2012-2013 term, and had several e-mail communications to ensure we could respond to Political Action Fund applications in a timely fashion.

The current provincial government has made it very difficult at every bargaining table in which we participate, as made clear by the the protracted negotiations this round. The committee believes that political action is required to ensure decision makers better understand the needs of union members. We have encouraged as many members as possible to work on election campaigns to make sure our voices are heard.

We offered election campaign schools and supported members attending external political action training. We encouraged members to be involved in grassroots activities that focus on public awareness and action on important health care issues – such as opposing public private partnerships (P3s) for the two new hospitals planned for northern Vancouver Island.

We also continued to support HSA member Rachel Tutte in her role as labour co-chair of the BC Health Coalition, where she has been a very effective advocate for public health care. HSA also continued supporting the Coalition's work in other ways, including the fight to defend Medicare against a constitutional legal challenge by private, for-profit clinics.

We supported members meeting with their MLAs in their own communities and in Victoria to discuss HSA's issues. We also supported members meeting with their MPs as part of a nation-wide labour lobby against Bill C-377.


Bill C-377 would require every labour organization in Canada to file detailed financial information, including names and addresses of companies and individuals paid more than \$5,000 in a year. This information would be posted on a website accessible by the public. Government claims this is about union transparency – but most unions, like HSA, already provide their members with detailed financial information, and are accountable to their members at convention and through elections. In fact, Bill C-377 is more about tipping the balance of labour relations in favour of employers.

THE YEAR AHEAD

PAC support for HSA's Constituency Liaison program will be particularly important in the coming year. As we head into another bargaining cycle, it's essential that decision makers understand the importance of the work HSA members do, and the issues we face in the workplace. 23 of BC's current 85 MLAs are stepping down, so regardless of the outcome of the upcoming provincial election, there will be many new MLAs to educate about HSA and our issues.

Several local government by-elections are expected later this year, as many mayors, city council-

lors and school trustees are running in the provincial election. Next year's PAC will be looking for ways to support HSA member involvement in these elections. In addition, legislative changes are expected that will significantly affect the next province-wide local government elections in 2014. PAC will be determining how these changes may affect our members' involvement in the 2014 election.

Finally, with the May 14th provincial election fast approaching, there is one message the Political Action Committee wants you to hear loud and clear. You have the level of respect you will get at the bargaining table in your hands. You can make a difference. VOTE, take your family to the voting booth, and take your co-workers to the voting booth. Get involved in the process, but most of all – VOTE. 

*Respectfully submitted,
Marg Beddis, Chair*

WOMEN'S COMMITTEE



**Wendy Reilly, Anne Davis, Anita Bardal, Leila Lolua,
Anita Bardal, Adesh Kahlon**

Your committee:

Anne Davis
(Chair, Region 1 Director)
Anita Bardal
(Region 6 Director)
Adesh Kahlon (Region 3 MAL)
Tanis Blomly (Region 3 MAL)
Wendy Reilly (Region 9 MAL)
Leila Lolua (Staff)

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

In our second year, the Committee continued to rely upon the four-stage model developed by Michelle Kaminski and Elaine Yakura: finding your voice, developing basic skills, figuring out the politics, and setting the agenda. By developing and enhancing strategies at all four levels, the committee expects to see continuing progress.

While women's rate of participation as stewards has remained constant at 74-75 per cent, we have seen a marked change in women's participation as members at large. In 2011, 57 per cent of our members at large were women. In 2012, that number grew to 80 per cent. This more accurately reflects the gender balance in our union, in

which 82 per cent of our members are women.

The committee recognizes and appreciates the support of the Board of Directors and others in positions of leadership, in increasing the participation of women. A combination of encouragement and informal mentorship, along with more formal training opportunities, is making a difference.

Building on the success of a workshop held last year to coincide with International Women's Day, the committee recommended that a two-day workshop be held in March. This was attended by a mix of women who were new to activism and those who had more experience. The goal of the workshop was to continue to develop leadership at all levels among the women of our union.

Two members from the committee went to Ottawa to take part in Women 4 Change training, which is an initiative of the National Union of Public and General Employees' Advisory Committee on Women's Issues. Women 4 Change high-

lights the importance of public services in women's lives as well as the disproportionate impact on women when public services are cut. The training formed part of our International Women's Day workshop and there was an expectation that all attendees of that workshop would commit to delivering at least one presentation on Women 4 Change.

The committee had a number of lively conversations about the intersection of gender and other forms of diversity as it pertains to development of leadership and will continue to explore ways to encourage, assess and monitor progress towards achieving diversity that reflects the membership within our elected positions at all levels of HSA.


At the time of writing this report, a survey is being organized to help the committee to further identify barriers to participation and develop strategies to overcome those.

The committee sent out information on December 6, the National Day of Remembrance and Action on Violence Against Women, and provided support to HSA members in women-serving organizations who participated in the world-wide One Billion Rising events.

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

At convention this year, the committee will be presenting a film – *Miss Representation* – followed by a discussion on the theme of women in politics. As well, the committee will have an information table with items related to women's life/work balance, Women 4 Change, and the impact of fair taxation (and the lack thereof) on women.

Planned activities for the coming year include working closely with the Occupational Health and Safety Committee to raise awareness of issues related to domestic violence in the workplace,

further development of Women 4 Change within our union, and continuing to create and respond to opportunities for participation by the women of HSA. 

Respectfully submitted,
Anne Davis, Chair

RUN FOR THE CURE COMMITTEE



Marg Beddis, Jennifer Chen, Sally Salter, Anita Bardal

Your committee:

Anita Bardal
(Chair, Director Region 6)
Marg Beddis
(Director Region 7)
Sally Salter
(Member at Large, Region 1)
Jennifer Chen
(Member at Large, Region 4)
Janice Davis (Staff)

The Run for the Cure Committee promotes, co-ordinates, and oversees HSA activities associated with the annual Canadian Breast Cancer Foundation's Run for the Cure fundraising event. HSA has participated in the Run for the Cure since 1997. HSA's sponsorship of the Run helps to raise awareness of HSA and the important work HSA members do in the diagnosis, treatment, and rehabilitation of breast cancer patients.

Earlier this year the HSA Board of Directors reviewed HSA's involvement in the Run for the Cure and assessed the success of our affiliation with the CBCF. The board strongly agreed that our relationship with the CBCF has been positive for HSA over the past 15 years and has served to improve public awareness of HSA and the work of members. They decided that the resources spent on facilitating members' activities for the Run should be refocused.

HSA will continue to support the CBCF Run for

the Cure as a sponsor, and encourages local chapters to participate in the Run and in fundraising efforts.

This will be the final year for the Run committee and HSA will cut back on the resources the union puts into organizing members' involvement in the Run. This will free up resources to commit to other priorities. HSA members, friends and family are encouraged to join the HSA team on-line. There are nine official Run sites: Abbotsford-Fraser Valley, Kamloops, Kelowna, Nanaimo, Prince George, Vancouver, Vernon, Victoria and, new for 2013, Surrey. If you don't live near a Run site, join the HSA team by searching for an HSA team or virtual team.

Every day, HSA members help breast cancer patients in their personal fight with cancer. We provide the diagnostic services that detect and pinpoint the disease. We perform crucial clinical roles during treatment. And with the rehabilitation services we provide, we help patients and their families adjust to their post-treatment lives.

HSA: PLATINUM LEVEL SPONSOR

As a platinum level sponsor, HSA holds the title of “Regional Labour Sponsor” and receives recognition on all BC participant t-shirts, posters and buckslips. The HSA logo and link is on each BC Run site webpage. HSA receives verbal recognition of sponsorship and mention in news releases at Run events at each BC Run site. HSA is the exclusive distributor of Pink Ribbon Tattoos at the Run. Our presence at the Run helps to raise awareness of HSA.

YEAR IN REVIEW

The committee met three times and held one teleconference.

The committee ensures that HSA’s sponsorship of the CBCF Run for the Cure matches the level (\$35,000) approved by members at convention.

Lunch and Learn or other events were held at 27 chapters. HSA members formed 20 different teams at eight Run sites and had a virtual team. The 246 team members helped to raise a total of \$45,799.

TOP FIVE FUNDRAISING PARTICIPANTS

1. Mary Hatlevik
2. Sarah Ford
3. Anita Bardal
4. Denise Kiefer
5. Jeanne Harborne

This year, HSA member David Noga assisted our staff in promoting the Run. He helped our members sign up and did an excellent job co-ordinating and presenting at our Lunch and Learn and Think Pink Week chapter fundraisers.


Members can participate by fundraising, signing up for the HSA team, holding an event at their

chapter or volunteering at the HSA Run table. Watch the HSA web site for more information.

YOUTH ACHIEVEMENT AWARD

This is the third year that HSA has acknowledged the importance of youth on the HSA team by providing a youth achievement award. Logan Bakker, from Kelowna, was the first recipient of the award and we are pleased to announce he is the winner again this year. Congratulations Logan!

We encourage you to continue to be involved in the Run and talk to your colleagues and members in your chapter about joining an HSA team or holding a fundraiser.

Join us along with your family and friends on Sunday, October 6th, 2013 to be a part of the HSA team that is working to create a future without breast cancer. See you there! 

Respectfully submitted,
Anita Bardal, Chair



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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

President [webpres@hsabc.org]
Reid Johnson, MSW
Centre for Ability

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

Region 2 [REGION02@hsabc.org]
Val Avery (Vice-President)
Physiotherapist, Victoria General Hospital

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

Region 4 [REGION04@hsabc.org]
Brendan Shields, Music Therapist
Richmond Hospital

Region 5 [REGION05@hsabc.org]
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Region 7 [REGION07@hsabc.org]
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Region 8 [REGION08@hsabc.org]
Allen Peters, Medical Imaging Technologist
Nicola Valley General Hospital, Merrit

Region 9 [REGION09@hsabc.org]
Janice Morrison (Secretary-Treasurer)
Physiotherapist, Kootenay Lake Hospital

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

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

MANAGING EDITOR

Miriam Sobrino

EDITOR

David Bieber



(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald



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