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HSAS Meets with Government to Express Concerns Regarding Bills 5 & 6

The following is an excerpt from a briefing note presented to the Honourable Rob Norris by HSAS President Chris Driol, Negotiating Committee Chair Bill Fischer, Board of Governor member Natalie Horejda and Labour Relations Officer Garnet Dishaw on February 6, 2008 in Regina, Saskatchewan.

Thank you for your letter of January 15, 2008 inviting us to meet with you regarding Proposed Labour Legislation.

Mister Minister, members of Executive Council, senior Ministry officials, Department and Minister's office staff; we would first like to express our appreciation for your arranging to meet with us and hear our thoughts on the important issues we'll discuss this morning.

As you will know better than anyone we have just had the opening and a short sitting of the first session of the 26th Legislature, and although there were relatively few legislative measures introduced, two of them will substantially impact Saskatchewan working people.

Adversity delivered to working people or their organizations holds the prospect of electoral adversity down the road. So lets deal with these matters today in a serious and sincere way, and hope that the outcome of our discussions is positive to all concerned.

President's Message



I hope that the members of HSAS took the opportunity over the recent holiday season to enjoy quality time with family and friends. You definitely have earned and deserved a break.

I know that the challenges of heavy workloads, insufficient numbers of health care professionals and difficult working conditions continue in the workplace for our members. I encourage HSAS members to call their Labour Relations Officer or Elected Representatives (*see listings starting on Page 23*) to share your concerns.

Over the last few months, HSAS has been very busy with work on the administration of the Collective Agreement, our 35th Annual Convention which was held in Regina on November 17, 2007 and on-going advocacy work on your behalf both with Employers and our new Saskatchewan Government.

Our publicly funded, universally accessible health care system is a cherished asset that all residents of Saskatchewan highly value. The members of HSAS continue to serve Saskatchewan and HSAS remains committed to standing with you to maintain and improve the health and wellbeing of all citizens of our province.

Best Regards - In Solidarity,
Chris Driol
President of HSAS

We're Having a Baby!

Our Administrator, Joylene Mora will be leaving HSAS in March of this year for Maternity Leave. She is planning to rejoin us in the spring of 2009. We take this opportunity to wish her the best of health and to share how excited we are about this expected new addition to our HSAS family.

Please join us in welcoming Colleen Lieffers who has accepted the Term Administrator position with HSAS during Joylene's absence.

Colleen comes to HSAS with administrative experience in the private sector and health care. While she was born and raised in Saskatchewan, she recently moved back to the province from BC where she lived and worked for the last 3 years.

Please join us in wishing Joylene all the best and in welcoming Colleen to HSAS.



Excerpts from the Briefing Note continued from Page 1

The Health Sciences Association of Saskatchewan will work co-operatively with anyone whose aim is to improve health care and the working lives of those who deliver health services.

Health care is simply too important to be subordinated to partisan bickering, held hostage to petty resentments or stunted by ill-advised ideological adventurism.

Our aim is to make the system work, and we are available to collaborate with those who have a sincere interest in doing the same. In that regard I have no hesitation in saying we can be counted on to do our part. We'd simply like to be met half way.

Changes to the Trade Union Act during a government's first term in office is nothing new in Saskatchewan. But we have real genuine concerns about the content of some of the specific clauses in the Bill and the likely fallout if the legislation is implemented as it presently stands.

We'll acquaint you with those concerns now with candor and even some bluntness, but in the hope that you will regard our interventions as constructive criticism aimed at changing flawed proposals into more viable, useful ones, and keeping the better aspects of the Act in place.

The Health Sciences Association of Saskatchewan will work co-operatively with anyone whose aim is to improve health care and the working lives of those who deliver health services.

Mister Minister, on the amendments to the Trade Union Act contained in Bill 6, permit us to very briefly provide a bit of background.

As you know, the Saskatchewan Trade Union Act is the industrial relations statute in this province. It is the law which governs and promotes orderly labour – management relations in workplaces where the employees are unionized.

There are two general types of industrial relations laws in Canada. One aims to do no more than act as a referee, simply guiding the two parties with ground rules to be followed when there is interaction. The other type of Act extends legal rights to working people and guarantees the exercise of those rights. Our Trade Union Act was initially very much in that latter category, and it is still today primarily a rights based statute. It empowers wage earners and their organizations.

We make no apologies for the existence of unions. In the early years it was union members in the building trades, in printing shops and the running trades on the railways that won contract language providing 10 and then 8 hour days, for weekends off, for company pension plans, paid sick leave, decent wages and so on.

Once one bargaining unit had won some improvement it migrated to other union shops

and ultimately out across the broader workforce, including management and out-of-scope workers. Unions led the way in civilizing and humanizing the workplace.

That is why we have some real concerns about the content of Bill 6 and its likely effects, should the legislation, as it is presently drafted, become law.

Perhaps chief among the problems we identify is the amendment contained in Clause 6 of the Bill. This provision amends Section 11(1)(a) of the Act, which deals with unfair labour practices. The change will make it considerably easier for owners and managers to interfere in the affairs of unions and workers. It is really a green light for bosses to tamper, cajole and browbeat working people, during organizing drives, over grievances, in union elections, raids by less aggressive unions, dues increases, strike votes, returns to work, negotiating proposals, bargaining positions and any other matter in which management may want to intervene.

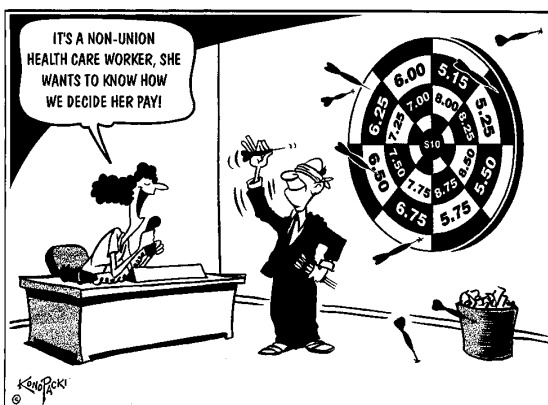
The current prohibition on using intimidation, threats and coercion to deprive workers of the rights conferred by the Act is there to address the undeniable imbalance of power which exists in a workplace. Management has an obvious advantage in that venue and that is best exemplified by the ability to hire and fire employees.

Therefore, 11(1)(a) tried to establish the right of employees to make their own decisions and run their own affairs without being unduly influenced by an outspoken employer.

If the objective of Bill 6 is, in fact, to achieve balance and fairness, as the government's media releases indicate, then take the opportunity afforded during clause by clause consideration in Second Reading to introduce a House amendment and drop this clause 6 from the Bill. The present wording in the Act is balanced, evenhanded and fair. It should be retained.

On the question of what constitutes a majority or a quorum in certification votes or union elections for strike votes, and so on, we would like some clarification. In the "Backgrounder" issued by your Ministry explaining Bill 6 there is the following wording: "The proposed amendments will: Not change the requirement that a majority of employees must vote before the vote is considered valid, and that a majority of those voting must be in favour of the application." Are we correct in assuming that the new Trade Union Act and Regulations and Labour Relations Board will not, for example, regard those workers who choose not to vote in a certification election as having voted NO? Our view would be that the outcome of an

election by workers should be determined by those who vote, as it is for elections to the legislature.



Clause 11 of the Bill repeals all of Section 33(3) of the Act. This would remove the 3 year limit on the duration of a collective agreement. If this clause is passed there will be no time limit at all on the term of collective agreements. Contracts could conceivably be 20 years in length. This we believe requires some re-thinking, because it could well have unintended consequences. The term limit went into the Trade

Union Act to reduce the possibility of one party in negotiations taking unfair advantage of the other. There will be times when an employer or a union is in a vulnerable position. To limit the harm done to the party which is temporarily at a disadvantage the term limit was instituted.

Collective bargaining, if it is to work properly, has to be a regular occurrence. Problems develop between negotiations that were unforeseen in the last round of bargaining. These grievances accumulate and need to be addressed in meaningful discussions with the employer. Negotiating every two or three years relieves that pressure. Overly lengthy agreements would turn collective bargaining into pitched battles driven by pent up expectations and long-festering resentments. The health care environment is increasing driven by market pressures and the ability of both parties to adjust and adapt to changes, must be maintained through regular bargaining. If the three year term limit is to disappear, we would urge that it be replaced with some reasonable cap on duration, and not left open ended.

An area where we do not want time limits is in the filing of unfair labour practices. The proposal is to have a 90 day window during which ULPs could be heard by the Labour Relations Board. Since most applications come from unions or workers, this restriction adversely impacts labour. It should also be noted that there are unfair labour practices that extend over many months and years; some of them evolve and only become evident well after they were committed. Sometimes circumstances don't permit a union to file on an ULP immediately. This is a flawed amendment which will deny justice to some workers, and it should be dropped from the Bill.

We have no particular objection to the timely issuing of decisions by the Labour Relations Board. Too often there are delays in labour relations and streamlining this process is a good idea.

For many decades the Labour Relations Board has established its own forms and documents. This function is best left to the Board.

Before we move into offering feedback regarding the proposed Essential Services Legislation, we wish to offer some pertinent background to our remarks.

The members of the Health Sciences Association of Saskatchewan commit their lives every working day to delivering the highest quality of health care services to the residents of Saskatchewan. During the longest health care strike in this province's history in 2002, HSAS members provided an ethically responsible, extremely high level of "Essential Service". At times during this job action higher staffing levels were in place than what was typical during times of normal operation. More recently in 2007, 29 HSAS members (1% of the membership) were pulled off the job in order to prepare for the possibility of more wide spread job action. As in 2002 Employers blamed HSAS for shutdown of facilities, cancellation of procedures and movement of patients to other jurisdictions even

During the longest health care strike in this province's history in 2002, HSAS members provided an ethically responsible, extremely high level of "Essential Service".

though in truth HSAS members were on the job and the actions taken by Employers during this period actually occur throughout the year every year. These problems are actually caused by chronic under funding, short staffing and ineffective delivery of publicly funded health care services.

We look forward to working with your new government on addressing these problems and also in making improvements to the Collective Bargaining process in health care which in our mind are much more important and foundational issues worthy of our mutual attention. These issues need to be addressed in order to ensure that the introduction of Essential Services Legislation does not cause more harm than good for the residents of Saskatchewan by leading to deterioration in the delivery of publicly funded health care services.

HSAS strongly believes that, while our health care system is good, it can and must be made much better. Legislation which empowers Employers to maintain a “business as usual” approach during a time of legal job action is legislation which will only harm the residents of Saskatchewan. “Business as usual” is not an acceptable practice when it comes to the delivery of our most treasured public service – universally accessible publicly funded health care.

Pursuant to Section 2(c) the definition of “essential service” includes danger to “health”. This is potentially a very broad concept. We would ask your government to consider what is meant by this. HSAS believes that wait lists of a year or more for services, lack of post-operative therapy and chronic disease management services are a danger to “health”. We believe strongly that these are “essential services” that are not being provided at sufficient levels currently in Saskatchewan. We would expect our new government to provide the necessary staffing and infrastructure investment that will improve the provision of these “essential services” on a day to day basis. This will go a long way to ensuring that Employers are not faced with the prospect of job action compromising their efforts to deliver health services.

In many jurisdictions it has been noted that Employers request and demand extremely high levels of “essential services”. HSAS believes strongly in the provision of “emergency services” and we are gravely concerned that Employers in this province will use this legislation to demand services that exceed normal levels of staffing in order to ensure that they are not “inconvenienced” by job action. In the summer of 2007 Employers made numerous requests for services which are normally not provided by HSAS members. HSAS politely declined these requests. If Employers are allowed to make inappropriate and unreasonable requests then certain outcomes are likely. Hardening of relationships between Employers and workers, ineffective and unproductive Essential Services negotiations, lengthier job action and service disruptions and increasing erosion of the retention and recruitment of health care professionals in the province of Saskatchewan.



“Prescribed services” are described and defined in Section 2(h) as those services “prescribed in the regulations”. Given that your government has not released any details of regulations, other than Section 21, which suggests the Lieutenant Governor in council has sweeping powers to prescribe, define, enlarge or restrict any word or expression in the Act; we are extremely concerned about the application of this Legislation. In other jurisdictions, illegal walk outs, withdrawal of all services, lengthy job actions and reduction of services have resulted when arbitrary decisions have been made which did not fairly weigh the needs of all parties and ensure democratic processes surrounding collective bargaining, job action and provision of services.

Also of note is that the Legislation tabled only gives provision to Unions to appeal the number of employees in a classification who shall be deemed “essential” to the Labour Relations Board. This may embolden and empower Employers to make blanket requests of all classifications and place in the hands of the Labour Relations Board – who may have extremely limited expertise in health care – the responsibility to attempt to ascertain acceptable levels of service and necessary levels of staffing. It is vital that these rulings be made by an independent Arbitrator with expertise in matters related to the provision of these vital services.

In closing, HSAS encourages Government to act responsibly in the best interests of all residents of Saskatchewan. The health care needs of Saskatchewan, the needs of Employers and the rights of workers must be balanced in such a way that Collective Bargaining aspirations of health care professionals in Saskatchewan are validated. This will result in improved retention and recruitment of vital workers, improved health care services for the residents of our province and a better Saskatchewan for all.

Provincial Negotiations

Most HSAS members have only recently received a copy of the present Collective Agreement and it is only 14 months till the next round of negotiations begins. The changes to *The Trade Union Act* and the Essential Services Legislation being tabled by our new government create new challenges for effective collective bargaining.

At this time we wish to thank the members of HSAS who stepped forward to volunteer to serve on the Provincial Negotiating Committee. The appointment of members to the bargaining committee will be completed in February. Following a committee orientation, one of the first orders of business will be the development of a Bargaining Survey to be sent out to the Membership. The survey will help to form the framework of HSAS’s bargaining proposals for the upcoming round of negotiations. So please, take the time to complete the survey once you have received it and return it as per the directions.

In Solidarity,

Bill Fischer
Chair, Provincial Negotiating Committee



Canadian Health Professionals Secretariat (CHPS)

The Canadian Health Professionals Secretariat (CHPS) was formed by the National Union of Public and General Employees (NUPGE) to serve as a forum where health science professionals from across Canada could meet to discuss common concerns and take collective action to raise the profile of health science professionals across our nation. Currently, CHPS represents 60,000 professionals from all provinces in Canada with the exception of Quebec.

CHPS held their semi-annual meeting in Ottawa on November 19th and 20th, 2007. HSAS was represented by Warren Chykowski, Karen Wasylenko and Chris Driol.

James Clancy, President of NUPGE spoke to our group about the importance of fighting for better labour laws, highlighting the efforts by unions in Nova Scotia to successfully stop government there from enacting essential services legislation. He also spoke to us about the great payoffs achieved by unions across Canada who have partnered themselves with groups who support “Medicare”.

Mark Zellwig from Vector Research spoke to us about raising the public profile of health sciences professionals. He released results of national surveys while also working with us on practical media and lobbying strategies which HSAS will be utilizing in our ongoing external communications.

The second day of our meeting was spent on cross country reporting of issues faced by health care professionals in Canada and also on sharing achievements in collective bargaining in other jurisdictions.

Our ongoing involvement in CHPS is serving HSAS well in keep us abreast of current trends affecting health science professionals and also in allowing us to tap into “best practices” strategies to improve our advocacy efforts on your behalf.

Ode To Healthcare, The Short Story

For all the care that we provide
For members old and new
For members of Health Sciences
Take pride in what you do

We have long hours with different shifts
Our schedules run night and day
No matter how hard we try to work
Caseloads don't go away

Physical and mental health
Is just our type of care
And for those small emergencies
We always do prepare

We cannot find the staffing here
For waiting lists to end
Retention and recruitment is
On what we will depend

And as our health care needs increase
We rise above demands
Because when all is said and done
Your life is in our hands

Crystal Larson
HSAS Staff

Market Supplement Update

Occupational Therapists

The Market Supplement Review Committee Report issued by the SAHO Committee was released on October 15, 2007. It recommended that the Occupational Therapist Market Supplement be increased. HSAS is very pleased to see this, as this is the first Market Supplement Review Committee Report that has recommended an increase to an existing Market Supplement. HSAS and SAHO are currently working to negotiate an increase. If we are unable to come to a meeting of minds in this regard we will advance the issue of how much the increase should be to the Adjudicator and will ask that a hearing be scheduled. If a hearing is necessary, the Adjudicator will be called upon to pick either our last offer or SAHO's. The increase will be retroactive to the date the report was issued – October 15, 2007.

Respiratory Therapists and PhD Psychologists

The Adjudicator found in HSAS's favour on May 24, 2007. HSAS has been working to negotiate a new Market Supplement with SAHO since that time. Offers have been exchanged but we have not been able to negotiate an increase that in HSAS's view would serve the purpose of reducing vacancy and turnover rates. HSAS has proposed an increase of 8% for both classifications. SAHO has countered with an offer 3.56% for Respiratory Therapists and 4% for PhD Psychologists. HSAS has suggested to the SAHO Committee that unless they can increase their offer, we will refer the issue of how much the increase should be back to the Adjudicator with an understanding that she will pick either our or SAHO's last offer. We expect to have an answer from SAHO in the very near future. The new Market Supplement will be retroactive back to the date of the Market Supplement Review Committee Report – January 22, 2007.

Speech Language Pathologists and Social Workers (MSW)

HSAS has requested that the SAHO Market Supplement Review Committee prepare a report in relation to the Speech Language Pathologist and Social Worker (MSW) classifications as in our view market conditions are such that a Market Supplement is warranted for both these classifications. This request went to the SAHO Market Supplement Review Committee on November 28, 2007. HSAS is looking forward to reviewing the report and will be determining our next step depending on the findings in the report.

Regional Council Development Committee (RCDC)

The 2008 RCDC members include:

Dot Hicks	Five Hills Regional Council
Tamara Dobmeier	Sunrise Regional Council
Rod Watson	Sun Country Regional Council
Lynzie Rindero	Prairie North Regional Council
Joanne Schenn	Prince Albert Parkland Regional Council
Cathy Dickson	Committee Chair

There are also two Executive Council members who have expressed interest in joining the RCDC; however their involvement has not been confirmed. Once we have confirmation the website will be updated to include their names.

The goal of the Regional Council Development Committee is to encourage and aid in the development of Regional Councils in all the Health Regions and to support the already established Regional Councils in any way needed.

The value and effectiveness of Regional Councils was seen clearly during the contract negotiations. Those Regions with established Regional Councils had home contact information for all their members long before job action was taken. As well, the Regional Councils' Executive members were eager to act as contacts and organized to rally their members into action at a moments notice. This readiness was an invaluable asset to the Job Action Committee before and during the job action. Thank you for your leadership.

The RCDC would like to see the establishment of Regional Councils in all of the Health Regions. Our committee is committed to this cause and we would love to hear from any members who would like to learn more about the role and mandate of Regional Council or would like help in establishing a Regional Council.

Please contact Cathy Dickson at sw2.hsas@sasktel.net

Labour Relations Corner

Your Labour Relations staff continue to assist ever increasing numbers of Members in accessing their rights to Family Leave. To date, no requests have been filed by members and been denied by the Employers resulting in lost grievances. We are happy that members are accessing their rights to Family Leave and that so far we have been successful in assisting HSAS members in securing the Family Leave they are entitled to.

Your Labour Relations staff continue to work hard on behalf of the Membership. Issues surrounding Attendance Management (Support), Classifications, Scheduling, Field Hours and "Back To Work" Accommodation files continue to make up a large part of the Labour Relations workload.

Vacation Entitlement

It is that time of year again when the question of how much vacation time can be carried over into the next Vacation Year, comes up.

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:

Members are **limited to carrying over five days** unless they get permission from their employer to carry over more (Appendix A).

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



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.

A Supreme Decision: Collective Bargaining As A Constitutional Right

by Elaine Bernard/Our Times/CALM

It's not often that labour celebrates a decision by the courts, but a June ruling by the Supreme Court of Canada, in a case involving health care unions and the British Columbia government, is a notable exception.

Proclaiming collective bargaining as a "constitutional right" supported by the Charter of Rights and Freedoms, the Supreme Court has rendered a landmark decision. The decision is 135 pages, but is well worth the read for its analysis and review of the history of the Court's thinking on freedom of association and collective bargaining. In an important reversal, the Justices declared that earlier court decisions refusing to recognize freedom of association as including the right to bargain collectively "do not withstand principled scrutiny and should be rejected."

This sudden recognition by Canada's highest court of collective bargaining as a fundamental right may breathe new life into ailing labour rights in Canada. As well, it may put provinces and the federal government, always quick to introduce legislation limiting and undermining collective bargaining rights of workers, on notice that the Court has a new-found appreciation of the role of collective bargaining in promoting the core values of "human dignity, equality, liberty, respect for the autonomy of the person and the enhancement of democracy." This case arose out of a January 2002 attack by B.C.'s Liberal government on the rights of unionized health care workers. The government gutted health care workers' collective agreements and placed limits on the unions' future ability to re-establish rights lost through the unilateral government action.

The Court's decision is a much delayed victory that sends health care workers and their union back to the bargaining table. The Court has suspended of its decision for one year "to allow the government to address the repercussions of this decision," but it has done nothing

to redress the tremendous loss experienced by B.C. health care workers. With about 8,000 workers having been fired so far, and thousands more having had their wages and benefits slashed bargaining promises to be very contentious. And the Court reminds us that collective bargaining is “a limited right,” a “right to a process” and not a guarantee of “a certain substantive or economic outcome.”

In recognizing collective bargaining “as the most significant collective activity through which freedom of association is expressed in the labour context,” the Court reversed 20 years of Supreme Court decisions. The Justices argued that workers coming together to negotiate their terms and conditions of employment has a long history in Canadian labour relations. Quoting numerous labour scholars and historians, the decision reviews the long legal battle to establish labour and bargaining rights for workers in Canada. In a ringing endorsement of bargaining expressed in the language of human rights, they conclude that, “the right to bargain collectively with an employer enhances the human dignity, liberty and autonomy of workers by giving them the opportunity to influence the establishment of workplace rules and thereby gain some control over a major aspect of their lives, namely their work.” Future decisions on labour relations issues may be possible because of the Court’s explicit and detailed rejection of the argument from earlier Charter labour cases that collective bargaining and the right to strike are “modern rights” created by legislation, and not “fundamental freedoms.” In this B.C. case, the Court contends that “long before the present statutory labour regimes were put in place, collective bargaining was recognized as a fundamental aspect of Canadian society.” Legislation did not create collective bargaining, but legislation eventually came to protect bargaining because of its “fundamental importance” to society. One might make the same case for the right to strike. Unfortunately, this case did not involve the right to strike and so it remains an open question whether the Supreme Court, in a future case, will recognize “the right to strike” as a constitutional right. Like collective bargaining, the right to strike “is consistent with, and indeed, promotes other Charter rights, freedoms and values” and therefore deserves to be recognized and protected by the Charter.

Elaine Bernard, a labour educator from Canada, directs the Labor and Worklife Program at Harvard Law School. Our Times is an independent, pro-union Canadian magazine dedicated to promoting worker’s rights and social justice.



U.S. Unions Reverse Trend

For the first time in thirty years the percentage of American workers who are unionized has gone up.

The U.S. Labor Department reports that the number of wage earners belonging to unions grew in 2007 by 311,000 to 15.7 million. Union membership increased from 12 percent of the U.S. labour force in 2006 to 12.1 percent last year. Private sector unions now represent 7.46 percent of U.S. employees up from 7.4 percent at the end of 2006. This is the first increase in organized labor's ranks since the 1970s.

American workers certainly need unions active on their behalf. Wage rates currently are almost 10 percent lower than they were in 1973, after inflation adjustments are made. The share of national income going into workers' paycheques and employee benefit plans is at its lowest ebb since the 1960s. Meanwhile the share of GDP going to profits has skyrocketed. Job growth has slowed, unemployment has trended upward and a mild recession seems to be settling in across the U.S. The decline in unionization has been a huge factor in workers losing ground.

U.S. employers are among the most aggressive in the world in keeping unions out of their workplaces. And globalization, deregulation and technological change have abolished many union jobs.

Let's hope the trend towards growth in union numbers continues and accelerates. White collar and high tech employees and workers in the service and retail sectors desperately need the benefits of collective bargaining and the security of union membership.

More Women Than Men in Canadian Unions

Focus/OFL/CALM

For the first time women now outnumber men in Canadian union ranks. According to Statistics Canada, between January and June 2007 there were 2,248,000 women represented by unions compared to 2,237,200 men. In response, unions are now pushing women's concerns to the top of their agendas - concerns like workplace fairness, pay equity, child care and pensions.



Great Big Contest Results

A sincere thanks to all the union members who sent in pictures of their pets. Clearly Health Sciences members have the best looking domestic livestock around. They were all winners and we thought you should see them all. An independent judge has chosen from the three categories—Best Cat, Best Dog, Best Other/Unusual and one Over-All Best (Grand Prize).



Grand Prize - Allison Bokitch

Kairo (back) and Kenya (front) are both St. John Ambulance therapy dogs working in facilities in the Heartland Health Region.

Best Cat - Melissa Hogeveen

Sophie was rescued from the Moose Jaw Humane Society.



Best Dog - Shannon O'rell

Maggie, a Yorkie / Maltese cross is the latest addition for Shannon's household.



Best Other / Unusual - Janice Hayden

Janice tells us that "Lucy is just over 1 year and I bottle-fed her from birth. She comes running when I call her and she loves to have her hair brushed and neck rubbed."

Cats



Borris & Fes
Natalie Horejda



Simba
Ron Potter



Sabath
Ron Potter



Buddy
Tara Schellenberg



Ti
Joanne Schenn



Monster
Amanda Bridgeman



Theo
Jolene McLeod



Dogs



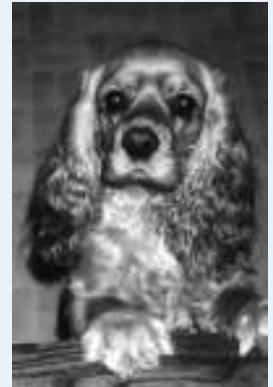
Joey
Lisa Berg-Kolody



Harley
Natasha Gilbert



Chester
Chris Etue



Molly
Chris Driol



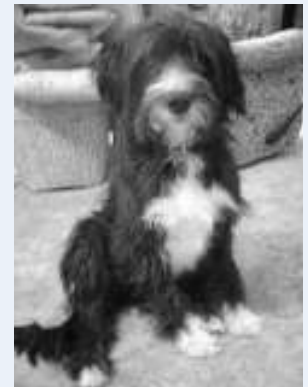
Elsa
Moira Remmen



Harley
Natalie Horejda



Maverick & Boner
Armina Bridgeman



Sox
Dianne Lauritzen



Bellah
Shannon O'rell



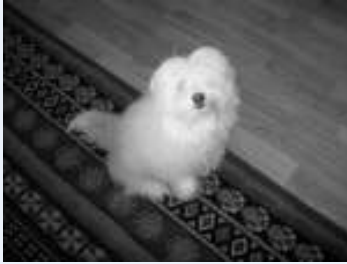
Shadow and Kia
Nancy Gavernoski



Sasha
Ron Potter



Kalby and Meika
Felicia Bishara



Harley
Mary Rowland



Other /
Most Unusual



Gilderoy and Cornelius
Natalie Horejda



Bunny ???



Ali-Doll
Natalie Horejda



Hosah
Natalie Horejda



Pep
Ron Potter

Upcoming Events

Annual Convention - The 36th Annual Convention will be held at the Travelodge in Saskatoon on Friday, November 21, 2008.



All HSAS members are welcome to attend, however only delegates are allowed to vote. Additionally, only delegates are entitled to expense reimbursement, wage replacement and the stipend.



For more information on becoming a delegate, please refer to Article 3 of the Constitution and By-Laws.

Executive Council - The next meetings of Executive Council are scheduled to be held February 21st and April 21st, 2008.

35th Annual Convention

Our 35th Annual Convention was held November 17th, 2007 in Regina. Well attended by delegates, members and staff, the convention was a great day of learning, networking, discussion of HSAS business and also a whole lot of fun!

The morning featured an orientation session for new delegates while returning delegates enjoyed an informative session on Ethics presented by Scott Irwin. Attendees stated that the presentation was very valuable in assisting them in understanding the vital importance of ethics in the delivery of professional health care services.

In the afternoon, those in attendance were educated, challenged, entertained and amused with presentations by Kerrie Strathy on issues related to health care and communications for and with seniors, and Jayne Clendening on overcoming challenges through Laughter Yoga.

The Annual Convention Business Meeting followed with delegates receiving reports of HSAS business over the last year and also approving several important Constitutional and By-Law amendments.

We also announced and welcomed the newly elected Executive Council Representatives and ended the day with a lively social for members and staff. Our 2007 Annual Convention was a resounding success and plans are underway to make the 2008 convention in Saskatoon even better!

Stay tuned to the *Dispatches* and our website (www.hsa-sk.com) for further details.

Minutes of the 2007 Annual Convention
Saturday, November 17, 2007
Travelodge Hotel
Regina, SK

Delegates Present:

Gail Beggs-LaRiviere	Regina Qu'Appelle Health Region
Nicole Bidwell	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
Steve Cupples	Heartland Health Region
Cathy Dickson	Prince Albert Parkland Health Region
Edward Didur	Saskatoon Health Region
Jeff Dmytrowich	Saskatoon Health Region
Chris Driol	Saskatoon Health Region
Bill Feldbruegge	Saskatoon Health Region
Peggy Forsberg	Regina Qu'Appelle Health Region
Debra Ginther	Saskatoon Health Region
Dot Hicks	Five Hills Health Region
Craig Hillier	Prairie North Health Region
Ian Holton	Heartland Health Region
Natalie Horejda	Regina Qu'Appelle Health Region
Sheldon Hrynowsky	Regina Qu'Appelle Health Region
Lisa Johnson-Hallberg	Sun Country Health Region
Ted Makeechak	Saskatoon Health Region
Karen Kinar	Saskatoon Health Region
Megan Koski	Keewatin Yatthe Health Region
Angie McConnell	Saskatoon Health Region
Deb Morton	Saskatoon Health Region
Maynard Ostafichuk	Sunrise Health Region
Joanne Schenn	Prince Albert Parkland Health Region
Marcel Shevalier	Regina Qu'Appelle Health Region
Mary Spurr	Regina Qu'Appelle Health Region
Valerie Stopanski	Heartland Health Region
Ray Van De Vorst	Regina Qu'Appelle Health Region
Karen Wasylenko	Saskatoon Health Region
Elizabeth Wojnakowski	Heartland Health Region

Delegates Absent:

Marion Blain	Prairie North Health Region
Terry Dodds	Saskatoon Health Region
Tina Peyton	Saskatoon Health Region
Rod Watson	Sun Country Health Region

Delegates Withdrawn:

Paul Silvester	Five Hills Health Region
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Thirty-five (35) voting delegates present. Quorum established as per Article 3.5 of By-Laws.

President Chris Driol called the meeting to order at 3:00 pm.

1. Adoption of Agenda

Motion to adopt the agenda as presented.

Cathy Dickson / Craig Hillier

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. Amendment made to page 5 under Independent Unions add: Manitoba Association of Health Care Professionals, Association of Allied Health Professionals (Nfld).

Motion to accept the President's Annual Report as circulated and amended.

Edward Didur / Dorothy Hicks

Motion Carried

4. Committee Reports

(a) Finance Committee

The Audited Financial Statements and the Emergency Fund Audited Financial Statements were made available to members prior to the commencement of the meeting. Treasurer Karen Wasylenko presented the reports.

Motion to accept the General Audited Financial Statement as circulated and presented.

Karen Wasylenko / Debbie Morton

Motion Carried

Motion to accept the Emergency Fund Audited Financial Statement as circulated and presented.

Karen Wasylenko / Karen Kinar

Motion Carried

Motion to appoint Mr. Alan Ashdown as the HSAS Auditor for the 2007/2008 Fiscal Year.

Karen Wasylenko / Scott Boucher

Motion Carried

Change in the Order of the Day:

Motion to change the Order of the Day to approve the minutes of the Annual Convention 2006.

Debbie Morton / Gail Beggs-LaRiviere

Motion Carried

2. Adoption of November 18, 2006 Annual Convention Meeting Minutes

Motion to adopt the minutes of the November 18, 2006 Annual Convention as circulated and presented.

Peggy Forsberg / Cathy Dickson

Motion Carried

Return to the Order of the Day:

- (b) Provincial Negotiating, Job Action, Essential Services, Communication, Education Fund, Emergency Fund, Grievance, Charitable Donations/Professional Contribution, Annual Convention and Regional Council Development Committee

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 circulated.

Debbie Ginther / Rupal Bonli

Motion Carried

- (c) Constitutional Committee

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

Motion to accept the Constitutional Committee report as circulated.

Gail Beggs-LaRiviere / Natalie Horejda

Motion Carried

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

Addictions Counsellors/Therapists

- Dave Tillusz

Emergency Medical Technicians, Paramedics, Dispatchers

- William Fischer
- Darcy McKay

The remaining Executive Council Seats were acclaimed for:

Assessor/Coordinator

- Debra Ginther
- Seat vacant

Pharmacists

- Seat vacant

Physical Therapists, Prothetists, Orthotists, Exercise/Conditioning Therapists

- Sheila Dickie

President

- Chris Driol

Recreation Therapists, Mental Health Therapists

- Anne Robins (Term ending November 2008)

Respiratory Therapists, Perfusionists

- Deb Morton

Social Workers

- Cathy Dickson
- Seat vacant (Term ending November 2008)

6. Old Business

None

7. New Business

None

8. Members Resolutions

Motion to approve the Non-Substantive changes to the Constitution as presented.
Gail Beggs-LaRiviere / Dorothy Hicks
Motion Carried

Motion to approve the changes in Article 3 (g) of the Constitution as presented.
Gail Beggs-LaRiviere / Dwayne Cameron
Motion Carried

Motion to approve the changes in Article 3.4 (a) & (g) as presented.
Gail Beggs-LaRiviere / Craig Hillier
Motion Carried

Motion to approve the changes in Article 4.4 (b) as presented.
Gail Beggs-LaRiviere / Debbie Morton
Motion Carried

Motion to approve the changes in Article 6.2 (i) as presented.
Gail Beggs-LaRiviere / Karen Wasylenko
Motion Carried

Motion to approve the changes in Article 10.1 (b) as presented.
Gail Beggs-LaRiviere / Ian Holton
Motion Carried

9. Adjournment

Five door prizes were drawn and these included: two (2) copies of the book “On the Side of People – A History of Labour in Saskatchewan”, two prizes of one (1) HSAS golf shirt and one (1) HSAS Thermos, and one (1) grand prize consisting of one (1) copy of the book “On the Side of People – A History of Labour in Saskatchewan”, one (1) HSAS Briefcase and one (1) HSAS Thermos.

Motion that the Annual Convention be adjourned.
Nicole Bidwell / Debbie Morton
Motion Carried

Adjournment time: 4:40 p.m.

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/ Therapists	1	Dave Tillusz Sunerise Health Region	addictions.hsas@sasktel.net	Nov. 2009
Social Workers	2	Joanne Schenn Prince Albert Parkland Health Region	sw1.hsas@sasktel.net	Nov. 2008
		Cathy Dickson Prince Albert Parkland Health Region	sw2.hsas@sasktel.net	Nov. 2009
Assessor/Coordinators	2	Vacant		Nov. 2008
		Debra Ginther Saskatoon Health Region	assessor2.hsas@sasktel.net	Nov. 2007
Speech & Language Pathologists, Audiologists, Orthoptists, Music Therapists	1	Karen Wasylenko Saskatoon Health Region (Speech & Language Pathologist)	slp.hsas@sasktel.net	Nov. 2008
Respiratory Therapists, Perfusionists	1	Debbie Morton Saskatoon Health Region (Respiratory Therapist)	respiratory.hsas@sasktel.net	Nov. 2007
Emergency Medical Technicians, Dispatchers, Paramedics	2	Bill Fischer Regina Qu'Appelle Health Region (Paramedic)	ems1.hsas@sasktel.net	Nov. 2009
		Darcy McKay Regina Qu'Appelle Health Region (Paramedic)	ems2.hsas@sasktel.net	Nov. 2009
Physical Therapists, Prosthetists, Orthotists, Exercise/Conditioning Therapists	2	Peggy Forsberg Regina Qu'Appelle Health Region (Physical Therapist)	pt1.hsas@sasktel.net	Nov. 2008
		Shelia Dickie Regina Qu'Appelle Health Region (Physical Therapist)	pt2.hsas@sasktel.net	Nov. 2009
Public Health Inspectors, Infection Control Practitioners, Dental Hygienists/ Therapists and Health Educators	1	Valerie Stopanski Heartland Health Region (Health Educator)	phi.hsas@sasktel.net	Nov. 2008
Pharmacists	1	Vacant	pharm.hsas@sasktel.net	Nov. 2009
Occupational Therapists	1	Mary Spurr Regina Qu'Appelle Health Region	ot.hsas@sasktel.net	Nov. 2008
Recreation Therapists, Mental Health Therapists	1	Anne Robins Saskatoon Health Region (Recreation Therapist)	mt.hsas@sasktel.net	Nov. 2008
Psychologists, Psychometritians	1	Rupal Bonli Saskatoon Health Region (Psychologist)	psy.hsas@sasktel.net	Nov. 2008
Dietitians, Nutritionists,	1	Vacant		Nov. 2008

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 - diet.hsas@sasktel.net
Social Worker

Secretary

Mary Spurr - ot.hsas@sasktel.net
Occupational Therapist

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
gov2.hsas@sasktel.net

Committees

2008 Annual Convention

Deb Ginther (Chair)
Glenda Brown
Deb Morton

Education Fund

Rupal Bonli
Ted Makeechak
Joylene Mora - staff

Regional Council Development

Cathy Dickson (Chair)
Tamara Dobmeier
Dot Hicks
Nicole Rancourt
Lynzie Rindero
Rod Watson
Joylene Mora - staff

Charitable Donations / Professional Contributions

Peggy Forsberg (Chair)
Bill Fischer

Emergency Fund

Deb Ginther
Dave Tillusz

Communications

Rupal Bonli (Chair)
Deb Ginther
Natalie Horejda
Darcy McKay
Deb Morton
Dave Tillusz
Charlene Hebert - staff
Garnet Dishaw - staff

Finance

Karen Wasylenko (Chair)
Ted Makeechak
Darcy McKay
Anne Robins
Jeff Dmytrowich
Warren Chykowski
Joylene Mora - staff

Provincial Negotiating

Bill Fischer
*(see web site in early March for
other members)*

Constitutional

Deb Morton (Chair)
Shelia Dickie
Debra Ginther
Natalie Horejda
Val Stopanski
Mary Spurr
Dave Tillusz

Grievance

Debbie Morton (Chair)
Tracy Erickson
Deb Ginther
Brad Mee
Maynard Ostafichuk
Anne Robins
Dave Tillusz



HSAS Staff

Regina

#180 - 1230 Blackfoot Drive
Regina, SK S4S 7G4

Phone: (306) 585-7751
Toll-Free: 1-877-889-4727
Fax: (306) 585-7750
E-mail: hsasregina@sasktel.net

Garnet Dishaw

Labour Relations Officer
dishawg.hsas@sasktel.net

Mario Kijkowski

Labour Relations Officer
mario.hsas@sasktel.net

Charlene Hebert

Administrative Assistant
hsasregina@sasktel.net

LRO Assignments

Garnet Dishaw

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

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

#42 - 1736 Quebec Avenue
Saskatoon, SK
S7K 1V9

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Toll-Free: 1-888-565-3399
Fax: (306) 955-3396
E-mail: hsasstoon@sasktel.net

Kevin Glass
Labour Relations Officer
glassk.hsas@sasktel.net

Kate Robinson
Labour Relations Officer
robinsonk.hsas@sasktel.net

Colleen Lieffers **
A/Administrator
joylene.hsas@sasktel.net

Joylene Mora
Administrator
joylene.hsas@sasktel.net

Colette Duffee
Administrative Assistant
hsasstoon@sasktel.net

Crystal Larson
Administrative Assistant
larsonc.hsas@sasktel.net

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

LRO Assignments

Kevin Glass

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

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

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

Return:

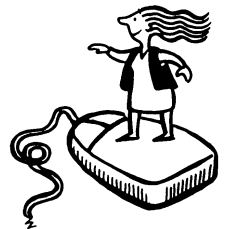
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**#42 - 1736 Quebec Avenue
Saskatoon, SK
S7K 1V9**

Don't forget to visit us on the web !

www.hsa-sk.com



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

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