

# Dispatches

February 2009

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*Click Here for the Vacation  
Leave Pamphlet*

## Saskatchewan Labour Relations Board Rules in Favour of HSAS

In 1997, as per government regulations (“Jim Dorsey recommendations”) and after a province wide representation vote, the HSAS won the right to represent all the “health support practitioners” working for district health boards and their affiliates. Among the health professionals represented by the HSAS are Recreation Therapists. These members, graduates of Diploma or Degree programs, provide a variety of therapeutic recreation interventions in clinical or community settings.

Our union had been approached by two employees of the Sunrise Health Region, Leanne Buchinski and Brian Honeywich, who at that time were members of the CUPE bargaining unit and classified as Recreation Working Supervisors but who felt that they were, in fact, functioning as Recreation Therapists. They asked our union and their employer to allow them to join HSAS as Recreation Therapists. Subsequently, HSAS asked CUPE for cooperation and transfer of these two positions into the HSAS bargaining unit. Unfortunately, CUPE refused to cooperate. As a result, HSAS, Sunrise Health Region and CUPE agreed that this dispute over the jurisdiction of these two positions should be resolved through a hearing in front of the Saskatchewan Labour Relations Board.

Even though SEIU joined CUPE, and both of these unions were very vocal in their legal objections to the HSAS position, after three days of this legal hearing, our union was successful in demonstrating to the Labour Relations Board that Leanne and Brian are educated and functioning as Recreation Therapists. The Board's decision, dated November 12, 2008, reaffirms an important labour relations principle that the title(s) assigned to a position(s) is a rather insignificant factor. What really matters is how an employee functions in her/his positions.

Continued - Please see SLRB Rules in Favour on page 3

## President's Message

We have successfully made our way through the worst of a Saskatchewan winter and as the days lengthen HSAS staff and elected representatives prepare themselves to re-double their efforts on behalf of the membership.

Notice has been served to commence Provincial Collective Bargaining and it is our hope that Government, SAHO and the Health Regions will demonstrate that they place a high value on the professional health care services you provide. It is vital that they present us with a fair and equitable offer which addresses the retention and recruitment challenges faced by the publicly funded health care system in Saskatchewan.



The workload issues identified by our membership in last year's survey will prove beneficial in challenging any maintenance of the status quo arguments which the employers may attempt to present to us. It is clear that positive measures need to be implemented now to ensure positive outcomes for both our membership and the Saskatchewan public you so faithfully serve.

Best Regards - In Solidarity,  
Chris Driol  
President of HSAS



## Bargaining Update

Greetings and the best of the New Year. The Negotiating Committee has been meeting regularly throughout the fall and winter. The focus of the committee has been developing proposals for the upcoming negotiations. Once the proposals are completed they will be given to Executive Council for approval. It is anticipated that negotiations with SAHO will commence in March.

In December, a sub-committee was struck to deal with essential service demands by the health regions. The essential service legislation passed by the government in May of 2008 will greatly restrict the union's ability to pressure SAHO to have meaningful dialogue concerning the new contract. With this in mind, the committee will stay at the table as long as is required to achieve the best contract possible for the membership. You will be updated on the progress of negotiations once they commence.

Bill Fischer  
Negotiating Committee Chair

## Labour Relations Corner

### Probationary Employment - A Cautionary Tale

It is sometimes said by employers in the workplace that no reason is required to have an employee fail probation. *IT ISN'T SO!*

In a recent arbitration decision involving an HSAS employee who was let go while on probation, without reasons, Arbitrator Mr. R. Pelton, Q.C. (with a very strong dissent by Andrew Huculak), has established the following principles:

1. The onus is on the Employer to *establish* an employee's "general unsuitability";
2. The termination of a probationary employee is not left to the Employer's sole discretion;
3. A probationary employee has no tenure and yet is ensured that he is given a fair opportunity to demonstrate their ability to perform the requirements of the job and meet the standards for regular employment



as set by management;

4. The review of management's decision will be "less vigorous" than the review which would occur in the case of a regular employee.

In other words, reasons are required and the Employer can be required to submit its reasons and the evidence supporting those reasons to very close scrutiny, including the arbitration process.

**But remember, the reasons required to let go a probationary employee are less rigorous.**

### SLRB Rules in Favour of HSAS

Continued from Page 1

In this particular case, the Board concluded that **the process of "assessing"** an individual client(s) prior to the development of a recreational program(s) is the critical factor in identifying those who function as Recreation Therapists. The union also appreciates that the Sunrise Health Region did not oppose HSAS but rather stayed neutral throughout the hearing. Currently, the union is negotiating with Sunrise an appropriate placement of these two new members on the HSAS/SAHO wage schedule.

**HSAS Members who are aware of any individual employed in their Health Region who are Diploma or Degree trained in Recreation Therapy and are performing individualized Recreation Therapy Assessments and are not Members of HSAS, are encouraged to contact their Labour Relations Officer (LRO).**

*(See Pages 22 and 23 for a listing of LROs.)*

*We welcome Leanne and Brian into our union.*

## Market Supplement Report

### Occupational Therapist

A Hearing before the Market Supplement Adjudicator was held on November 24, 2008.

The issue to be determined was whether or not the Adjudicator had the jurisdiction to revisit an award she had previously made in relation to Occupational Therapists.

The Adjudicator had issued a decision April 29, 2008, that the Occupational Therapist Classification receive an increase to their Market Supplement of 1.8%.

The Regions, subsequently on the direction of SAHO, increased Occupational Therapist wages by 1.78%.

HSAS filed a grievance in this regard which was denied and therefore advanced to arbitration.

SAHO sent a letter to the Market Supplement Adjudicator asking her to revisit her award and to change it so that the increase would be limited to 1.78%.

HSAS took issue with this and is of the view that the proper way to deal with this issue is through the Grievance Procedure.

We are waiting for the Adjudicator's ruling in this regard and will report the result on the HSAS Web Site when it comes out.

### Perfusionists

HSAS has requested a hearing before the Market Supplement Adjudicator so that we can challenge the Market Supplement Review Committee's report dated October 15, 2008 that recommended that there be no increase to the Perfusionists' Market Supplement.

No date has yet been set for this hearing but we expect that one will be set soon.

### Dental Therapists

The Market Supplement Review Committee issued a report on October 15, 2008. The committee recommended that the Market Supplement for Dental Therapists be maintained but not increased.

Given that there are currently no vacancies for Dental Therapists in the province and there has been no turnover during 2008, HSAS has taken the decision not to challenge this report before the Market Supplement Adjudicator.

We will continue to be vigilant with this classification and if and when criteria indicate that an increase is necessary, will press to see this achieved.

## Did you know.....

Although you may change your address, e-mail address, telephone number, work site, etc. with your employer, this information is not always passed on to HSAS. So please, if you have a change in your information, whether it be at home or at work, please contact the Saskatoon office of HSAS to let us know too!

To make changes to your information, HSAS can be contacted in several different ways:

Via Telephone at: 1-888-565-3399 (toll-free) or in Saskatoon at 955-3399

Via Email at: [larsonc.hsas@sasktel.net](mailto:larsonc.hsas@sasktel.net)

Via Fax at: 1-306-955-3396

Via regular mail at: Health Sciences Association of Saskatchewan  
#42 - 1736 Quebec Avenue  
Saskatoon, SK S7K 1V9

Keeping us informed of your changes helps ensure that you are included in mailouts such as ballots for voting, newsletters and bargaining updates. We are now also using home email addresses to share information with you. If you have not already done so, please contact our office (as per the above) to provide an email address so you too can be included.

## HSAS 2008 Annual Convention Report

As the delegate for Cypress Health Region, I would like to provide you with a brief summary of events at the HSAS Annual Convention held on November 21, 2008 in Saskatoon. The day was very busy with a number of activities, updates and business. The convention began with an orientation that assisted those of us who were first time attendees in understanding our role and the procedures for delegates.

Following the orientation, Bill Craik, our new Executive Director, gave his report. Bill's experience and passion for the work he does became very apparent. Using the words of Margaret Mead: "A small group of thoughtful people could change the world, indeed it's the only thing that ever has". Bill encouraged members to recognize that as an association we have considerable potential when we work together; particularly at the grass-roots level. Bill also outlined the significant challenges we are facing with essential services legislation and an increasing minimalist approach by management that is resulting in a contraction of rights in the workplace. In closing, Bill encouraged members to become educated about their rights and first and foremost to stand up when those rights are denied.

After lunch, John Nolan from Phantom Poets performed a very moving theatrical production of Tommy Douglas. The production did an excellent job of outlining the struggle towards universalized healthcare and how this struggle continues today.

As outlined in the latest edition of HSAS *Dispatches*, delegates and Executive Council considered the Annual Reports and Resolutions of the Association. The day closed with our President, Chris Driol, receiving the Roberta Ekberg Award. Chris was recognized for his years of work and effort in serving the members of HSAS.



Overall, I was amazed by the amount of work that the office staff, our labour relations officers, and Executive Director do that we often take for granted. Without their efforts and the contribution of numerous members who serve on various committees and Executive Council, we would never reach our goals. I would encourage each of you to become active at both the local and provincial level.

Sincerely,

- *Ralph Aman*  
*Delegate from Cypress Health Region*

**Minutes  
of the  
2008 Annual Convention**

Friday, November 21, 2008  
Travelodge Hotel  
Saskatoon, SK

**Delegates Present:**

|                       |                                      |
|-----------------------|--------------------------------------|
| Ralph Aman            | Cypress Health Region                |
| Gail Beggs-LaRiviere  | Regina Qu'Appelle Health Region      |
| Rupal Bonli           | Saskatoon Health Region              |
| Scott Boucher         | Regina Qu'Appelle Health Region      |
| Glenda Brown          | Saskatoon Health Region              |
| Dwayne Cameron        | Prince Albert Parkland Health Region |
| Warren Chykowski      | Saskatoon Health Region              |
| Jean Coleman          | Regina Qu'Appelle Health Region      |
| Mary Deren            | Sun Country Health Region            |
| Cathy Dickson         | Prince Albert Parkland Health Region |
| Terry Dodds           | Saskatoon Health Region              |
| Chris Driol           | Saskatoon Health Region              |
| Tracy Erickson        | Sunrise Health Region                |
| William Fischer       | Regina Qu'Appelle Health Region      |
| Peggy Forsberg        | Regina Qu'Appelle Health Region      |
| Debra Ginther         | Saskatoon Health Region              |
| Dot Hicks             | Five Hills Health Region             |
| Natalie Horejda       | Regina Qu'Appelle Health Region      |
| Lisa Johnson-Hallberg | Sun Country Health Region            |
| Judy Jones            | Prairie North Health Region          |
| Sheila Kerr           | Regina Qu'Appelle Health Region      |
| Karen Kinar           | Saskatoon Health Region              |
| Melissa Little        | Prairie North Health Region          |
| Ted Makeechak         | Saskatoon Health Region              |
| Kade Martin           | Kelsey Trail Health Region           |
| Darcy McKay           | Regina Qu'Appelle Health Region      |
| Leanne McLaughlin     | Regina Qu'Appelle Health Region      |
| Gwen Miller-Moyse     | Five Hills Health Region             |
| Nicole Morhart        | Heartland Health Region              |
| Deb Morton            | Saskatoon Health Region              |
| Kelly Murtland        | Saskatoon Health Region              |
| Tina Peyton           | Saskatoon Health Region              |
| Anne Robins           | Saskatoon Health Region              |
| Joanne Schenn         | Prince Albert Parkland               |
| Marcel Shevalier      | Regina Qu'Appelle Health Region      |
| Jennifer Skakun       | Saskatoon Health Region              |
| Celine Stolz          | Regina Qu'Appelle Health Region      |
| Valerie Stopanski     | Heartland Health Region              |
| Dave Tillusz          | Sunrise Health Region                |
| Karen Wasylenko       | Saskatoon Health Region              |

**Delegates Absent:**

Tamara Dobmeier Sunrise Health Region  
Allan Morrissette Saskatoon Health Region  
Lynzie Rindero Prairie North Health Region

**Delegate Regrets:**

Martin Durocher Keewatin Yatthe Health Region  
Bill Feldbruegge Saskatoon Health Region  
Doris Grant Saskatoon Health Region

Forty (40) voting delegates present. Quorum established as per Article 3.5 of By-Laws.

President Chris Driol called the meeting to order at 3:30 pm.

**1. Adoption of Agenda**

Motion to adopt the agenda as presented.  
Scott Boucher/Anne Robins  
Motion Carried

**2. Adoption of November 17, 2007 Annual Convention Meeting Minutes**

Motion to adopt the minutes of the November 17, 2007 Annual Convention as circulated.  
Gail Beggs-LaRiviere/Peggy Forsberg  
Motion Carried

**3. President's Annual Report**

The President's report was made available to members prior to the commencement of the meeting. Chris Driol presented his report.

Motion to accept the President's Annual Report as presented.  
Natalie Horejda/Cathy Dickson  
Motion Carried

**4. Executive Director's Report**

The Executive Director's report was made available to members prior to the commencement of the meeting.  
Bill Craik presented his report.

Motion to accept the Executive Director's Report as presented.  
Dave Tillusz/Deb Morton  
Motion Carried

**5. Committee Reports**

(a) Finance Committee

The Audited Financial Statements were circulated to members.  
Treasurer Karen Wasylenko presented the reports.

Motion to accept the General Audited Financial Statement as circulated and presented.  
Karen Wasylenko/Deb Morton  
Motion Carried

Motion to appoint Mr. Allan Ashdown as HSAS Auditor for the 2008-2009 Fiscal Year.  
Karen Wasylenko/Warren Chykowski  
Motion Carried

(b) Provincial Negotiating, Communication, Education Fund, Emergency Fund, Grievance, Charitable Donations/ Professional Contributions, Annual Convention and Regional Council Development Committees.

The Committees' reports were made available to members prior to the commencement of the meeting.  
Chris Driol presented the Committees' reports.

Motion to accept the Committees' reports as presented.  
Ralph Aman/Cathy Dickson  
Motion Carried

(c) Constitutional Committee

The Constitutional Committee report was made available to members prior to the commencement of the meeting.  
Deb Morton presented the report.

Motion to accept the Constitutional Committee report as presented and amended.  
Deb Morton/Natalie Horejda  
Motion Carried

## 6. Members Resolutions

Motion to approve the Non-Substantive changes to the Constitution and Bylaws as presented.

Deb Morton/Karen Wasylenko  
Motion Carried

Motion to approve the changes to Article 18 of the Bylaws.

Deb Morton/Deb Ginther  
Motion Carried

Motion to approve the changes to Article 3.7 of the Bylaws.

Deb Morton/Tracy Erickson  
Motion Carried

Motion to approve the change to Article 9.3 (a) of the Bylaws.

Deb Morton/Anne Robins  
Motion Carried

Motion to approve the change to Article 9.4 of the Bylaws.

Deb Morton/Dave Tillusz  
Motion Carried

## 7. Old Business

None

Motion to Change the Order of the Day  
Karen Wasylenko/Deb Ginther  
Motion Carried

## 9. Results of Mail-in-Ballots for Executive Council Seats Representing

Dietitians, Nutritionists  
- Melissa Koshinsky

Psychologists and Psychometricians  
- David MacKinnon

**The remaining Executive Council Seats were acclaimed for:**

Public Health Inspectors, Infection Control Practitioners, Dental Hygienists/Therapists  
- Valerie Stopanski

Recreation Therapists, Mental Health Therapists

- Anne Robins

Social Workers

- Joanne Schenn

Speech & Language Pathologist, Audiologists, Orthoptists, Music Therapists

- Karen Wasylenko

Assessor/Coordinator

- Seat vacant

Occupational Therapists

- Seat vacant

Pharmacists

- Seat vacant

Physical Therapists, Prothetists, Orthotists, Exercise/Conditioning Therapists

- Seat vacant

Return to the Order of the Day.

## 8. New Business

Roberta Ekberg Award for 2008 presented by Cathy Dickson to Chris Driol.

## 10. Adjournment

Motion that the 2008 Annual Convention be adjourned.

Deb Morton/Natalie Horejda  
Motion Carried

Adjournment time: 5:00 p.m.

## Pictures from the 2008 Annual General Convention



# Facilitator Training



*Heart to Heart™* and *Living with Stroke™* are Heart and Stroke Foundation programs created to enhance the recovery and reduce the risk of individuals experiencing subsequent heart and/or stroke events. Both programs address the risk factors for these conditions and provide the education and support necessary for making appropriate lifestyle changes.

We are pleased to offer training to Health Care Providers, so you can become familiar with the program content and learn about planning, promoting, and marketing these programs. You will also learn or improve your skills in the art of facilitation.

When:            March 12 6:00 pm – 9:00 pm  
                       March 13 8:30 am – 4:00 pm  
 Where:         Saskatoon City Hospital  
 Cost:             \$100.00

Registration Deadline: February 27, 2009

To register contact:

Heather Newell  
 Heart and Stroke Foundation of Saskatchewan  
 Phone: 244-6822 ext. 245  
 Toll free: 1-888-473-4636  
 E-mail: newellh@hsf.sk.ca



## Why Does a Professional Need a Union

In the past, many health care professionals have felt that union membership and professionalism are if not mutually exclusive, a problematic balancing act for the professional...

Historically many of us have seen professionalism as being integral to ourselves. When asked what I do, my automatic answer is I am a physiotherapist. I recently was told by one of my newer colleagues who is embarking on what will hopefully be a long and rewarding career, that she had had a particularly good day at work and was so glad to “finally feel” like a physio.

The history of all the health care professions has followed a similar pattern. We have first had to have developed a body of knowledge, then had to have identified and demonstrated in what ways our knowledge serves the health of others, then had to in some way establish a consistency of training and of practise so that the other professionals and the public in general can believe in and rely on the consistency and efficacy of “our” knowledge and practise. For most of the history of health care and for all of our professions, including medicine and nursing, it has been a struggle to establish recognition for and trust in what we do. If you doubt that this struggle has

affected all professions in the past you only have to look at the depiction of health care in the literature of the 1800s and early 1900s.

In response to the need to prove that health care work is essential and reliable and trust worthy health care workers have needed to have in some way control of the teaching of their own body of knowledge and especially the teaching of the philosophy of the profession. This has evolved in many professions to include the legal right of controlling the definition and the actions of the professionals claiming the status of the profession.

Professionalism and the protection of the standards of the profession and through that of the public are enshrined in all of our educations as health care professionals. We have all accepted that we have legal and moral duties to promote the health of our patients and the public, protect the public from poor practise, avoid any action or even suspicion of an action that may take an unfair advantage of our knowledge of or influence over our patients, support our own profession and its standards which includes controlling the individual members practise to protect both the public and the profession. We absorb this set of expectations during our training and we call the result "professionalism".

As time has gone by the amount of knowledge and the diversity of society has increased as has the number of professions needed to be able to provide an efficient and effective health care system. As recently as the 1940s medical care was primarily supportive, with antibiotic usage in its infancy, surgery very risky and long stay hospitalization to avoid complications of care common. Most people working in health care would have had a hard time to list more than perhaps a dozen professions working in health care. MAHCP now has 160 separate job titles within it's membership.

We now work in systems that are large and very complex. We still have the need to act as professionals, to influence our work sites to protect our patients and ourselves, to protect our patients from the effects of poor practises,

influence our society to understand the value and importance of preventative care and the complexity of health care, and to enable the professionals working in the system to maintain their skills and be the best that they can be professionally.

We answer to and interact with supervisors human relations departments, management boards, and other professionals, all of whom have their own levels of skill and understanding of the system and our particular place in it.

How can professionals meet their professional responsibility to ensure the safety of the patients in their care except by having some type of ability to influence the work load, the work conditions, the amount of continuing education, the health and safety of the work place both for the workers and the public without some organization that will support them when these concerns arise.

Professionals as well as other workers need to have their skill and knowledge recognized, their ability to continue to provide good care retained within the system rather than being lost to fatigue and frustration with the working situation, and their value to the system recognized. The time when the system was small enough that these issues could be managed within a particular department has passed, now health care institutions employ thousands of workers.

The only way that the necessary influence that a professional needs to have over the work site and work conditions is attainable is through group action. I see a union as one of the necessary tools of a salaried professional, as essential to having control of our practise as a licence and professional attitudes. How else will we meet all of our responsibilities to our patients and the public in general if we cannot influence how we practise?

- Margrét Thomas  
CTS Director  
MAHCP Member

*Reprinted with permission from  
MAHCP News December 2008*

## **Worker Satisfaction Means Having a Strong Voice in the Workplace**

With increasing shortages of healthcare professionals it is critical that healthcare employers develop strategies that will assist in retaining and recruiting staff. HSAS members regularly experience the burden and frustration of high turnover and chronic vacancies. Last year's contract settlement provided by SAHO to our SUN colleagues suggests there was recognition that compensation and negotiated entitlements are critical components towards retention and recruitment. In the coming months, we will see whether SAHO demonstrates the same commitment to HSAS members.

While compensation and negotiated entitlements are important, there is also a growing desire by most healthcare professionals to have a stronger voice and meaningful participation in decisions that affect their work. Godard (1997) cites a strong desire by Canadian workers to have more influence over their work and a greater sense of control over changes being anticipated and

implemented by employers. All too often the absence of meaningful participation in decisions that affect work contributes to poor morale, frustration, and turnover.

With the significant pace of change occurring in healthcare and the ever-increasing introduction of managed care models such as: LEAN and Sigma Six into the workplace, the need for a meaningful voice by health professionals is imperative to improving retention, recruitment, and work satisfaction. A strong voice cannot be masked by vague and paternalistic personnel practices; a strong voice is evidenced by openness, democracy, and inclusion. There is a significant opportunity for healthcare employers to improve working conditions by ensuring healthcare workers are intentionally and purposefully given a strong voice regarding decisions that affect their work.

- submitted by *Ralph Aman, Chair,*  
*HSAS Cypress Health Region Regional Council*

Godard, J. (1997). Beliefs about unions and what they should do: A survey of employed Canadians. *Journal of Labour Research* 18 (4), 621-639.

## **Labour's Finest Hour - the London dockers strike of 1889**

The industrial revolution, and the unregulated, unrestrained capitalism that developed along with it, were in full flower in England in the closing years of the nineteenth century.

Vast fortunes were being amassed by the owners of textile mills, coal mines, shipyards and factories. British companies dominated world trade and international commerce.

In the working class slums and mining valleys the story was different. Men, women and children expended their short, miserable lives working dawn to dusk in stinking sweat-shops and dark, smoke-filled factory hell-holes.

They were paid starvation wages and treated like cattle. Many working class people died of tuberculosis or ailments related to malnutrition before they were forty.

Among the poorest and most exploited of England's working class were the labourers on the London docks. Most dockers worked as casual labour when there were cargoes to load or unload, or repairs to be made on ships. When port traffic was scarce the dockers earned nothing, and went hungry.

In the days before fork lifts, cranes and containers, work on the docks was labour intensive and back-breaking.

On August 12<sup>th</sup>, 1899 the workers at London's South West India Dock asked their employer for a small increase in pay (it amounted to a few cents per hour) when loading "dirty cargo" such as coal or grain. The company dismissed the request without even seriously considering it.

The men, without a long-term plan of action, a strike fund, a leader, or even a union, walked out on strike.

### Three Wise Men Arrive

The lack of leadership was short-lived. A small dock workers' union did exist at the Tilbury Dock, a short distance down the Thames River, and this group lent their leader, a man named Ben Tillet, to the strikers. Tillet came to the work eagerly and brought two first rate union leaders with him, John Burns and Tom Mann, who were skilled craftsmen themselves with years of experience organizing machinists and mechanics. These three provided excellent leadership throughout the strike.

The first move Ben Tillet made was to widen the strike to try to do something for all London dock workers. He called for a general strike throughout the port of London, and within three days ten thousand dockers responded. The rest soon followed, and the Thames River wharves and warehouses fell silent. The entire great port was shut down.

The strikers informed the employers they would go back to work if they were granted a six pence per hour increase for all dockers.

The strike leaders organized huge mass meetings to publicize the conditions in which dockers lived and worked, and at the same time raise money for strike pay and relief tickets. The strikers held daily marches through the streets of the city. Tens of thousands of dock labourers, stevedores, longshoremen, grain handlers, warehousemen, coal loaders, wharf labourers, their families, supporters and friends walked for miles carrying banners and signs.

Support for the strikers grew, in large part due to the skilful public relations employed by Tom Mann. Musicians and bands joined the daily parades and processions. Financial collections were taken along the route. For a time donations from the public and contributions from other British unions fed the 30,000 strikers and their families. But by August 20<sup>th</sup> strike funds were dangerously short.

### A Miracle from Down Under

Then what must have seemed like a miracle happened. Trade unionists from around the world had read newspaper dispatches of the dispute and they sent money to their London brothers. Dock labourers in Australia led the way by all but



The Docker's Baby. Illustrated London News, 1889.

emptying their own meagre war chests in order that the British workers wouldn't be starved back to work. Some London stevedores – among the most rugged men anywhere – wept when told of the financial aid from half way round the world.

With the adverse impact of the strike being felt more each day on the economy of Great Britain, politicians began pressing the employers to settle. On September 16<sup>th</sup> the companies caved in and gave the strikers practically everything they had asked for.

The dock workers celebrated wildly, and decided to hold one more giant thank you march – this one a victory parade as they returned to the wharves to work.

Ben Tillet's little Tea Operatives and General Labourers Union had had only 300 members before the great strike. After the strike the new Dock, Wharf, Riverside and General Labourers' Union had more than 30,000 members.

But more important was the impact the dockers' victory had on unskilled and semi-skilled workers well beyond the London waterfront.

Within a year of the strike nearly 250,000 workers formed new unions or joined existing ones across the whole of Britain, and employees and trade unionists everywhere took heart from the Great London Dock Strike of 1889.

*- submitted by Garnet Dishaw, HSAS Staff*

## Canada's Top CEOs Reach New Pay High

*Press Release issued January 2, 2009 by the Canadian Centre for Policy Alternatives*

TORONTO – Canada may be in for a rocky economic ride, but the nation's best paid 100 CEOs are still basking in the glow of the banner year of 2007: they got a record 22% average pay hike in 2007. Canada's best paid 100 CEOs tallied one billion in average total earnings – a historical first, according to a report on CEO pay by the Canadian Centre for Policy Alternatives (CCPA).

“At that rate of pay, Canada's richest CEOs pocket the average Canadian wage of \$40,237 by 9:04 a.m. January 2nd – before most Canadians have booted up their computer for another year of work,” says CCPA Research Associate Hugh Mackenzie.

**Average CEO pay for the top 100 was up 22% from its \$8.5 million average in 2006.**

Among the report's findings:

- The 100 highest paid CEOs of Canadian publicly traded corporations received an average of \$10,408,054 in total compensation in 2007.
- Many of the top 100 include Canada's big bank CEOs, who recently received billions in federal government bailout money to purchase mortgage loans, and energy CEOs who, until recently, were surfing the big wave of crude oil price increases.
- Average CEO pay for the top 100 was up 22% from its \$8.5 million average in 2006.
- In contrast, average Canadian earnings rose by only 3.2% – the best increase in the past five years, but a small fraction of the CEOs' pay hike and barely keeping up with inflation.

“Compared with ordinary Canadians, whose wages have been stagnant for 30 years, Canada's economic downturn promises to hit the masses far harder than the best paid 100 CEOs,” Mackenzie says. “They have enjoyed a decade of record pay hikes and will land on a softer cushion if they stumble from their lofty heights in the New Year.”





## SAVE THE DATE

### Working Together: Building our Saskatchewan Chronic Disease Prevention & Management Community

2009 Chronic Disease Prevention & Management (CDPM) Provincial Conference

June 18 & 19, 2009

Sheraton Cavalier, Saskatoon, Saskatchewan

Keynote Speaker: Dr. Jean Bourbeau MD, MSc, FRCPC McGill University

The purpose of the 2009 CDPM Provincial Conference is to provide health care practitioners, policy makers, administrators, organizations, and individuals committed to prevention and living well with chronic disease an opportunity to share ideas, practices, and initiatives.

#### Call for Abstracts January 2009

For more information contact: Lois Crossman  
Conference Coordinator  
306.655.6134  
[live-well@saskatoonhealthregion.ca](mailto:live-well@saskatoonhealthregion.ca)



## The Positive Space Campaign

- Sheila Kerr  
Executive Council Member

*"A society ... that permits discrimination on the grounds of sexual orientation is a society that permits discrimination period."*

Justice Rosalie Silberman Abella

Movies such as *North Country*, and for those of us from another generation, *Norma Rae*, show us some of the conditions people have laboured under in the past. They demonstrate opinions and behaviors that were accepted at that time and place in society. Many wrongs have been righted over the years, often by the initiative and work of labour movements. However discrimination still exists in society, and therefore in the workplace. One program, the Campaign for Positive Space, challenges the patterns of silence that continue to marginalize gay, lesbian, bisexual and transgendered (GLBT) people, even in environments with anti-discriminatory and inclusive policies.

The Positive Space Campaign is a project of the Solidarity and Pride Committee of the Saskatchewan Federation of Labour (SFL). It is part of the fight for the rights of gay and lesbian workers at the bargaining table, in the courts and in society. The Campaign is aimed to create a safe, positive space that is free of discrimination on the basis of sexual orientation. It identifies an environment where human rights are respected and where GLBT people, their friends and allies are welcomed and supported.

The symbol of a Positive Space workplace is two overlapping triangles: one pink and one black. The history of the triangles goes back to the concentration camps in Nazi Germany during World War II. Men presumed to be gay incarcerated in the camps were forced to wear an inverted pink triangle and women who were presumed lesbian or 'anti-social' were singled out for derision with an inverted black triangle. These symbols once used as a weapon for cruelty and humiliation, are now displayed as a mark of remembrance and pride.

Workplaces can choose to be visible in their support of GLBT co-workers and clients by displaying stickers with the triangles. They can be obtained from the SFL. Acceptance can only happen through awareness and education. The Solidarity and Pride Committees of the SFL provincially and of the Canadian Labour Congress (CLC) nationally have excellent resources. The CLC publication entitled "To our Allies: Everything you ever wanted to know about Lesbian, Gay, Bisexual and Trans Issues ...", is particularly helpful in answering questions and dispelling myths.

Much has changed in attitudes and behaviors towards GLBT. This campaign recognizes that much still has to be done, and gives workplaces an opportunity to take a visible stand and show their support.

*Excerpts from "Positive Space Campaign", SFL Solidarity and Pride Committee used with permission*

## Human Rights Are For Everyone

## **Western Canada Healthcare Professionals Meeting December 18th and 19th, 2008**

The President and Executive Director of HSAS travelled to the 1 1/2 day meeting in Vancouver, BC attend by healthcare professional unions from BC, Alberta, Manitoba and ourselves. Focus of our discussions was centred on bargaining issues and organizing but time was also spent on reporting on organizational structures of the Unions present.

Bargaining issues discussed included benefits, market supplements, education leave, workload, retention and recruitment, contracting in/contracting out and pensions. A binder of materials was put together by HSABC highlighting and comparing the different jurisdictions in these areas as well as a package from HSAA with an overview of their organization including governance structures.

Highlights of these matters was difficulties associated with market supplements, significant wage and benefit differences between jurisdictions and clear data outlining vacation provisions which showed Saskatchewan with far and away the worst vacation provisions.

Meetings of this type assist HSAS in learning from both the best and worst experiences which healthcare professionals face across different jurisdictions. Information gathered will be useful in our negotiating efforts as well as other advocacy work on behalf of our membership.

## **Relearning Communication Skills**

### **Specialized SLPs help cancer survivors talk again**

When most of us think of the people Speech and Language Pathologists (SLPs) work with, we think of children. After all, it's when we're children that our language skills are honed and sharpened. Also, according to SLPs themselves, the earlier in life speech problems are addressed, the greater the chances of overcoming those problems.

However, there is a select group of SLPs who do work with adults.

Why would an adult need to see an SLP?

There are many answers to that question. Some adults seek the help of an SLP to help reduce an accent that they have, or correct a communication issue that was never addressed in their childhood, such as a stutter or a lisp.

Other SLPs work in hospitals, helping people who have had an accident or a stroke recover their speech or assisting adults who've had other sorts of surgery or physical injuries to their voicebox or mouth speak again through various methods.

Amy Gantfoer, a native of Humboldt is an SLP who focuses on the latter. Based out of St. Paul's Hospital in Saskatoon, but working in all three hospitals in Saskatoon, her clients are mainly those who have undergone head and neck surgery and need some assistance in speaking again.

Her specialty, Gantfoer said, is in oncology rehabilitation, which means that her clients have all had to battle cancer and have had surgery to remove it from somewhere on their head or neck. Some will have had part or all of their larynx (voicebox) removed, or have had surgery on their oral cavity—their tongue, jaw or the floor of their mouth—and it's her job to help them speak again.

"The people with the holes in their necks—those are my people," she said.

Her job, she said, is to try and get these people communicating and even eating and drinking again—to restore some of the quality of life they enjoyed before the surgery.

"The surgery is usually pretty radical," she said, "therefore the therapy patients need afterward is also pretty intensive."

Gantefoer's involvement with her patients begins before they even undergo surgery.

Because the surgery involved is usually so radical, they want the patients to have a good idea of everything involved, so there are no surprises down the road.

When someone loses their voicebox, for example, she said, it is a huge loss. And they have to understand before it happens the stages of rehabilitation they will have to go through, how things will change and what's to be expected on a day-to-day basis once they're starting to recover.

This allows them to give a really informed consent to the surgery, she noted.

Once a patient has their surgery, they see Gantefoer both as an in-patient, and then as an out-patient as time goes on.

Though every patient Gantefoer sees is different, there are some generalities when it comes to how she works with them, depending on the surgery they've just undergone.

Usually, a patient stays at the hospital 10 to 14 days after having their surgery, she said. During that time she works with them on how to adjust to their new situation, sometimes even working with them on a new way to breathe.

In the case of a laryngectomy—where the larynx is removed—they also learn how to use electronic devices to communicate, as a back-up tool. But for everyday communication, about 10 days after the removal of their larynx, they are fitted with a voice prosthesis.

This prosthesis, which is inserted into their neck, gives them a more natural way of talking than other electronic devices, which are pressed to the neck and produce a very robotic type of sound.

The prosthesis actually restores a voice to the patient.

Once the patient is fitted with a prosthesis, Gantefoer teaches them how to care for it—she compared it with the care that has to be taken of contact lenses, in order to have them work properly.

She also teaches them how to speak with it, which is a little different process than their natural voicebox.

“They have to learn how to speak differently with it,” she said of the prosthesis. “It can be pretty tough,” she added, as many of her patients have been speaking for 60 to 70 years. “To have to learn to talk...all over again is pretty radical,” she said.

Other surgeries have different protocols to follow, she indicated, and those protocols can vary widely based on how much of, for example, a tongue is removed from a patient.

The rehabilitation course for someone who has had a quarter to half of their tongue removed, she said, is dramatically different than that of the person who has had their entire tongue removed and other piece of tissue put in its place.

Oh yes, sometimes, these surgeries involve reconstruction, where they take muscle or other tissue from another part of the body to reconstruct the removed body part. When this happens, there is additional work to be done with an SLP, as the new muscle or tissue doesn't work the same way as the removed tissue does.

For someone who has had just a quarter of their tongue removed, Gantefoer works with them for about five days while they remain in hospital. Though their tongue is usually pretty sore—it is a very sensitive muscle, she said—she does work with her patients on modifying their diet and how they swallow.

Yes, swallowing becomes an issue with many of these patients – many have difficulty with it—and it's by working with an SLP that these patients learn to change their diet in order to accommodate this difficulty and avoid aspirating food into their lungs.

After the diet and swallowing is going well, Gantefoer starts on communication and articulation, so that they're able to speak to others as normally as possible.

What Gantefoer does is quite different from what other SLPs do with adult clients.

“My position has a different patient population,” she said. Her patients, she said, have been struck with

more mechanical loss of speech than other types of adults needing the help of an SLP.

For example, the help her clients need varies widely from the help stroke patients need. Her clients, she noted, have all of their language skills still—they just have trouble actually articulating the words, due to a physical problem.

Someone who has suffered a stroke, however, may have had the language centre in their brain affected, which means their difficulty is recalling language, as well as perhaps articulating it.

Her job is very surgically grounded, she noted—she has to know the medical information involved in her position in and out in order to treat her clients properly.

But that doesn't bother her.

"I like (my job) because the gratification happens very, very quickly," she said. She is often able to restore a certain level of voice in a patient in just a matter of days, which is quite different than the slow progress other SLPs can face with their clients.

Gantefoer's specialty is a rather rare one for SLPs—there are just 10 of them across Canada who sub-specialize in this area, she noted.

"It's a bit of an off the wall area," she said. "Some people don't even realize we exist."

But that's one of the nice things about Speech and Language Pathology as a field, she said—the variety and diversity of the fields of study within it.

It's that variety that kept Gantefoer in this profession. Though she was drawn to speech pathology from a young age, Gantefoer really wasn't sure if it was the right career path for her until she happened upon this particular sub-specialty.

When planning what she wanted to study after high school, she wasn't quite sure when

direction to head in. She' heard about speech pathology and it sounded interesting—especially since it was a field she was pretty much guaranteed to find a job in, as there has always been a shortage of SLPs.

So in her last year of high school, she shadowed Helen Weyland, an SLP who works in local schools, as she dealt with children.

Though Gantefoer still wasn't quite sure if it was what she was meant to do, she gave the field a shot.

"Until I completed my masters, I thought I was in the wrong career," she admitted.

Then she decided to move home, cover a maternity leave position for an SLP specializing in oncology rehabilitation at St. Paul's Hospital. She took to it like a duck to water. And she's been there ever since.

"I'm very, very happy I made the choice to stay," she said. "I feel pretty lucky."

Though hers is a small specialty, it is a very necessary one, she noted. "There's a very high patient population in Saskatchewan," she said. Her caseload of people who have undergone total laryngectomies is about 250 right now, and that's not counting those with other oral cavity issues or swallowing problems.

She deals solely with adults, she said—the only time she worked with children was early on in her schooling.

Gantefoer has noticed some trends in the patients she sees. It's a five to one men to women ratio for those undergoing head and neck surgery for cancer treatment. And lately, many young people—in their late 20s and 30s—have been stricken with cancer of the head and neck, often related to tobacco and alcohol use.

*The foregoing article first appeared in the Humboldt Journal on Wednesday, May 28, 2008 and is reprinted with permission.*

## Executive Council

Executive Council is the governing body that conducts the business of the union between Annual Conventions.

| Representing   | Seats | Elected  | E-mail Address               | Term Ends |
|--|-------|--|------------------------------|-----------|
| Addictions Counsellors/<br>Therapists  | 1     | <b>Dave Tillusz</b><br>Sunrise Health Region   | addictions.hsas@sasktel.net  | Nov. 2009 |
| Social Workers   | 2     | <b>Joanne Schenn</b><br>Prince Albert Parkland Health Region                         | sw1.hsas@sasktel.net         | Nov. 2010 |
|  |       | <b>Cathy Dickson</b><br>Prince Albert Parkland Health Region                         | sw2.hsas@sasktel.net         | Nov. 2009 |
| Assessor/Coordinators  | 2     | <b>Vacant</b>  |                              | Nov. 2010 |
|  |       | <b>Vacant</b>  |                              | Nov. 2009 |
| Speech & Language<br>Pathologists,<br>Audiologists,<br>Orthoptists, Music<br>Therapists                                      | 1     | <b>Karen Wasylenko</b><br>Saskatoon Health Region<br>(Speech & Language Pathologist) | slp.hsas@sasktel.net         | Nov. 2010 |
| Respiratory Therapists,<br>Perfusionists   | 1     | <b>Debbie Morton</b><br>Saskatoon Health Region<br>(Respiratory Therapist)           | respiratory.hsas@sasktel.net | Nov. 2009 |
| Emergency Medical<br>Technicians,<br>Dispatchers, Paramedics   | 2     | <b>Bill Fischer</b><br>Regina Qu'Appelle Health Region<br>(Paramedic)                | ems1.hsas@sasktel.net        | Nov. 2009 |
|  |       | <b>Darcy McKay</b><br>Regina Qu'Appelle Health Region<br>(Paramedic)                 | ems2.hsas@sasktel.net        | Nov. 2009 |
| Physical Therapists,<br>Prosthetists, Orthotists,<br>Exercise/Conditioning<br>Therapists                                     | 2     | <b>Peggy Forsberg</b><br>Regina Qu'Appelle Health Region<br>(Physical Therapist)     | pt1.hsas@sasktel.net         | Nov. 2009 |
|  |       | <b>Sheila Kerr</b><br>Regina Qu'Appelle Health Region<br>(Physical Therapist)        | pt2.hsas@sasktel.net         | Nov. 2009 |
| Public Health<br>Inspectors, Infection<br>Control Practitioners,<br>Dental Hygienists/<br>Therapists and Health<br>Educators | 1     | <b>Valerie Stopanski</b><br>Heartland Health Region<br>(Health Educator)             | phi.hsas@sasktel.net         | Nov. 2010 |
| Pharmacists  | 1     | <b>Nicole Bidwell</b><br>Regina Qu'Appelle Health Region                             | pharm.hsas@sasktel.net       | Nov. 2009 |
| Occupational Therapists  | 1     | <b>Vacant</b>  |                              | Nov. 2010 |
| Recreation Therapists,<br>Mental Health<br>Therapists  | 1     | <b>Anne Robins</b><br>Saskatoon Health Region<br>(Recreation Therapist)              | mt.hsas@sasktel.net          | Nov. 2010 |
| Psychologists,<br>Psychometricians   | 1     | <b>David MacKinnon</b><br>Prairie North Health Region<br>(Psychologist)              | psy.hsas@sasktel.net         | Nov. 2010 |
| Dietitians, Nutritionists  | 1     | <b>Melissa Koshinsky</b><br>Heartland Health Region<br>(Dietitian)                   | diet.hsas@sasktel.net        | Nov. 2010 |

*Messages for Executive Council members may also be left at either of the HSAS offices.*

## Executive Officers

The **Executive Officers** are elected from and by Executive Council for a one (1) year term except the President, who is elected for a two (2) year term by the general membership.

### President

Chris Driol - president.hsas@sasktel.net  
Mental Health Therapist

### Treasurer

Karen Wasylenko - slp.hsas@sasktel.net  
Speech & Language Pathologist

### Vice-President

Cathy Dickson - sw2.hsas@sasktel.net  
Social Worker

### Secretary

Darcy McKay - ems2.hsas@sasktel.net  
Paramedic

## Board of Governors

The **Board of Governors** provide guidance and counsel to Executive Council on all matters regarding administration of the Union. Any member having served at least four (4) years on Executive Council, at least two (2) of which were as an officer, shall be eligible for election to the Board of Governors for a seven year term. The current Governors are:

Warren Chykowski  
Respiratory Therapist  
gov4.hsas@sasktel.net

Natalie Horejda  
Physical Therapist  
gov1.hsas@sasktel.net

Ted Makeechak  
Physical Therapist

## Committees

### 2008 Annual Convention

Darcy McKay (Chair)

### Charitable Donations / Professional Contributions

Peggy Forsberg (Chair)

### Communications

Darcy McKay (Chair)  
Ralph Aman  
Natalie Horejda  
Deb Morton  
Dave Tillusz  
Bill Craik - staff  
Garnet Dishaw - staff  
Charlene Hebert - staff

### Education Fund

Ted Makeechak (Chair)  
Anne Robins  
Colleen Liefers - staff

### Emergency Fund

Melissa Koshinsky  
Dave Tillusz  
Bill Craik - staff

### Constitutional

Shelia Kerr (Chair)  
Natie Horejda  
Darcy McKay  
Deb Morton

### Finance

Karen Wasylenko (Chair)  
Warren Chykowski  
Karen Kinar  
Ted Makeechak  
Ann Robins  
Bill Craik - staff  
Colleen Liefers - staff

### Grievance

Debbie Morton (Chair)  
Anne Robins  
Dave Tillusz  
David MacKinnon - alternate  
Bill Craik - staff  
Members-At-Large  
Laura Carney  
Tracy Erickson  
Maynard Ostafichuk - alternate

### Provincial Negotiating

Bill Fischer (Chair)  
Warren Chykowski  
Cathy Dickson  
Chris Driol  
Natalie Horejda  
Marcel Shevalier  
Bill Craik - staff  
Kate Robinson - staff

### Regional Council Development

Dave Tillusz (Chair)  
Ralph Aman  
Tamara Dobmeier  
Dot Hicks  
Nicole Rancourt  
Lynzie Rindero  
Rod Watson



## HSAS Staff

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#### **Bill Craik**

Executive Director  
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#### **Garnet Dishaw**

Labour Relations Officer  
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#### **Mario Kijkowski**

Labour Relations Officer  
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#### **Charlene Hebert**

Administrative Assistant  
[hsasregina@sasktel.net](mailto:hsasregina@sasktel.net)

### LRO Assignments

#### **Garnet Dishaw**

**Direct Line: (306) 585-7753**  
**Cell: (306) 539-5634**

Canadian Blood Services  
Cypress

Sun Country

Regina Qu'Appelle

- Alcohol and Drug Services
- Child and Youth
- Community Health Centres
- Hearing Aid Plan
- Healthline
- Mental Health Clinics
- Public Health Services
- Randall Kinship Centre
- Wascana Rehabilitation Centre

#### **Mario Kijkowski**

**Direct Line: (306) 585-7754**  
**Cell: (306) 539-9807**

Crestvue Ambulance Services  
Five Hills

Sunrise

Regina Qu'Appelle

- Al Ritchie Centre
- Cupar and District Nursing Home
- Emergency Medical Services
- Extendicare
- Home Care/SWADD
- Lumsden and District Heritage Home
- Pasqua Hospital
- Regina General Hospital
- Regina Lutheran Home
- Regina Pioneer Village
- Santa Maria Senior Citizens Home

*We encourage members' concerns and questions be directed to the staff person assigned to their Regional Health Authority/Worksite.*

## Saskatoon

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S7K 1V9

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**Kevin Glass**  
Labour Relations Officer  
[glassk.hsas@sasktel.net](mailto:glassk.hsas@sasktel.net)

**Kate Robinson**  
Labour Relations Officer  
[robinsonk.hsas@sasktel.net](mailto:robinsonk.hsas@sasktel.net)

**Colleen Lieffers \*\***  
A/Administrator  
[colleen.hsas@sasktel.net](mailto:colleen.hsas@sasktel.net)

**Joylene Mora**  
Administrator  
[joylene.hsas@sasktel.net](mailto:joylene.hsas@sasktel.net)

**Colette Duffee**  
Administrative Assistant  
[hsasstoon@sasktel.net](mailto:hsasstoon@sasktel.net)

**Crystal Larson**  
Administrative Assistant  
[larsonc.hsas@sasktel.net](mailto:larsonc.hsas@sasktel.net)

*\*\* Colleen will be covering Joylene's position while Joylene is on a maternity leave.*

*We encourage members' concerns and questions be directed to the staff person assigned to their Regional Health Authority/Worksite.*

## LRO Assignments

**Kevin Glass**  
**Direct Line: (306) 955-5712**  
**Cell: (306) 227-3394**

Heartland  
Keewatin Yatthé  
La Ronge EMS  
Mamawetan Churchill River  
Prairie North  
Saskatoon

- Idylwyld Health Centre - Public Health Services
- Kinsmen Centre
- McKerracher
- Parkridge
- Royal University Hospital
- Sherbrooke
- Stensrud Lodge
- Youth Services

**Kate Robinson**  
**Direct Line: (306) 955-3454**  
**Cell: (306) 221-6316**

Kelsey Trail  
Prince Albert Parkland  
Saskatoon

- Calder Centre
- Idylwyld Health Centre - Client/Patient Access Services
- Larson House
- Mental Health Services (Nurses Alumnae Wing)
- Saskatoon City Hospital
- St. Paul's Hospital
- Sturdy Stone
- rural areas

## IMPORTANT NOTICES

### **SHEPP Enrollment (Temporary and Casual HSAS Members)**

If you are a Temporary or Casual HSAS Member, you may be eligible for enrollment in SHEPP. If so, you will probably have received notification from your Employer. HSAS encourages Members to consider this choice carefully as you plan for the future.

Temporary and Casual Employees are eligible if they have worked 780 hours in the preceding calendar year or 700 hours in each of the 2 preceding calendar years (January 1 to December 31).

If you believe you are eligible and have not been informed of your choices, please check with Human Resources in your Health Region.

### **Notice to All Members Regarding Prescription Drug Services:**

You may receive a letter from Great West Life Drug Services describing the necessity for you to apply to the Saskatchewan Special Support Program (SSP) for provincial Drug Plan Coverage.

If you receive this letter it will describe that based upon the dollar amount of prescription drug receipts you have submitted to the Extended Health Plan this year you are required to apply to the SSP.

It is important to note that while your claims may be on hold, your coverage is not terminated. Coverage will only be suspended until Great West Life receives confirmation of your coverage with the SSP.

If you receive such a letter you will have 30 days to ensure that Great West Life has confirmation of your SSP coverage. Copies of Special Support Program Applications are available at community pharmacies or from the Saskatchewan Drug Plan by calling 787-3420 (in Regina) or toll free 1-800-667-7581.

In the event you receive a letter of this nature and have any questions or require assistance, please call Great West Life at 1-866-408-0213.

*If any of your colleagues express concern about not receiving their newsletter,  
please have them call the Saskatoon Office.*

*Dispatches is published for the information of members of the Health Sciences Association of Saskatchewan.*

## **What if I get sick while I'm on vacation?**

If you are on vacation and something unexpected happens (death of a family member, you are hospitalized, you are sick (verified by a doctor) for more than 4 days, you get sick prior to commencing your vacation and it continues into the vacation time, or you are granted some other form of a leave of absence), you can take that time as the appropriate leave (bereavement, sick, unpaid leave of absence). The vacation that was "displaced" can be reinstated as credits, or you can add those days on to your vacation.

For example, you start a 3-week vacation on January 1. On January 2, you are hospitalized. You inform your supervisor and provide a medical note verifying that you have been hospitalized and you request that the time you spend in the hospital be approved as sick leave. You are in the hospital for 5 days and are released on January 7. You continue your approved vacation time until your normally scheduled date of return (January 22). You now have the option of taking an additional 5 days vacation (if mutually agreed between you and your supervisor) returning on January 27 or having those 5 days reinstated as vacation credits (returning on January 22 and taking those 5 days at some other time).  
*(Article 13.11)*

## **What happens to my vacation when I terminated my employment?**

If you terminate employment with outstanding vacation credits remaining, they will be paid out to you, minus statutory deductions.  
*(Article 13.13)*

## **What happens if I work in more than one health region or I have multiple employers within the same health region?**

If you work in more than one health region, or for more than one employer covered by our Collective Agreement, you will earn vacation credits in all regions at the highest rate you are accruing. For example, you have worked in the Saskatoon Health Region for 10 years and are earning 4 weeks vacation. You have recently started working in the Heartland Health Region and, under normal circumstances, you would be earning 3 weeks vacation. However, since you work in the Saskatoon Health Region and are accruing vacation at a higher rate, you will accrue vacation in Heartland Health Region at the rate of 4 weeks per year.  
*(Article 13.14)*

Health Sciences Association of Saskatchewan

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Rev 07/08

# **Vacation Leave:**

## **Frequently Asked Questions Regarding Carry Over and Entitlement**

Health Sciences Association of Saskatchewan has negotiated contract language into its collective agreement with SAHO that provides for vacation leave. This document is intended to assist HSAS members in understanding their entitlements.

## Vacation Carry Over

For all Members except those who had been previously covered by the CUPE 600 or SGEU/PSC Agreements it works this way

- You are entitled to carry over your full entitlement for the current year plus five days earned in previous years. For example - A Member earns vacation at a rate of three weeks per year. That Member is entitled to carry over their full three weeks from the current year into the next. They are as well entitled to carry over an additional five days earned in a previous year. 15 days + 5 days = 20 days carry over.
- *(Article 13.10)*

For Members who had been previously covered by the CUPE 600 or SGEU/PSC Agreements it works this way:  
*(Appendix A)*

- Members are limited to carrying over five days unless they get permission from their employer to carry over more

These provisions are in place to allow you to consistently have the option to take “blocks” of time.

By allowing you to carry over your vacation time it ensures that you always have a large enough balance of vacation credit to

provide you with flexibility when planning to take your vacation.

**Members are not required to provide any explanation to their Employer as to why they want to carry over vacation time.**



## Vacation Entitlement Information Article 13

### How do I earn vacation credits?

You earn credits every month. The amount you earn depends on your current vacation entitlement which is based on years of service or other circumstances which were negotiated / offered / carried over upon your commencement.

*(Article 13.01 and Article 13.07)*

### How do I know how much I earn / have accumulated?

The employer must post your projected accumulated vacation credits by February 1 each year. In addition, if you are unsure, you can contact your payroll representative.

*(Article 13.04)*

### How do I request vacation time?

You are able to use your vacation credits as they are earned and you are entitled to an unbroken period of vacation if you choose.

Most workplaces have their own system for working out vacation schedules amongst colleagues. However, in the case of a disagreement, seniority shall be the deciding factor for your first choice (if you plan to split up your vacation, seniority will only be used as the deciding factor in the first instance). To exercise your seniority rights, you must make your selection by March 1 of each year.

*(Article 13.05)*

### When is the vacation schedule for my worksite posted?

The Employer will post the vacation schedule for the upcoming year (April 1 – March 31) by March 15. If changes are needed, mutual consent between your supervisor and yourself is required.

*(Article 13.06)*

### I want to pre-pay some bills before I go on vacation. Can I request a pay-out of vacation credits in advance of the vacation I plan to take?

If you choose, you can receive your vacation pay in advance of actually taking your vacation (provided you give the Employer 14 days written notice).

*(Article 13.09)*