

Dispatches

June 2009

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Pamphlet Included !

**Fair Day's Work
Fair Day's Pay**

Provincial Negotiating Crisis

As you are most likely aware, the start of negotiations has been a difficult period and the negotiating committee is trying to find a resolution to these issues in order to conduct negotiations in a meaningful way. The letter sent to you in late April explained the obstacles being presented by SAHO and the health regions. SAHO refuses to remove language that would allow them to add new proposals and language to the contract at any time during the negotiations. HSAS gave SAHO a complete package and expects the same from SAHO. In light of the new essential service legislation restricting the right to any meaningful job action we cannot move forward with this clause still present in SAHO's proposals.

We provided them with written language to attempt to resolve the issue. In face-to-face meetings the SAHO representatives agreed in principle but are unwilling to sign an agreement on the clause and stated that we should "take their word on it".

HSAS has also objected to SAHO's refusal to deal with monetary issues until they make **an offer** at the **conclusion** of Collective Bargaining.

The committee met face-to-face with SAHO on the 20th of May to once again attempt to resolve these issues. HSAS recommended a mediator to bring about a satisfactory conclusion to the issue and set a frame work to force SAHO to conduct meaningful negotiations.

SAHO agreed to the appointment of a Conciliator from the Department of Labour and our hope is that these issues can be resolved during the scheduled negotiations in mid-June.

On the Essential Services front, HSAS was forced to take the Regina Qu'Appelle Health Region to court in order to comply with the government legislation. We are confident that the courts will order the health regions to acknowledge the importance of presenting a workable essential service plan that protects the health and safety of the people of Saskatchewan and HSAS members who provide the vital services.

In Solidarity
Bill Fischer
Chair, HSAS Negotiating Committee

President's Message

Spring has arrived at last and the all too short Saskatchewan summer is beginning in earnest. We've all been working hard over the winter and I hope that all of you will be able to enjoy the nice weather while it lasts.

Your HSAS staff and elected representatives will continue our work on your behalf over the summer with our public awareness "Straight Talk on Health Care" campaign continuing, as well as the ongoing work of administering our Collective Agreement. With dozens of grievances filed over "Family Leave" and with several going to arbitration over the last 2 years, it is not surprising to see that the Employers plan on stripping this hard earned right out of the Collective Agreement. Your Negotiating Committee will forcefully resist their efforts at the bargaining table but at the end of the day, it is clear that only by all of us collectively saying "no" will we be able to retain our current rights and secure a fair Collective Agreement.



I would encourage all members not to be discouraged or stressed by media reports, but instead to watch our website for media releases and bargaining updates in order to keep informed about the true facts surrounding public relations and negotiation progress or lack thereof.

HSAS is committed to our advocacy work on behalf of our members and to securing a Collective Agreement which honours the important work you do. We do this to ensure that professional health care human resources are in place to provide the highest possible quality of health care services for the residents of Saskatchewan.

Best Regards - In Solidarity,
Chris Driol
President of HSAS

Health Sciences Straight Talk

...understanding healthcare in Saskatchewan

HSAS Straight Talk is a major public relations campaign launched by HSAS on April 13th of this year.

Closed Captioning Announcements on CTV, bus boards in Saskatoon and Regina and bi-weekly newspaper ads in 12 weekly newspapers across the province are all intended to increase public awareness of our professions and what we do and draw people to our website. It is our hope that increased public awareness of our member's professions and the issues they face will establish HSAS as the source for Straight Talk on Health Care in our province.

To view all the components of this campaign and other important HSAS Notices, go to our website at www.hsa-sk.com.

Labour Relations Corner

A Cautionary Tale

HSAS recently received an arbitration award in a decision from a 3 member panel which has provided some much needed clarity on the interpretation of Article 21.04 of the collective bargaining agreement, the Selection Criteria clause.

An unsuccessful member filed a grievance when, following a competition the association alleged a violation of Article 21.04, which reads as follows:

“When qualifications, suitability and experience necessary to perform the work are relatively equal, seniority shall be the deciding factor.”

The issue was not whether the qualifications established for the job were appropriate but rather, about the Employer’s evaluation of the candidates for the job against set criteria and the scope of review available to the Board of Arbitration of such evaluation.

The Chair asked whether one candidate’s qualifications, suitability and experience were sufficiently different from the other candidate so as to dislodge seniority as the deciding factor.

The Board found that, in determining suitability,

“Their failure to look beyond the interview is, as I have found, a fatal flaw...if they had done so...and been told that in his two years as a lead hand, he had demonstrated good judgment and leadership skills, as they might have been told had they looked beyond the interview, they may have come to a different conclusion in assessing his suitability.”

Re University of Toronto and Canadian Union of Public Employees, Local 3261 (1995), 52 L.A.C. (4th) 387 (Burkett) at 392-93

The Chair adopted the following statement:

“In light of the above, I am of the opinion that the manner in which personal suitability was

evaluated in the promotional routine was both unreliable and unreasonable. If the employer was determined to assess personal suitability, then it should have done so on the basis of past work performance and not based on responses to a few general questions posed at an interview. The latter approach is subjective in the extreme and results in an assessment which represents little more than a “gut reaction” or “first impression” on the part of the evaluators...”

Re City of Halifax and International Association of Firefighters, Local 268 (1991), 19 L.A.C. (4th) 392 (Outhouse) at 410-11.

In the final analysis, the Chair concluded that an arbitrator must still recognize that the employer is in the best position to judge the qualifications of 2 competing employees.

With this background, the Chair found that the selection process was “significantly flawed” and as a result was not fair and reasonable.

The Chair further found that the selection criteria required the Employer to look at the “qualifications, suitability and experience necessary to perform the work” of the applicants and that this was not done.

The qualifications and experience were not put squarely before the decision makers. The Human Resource team, in reviewing only a heavily edited summary of qualifications, did not see all of the qualifications of the candidates.

The Chair further found that in looking only to the criterion of suitability and assessing only on this fact, an error was made. “Further the interview itself falls short of a fair assessment of this criterion.”



As a result, the decision was set aside as not fair and reasonable and, in all of the circumstances, rather than ordering a new process to be undertaken, the Chair directed the employer to appoint the grievor to the position and to compensate for the difference in pay lost as a result of the delay.

Facebook and Twitter Users Beware!



Online networking sites such as Facebook and Twitter are becoming more and more popular. These sites can be a useful and fun way to make new friends and keep in touch with old friends and family but they can

also cause a great deal of trouble for Employees as well.

It is important for HSAS Members to understand that Employers are looking at these sites as well as your friends. Your manager does not have to be authorized to see your site with the comments you have made. Anyone of those whom you have authorized may well pass on information posted by you.

Employees have been disciplined and have even been fired for posting comments that reflects poorly on their Employer's reputation.

Most of these sites are set up for users to share their occupations and where they work. Once this information is provided comments made by you can be used against you by your Employer if those comments are seen to reflect badly upon the Employer.

HSAS encourages Members to have fun but to remember to be careful when they are "networking" online.

Canadian Healthcare Professionals Meeting February 5th and 6th, 2009

The Canadian Health Professionals Secretariat (CHPS) was formed by the National Union of Public and General Employees (NUPGE) to create

a forum where unions who represent Health Care Professionals could meet and work together to share common concerns and work to raise the profile of health care professionals across Canada. Currently CHPS involves about 60,000 health care professionals from all provinces with the exception of Quebec. HSAS was represented by Chris Driol at the CHPS semi-annual meeting held in Ottawa on February 5th and 6th, 2009.

We received an update from James Clancy, NUPGE President, on the national economic and political situation. Surveys report that 70% of Canadians believe that Government needs to invest in public services – especially health care. NUPGE has produced 3 new pamphlets in support of publicly funded health care. These are centered around electronic health records, Primary Health Care and Public Health prevention and promotion initiatives.

James also reported on their submission to the Mental Health Commission of Canada. Later in the meeting we had a presentation from the Mental Health Commission, which focused on shortages of funding dedicated to mental health services, shortages of training seats, professionals to provide services and how Canada is the only G-8 country without a national mental health strategy.

We had a far ranging discussion on Attendance Management/Support programs during which participants shared concerns and successes in regards to arbitrations around these matters. Particular interest was expressed in regards to our Five Hills Health Region Arbitration and the arbitrator's findings around Privacy Legislation as they relate to Attendance Management.

A recent collective agreement with Health Sciences Alberta provides a 23% wage package over three years. In Newfoundland, a new four year deal provides increases of 8-4-4-4% with additional increases for certain groups.

Through our involvement with CHPS, HSAS is in a better position to keep up with latest trends and issues facing health care professionals and improve our efforts on your behalf.

The National Union of Public and General Employees (NUPGE)
The Canadian Health Professionals Secretariat



Regina HSAS Office Moves



On Monday, March 30th, the HSAS office in Regina moved to its new location.

The new address is:

#12 - 395 Park Street
Regina, SK S4N 5B2

Our phone and fax numbers remain the same. (See page 22).



Garnet Dishaw, Bill Craik and Mario Kijkowski



**Does HSAS have your
personal
contact information?**



The new office at #12 - 395 Park Street

In order to keep our database current, please keep us informed of any information changes including address and names. Do not assume that your Employer will automatically pass this information on to HSAS.

A home email address will assist HSAS in keeping you informed!

Regional Council Development Committee (RCDC) Update

The RCDC members are Ralph Aman, Mary Deren, Tamara Dobmeier, Dot Hicks, Deb Morton, Nicole Rancourt, Lynzie Rindero, and myself, Dave Tillusz as Chair. We had our first 2009 meeting on April 8th. We reviewed our mission and discussed several options to build the RCDC and to better serve our membership through a broader, more effective line of communication. Some of the other topics discussed were: the development of more regional councils, new hire orientations, Regional Council Annual General Meetings, Essential Services and Bargaining and the Professional Development Fund, which is available to any members who attend Regional Council meetings in their region. The committee also brainstormed ideas for a Fall Retreat we have tentatively planned for October 2009 at Sarah's Cove Resort near Elbow.

* * * *

The following are brief updates from the Regional Council Chairs:

Cypress Health Region

- *Ralph Aman, Chair*

Last meeting was September 8 and about 17 members attended, next meeting scheduled for June 1st of this year.

Sunrise Health Region

- *Tamara Dobmeier, Chair*

A member survey was completed to determine if employees are aware of what Regional Councils do, how they do it, and what would be required for more members to attend meetings. Their AGM was held on April 29th and about 35 members attended.

Sun Country Health Region

- *Rod Watson and Mary Deren, Co-Chairs*

They are working on how to structure the Regional Council so there is improved representation. This council has been approved to utilize Tele-health to facilitate communication and they have connected with their local Labour Council. Last meeting was held on May 14th, 2009 with 8 members in attendance.

Prince Albert Parkland Health Region

- *Nicole Rancourt, Chair*

It was reported that this council is quite active. Last meeting was April 13th and they will have another meeting on June 8th. Members in this region appear to be comfortable contacting their LRO about issues and they plan to reinstate Union-Management meetings. Next meeting's agenda to include discussion of boundaries between management and members.

Five Hills Health Region

- *Dot Hicks, Chair*

No report.

Prairie North Health Region

- *Lynzie Rindero, Chair*

No report.

* * * *

The Fall Retreat we hope to host, is open to any interested members. We want to provide a relaxing, enjoyable, entertaining and informative event at Sarah's Cove Resort on Lake Diefenbaker.

Stay tuned as more information will be released as the plan develops during our next RCDC meetings in June and September.

If you have any questions or ideas, don't hesitate to contact any of the Regional Council Development Committee members in your Region or myself.

- *Dave Tillusz*
Chair



Regional Council Professional Development Fund

HSAS Executive Council has established a new fund to encourage the development of new Regional Councils and members' current involvement in existing HSAS Regional Councils. Existing Regional Councils are now eligible for funding of \$10 / member for costs of professional development eg. Health Region with 100 members receives \$1,000.00 in funding. This funding will be divided by the Regional Council based on member's attendance at Regional Council meetings during the current fiscal year (October 1 - September 30) and used to offset professional development costs incurred by members during the next fiscal year.

Each existing Regional Council will have the discretion to decide how this funding will be divided to a maximum of \$400.00 / member.

If you have a Regional Council in your area, be sure to get out to meetings and get involved to become eligible for professional development funding. If you don't have a Regional Council (*see page 6 for a listing of current Regional Councils*) contact the Regional Council Development Committee Chair, Dave Tillusz at addictions.hsas@sasktel.net to find out how members in your Region can start a Regional Council and access this and many other exciting benefits.



Sunrise HSAS Regional Council

HSAS Supports Education



A. Silver Anniversary Scholarship Awards

- These scholarships were first established in 1997 to mark the 25th Anniversary of our union.
- Open to a spouse or dependent of an HSAS member enrolled in full-time studies at a post-secondary educational institution leading to a degree, diploma or certificate.
- A lottery system is used to select successful applicants - up to 20 scholarships are awarded. Applications must be received in the Saskatoon office no later than September 15th.

B. Continuing Education Fund

The continuing Education Fund was established at the October 1990 Annual General Meeting with the purpose of promoting continuing education in areas directly related to one's present position.

It is the position of HSAS that the employer should be responsible for costs associated with continuing job related education and that this Fund should not be viewed as a primary funding source. Only members of HSAS are eligible to apply. The Education event must be directly related to your present position. A lottery system is used to select successful applicants. Up to 15 applicants may be selected for each draw. There are two draws - October 1st and May 15th.

Those chosen for the May 15, 2009 Continuing Education Fund draw were:

<u>Name</u>	<u>Profession</u>	<u>Health Region</u>
Amber Barlow	Social Worker	Saskatoon
Rhonda Bartlett	Infection Control Practitioner	Heartland
Gail Beggs-LaRiviere	Physical Therapist	Regina Qu'Appelle
Carolyn Chu	Nutritionist	Saskatoon
Shelley Ebenal	Respiratory Therapist	Saskatoon
Maureen Kraemer	Social Worker	Sunrise
Amy Leung	Occupational Therapist	Saskatoon
Brent McKee	Social Worker	Sunrise
Harriett Novak-Galgan	Psychologist	Regina Qu'Appelle
Jolene Rommelaere	Dietitian	Cypress
Denee Ryz	Occupational Therapist	Regina Qu'Appelle
Michael Shotter	Pharmacist	Cypress
Carrie Stacey	Speech Language Pathologist	Saskatoon
Paula Toovey	Physical Therapist	Saskatoon
Karen Wasylenko	Speech Language Pathologist	Saskatoon

Dispatches Articles

Do you have a story, picture or article that you would like to share with your fellow HSAS members in the *Dispatches*?

send it via regular mail to:

Chris Driol, President
 Health Sciences Association of Saskatchewan
 #42 - 1736 Quebec Avenue
 Saskatoon, SK S7K 1V9

Email:
president.hsas@sasktel.net

UPCOMING EVENTS

A. Meeting of Executive Council

The next HSAS Executive Council meeting will be held Thursday, June 18, 2009 in Davidson

B. Silver Anniversary Scholarship Fund

The deadline for applications to be received by the Saskatoon HSAS office for the Silver Anniversary Scholarship Fund is September 15th. Application forms and details are available at the Saskatoon HSAS office and on the HSAS website.

C. HSAS Annual Convention

The 37th HSAS Annual Convention will be held Friday, November 20th at the Hotel Saskatchewan in Regina. We have a welcome social planned for Thursday evening and an action packed morning and afternoon of activities planned prior to the Annual Convention Business Meeting on Friday afternoon. Expenses, including wage replacement for delegates, will be reimbursed by HSAS.

(a) Resolutions To Be Considered At The Annual Convention

In order for resolutions from the membership to be considered at the Annual Convention, the following conditions must be met:

- (i) each resolution must be submitted by ten (10) active members of the union

and,

- (ii) each resolution must be received by the Secretary of the union at the Saskatoon HSAS office no later than 5:00 p.m. on September 16, 2009.

Responsibilities of Convention Delegates:

1. Required to attend the entire Annual Convention.
2. Read material sent out prior to the convention.

(b) Delegates to the Annual Convention

Any HSAS member may attend the Annual Convention but only elected delegates will be entitled to vote.

HSAS members in each Health Region can elect delegates to the Annual Convention based on one (1) delegate for every 100 members or portion thereof in their Health Region. Information on delegate nominations was mailed to each HSAS member's home the beginning of May. Nominations were to be received in the Saskatoon HSAS office no later than May 29, 2008. Here is a breakdown on the number of delegates each Health Region may send to the Annual Convention and who has been nominated.

Delegates to the Annual Convention

Health Region	Allotted Delegates	Nominations	Number of Seats Remaining
Cypress	2	Ralph Aman	1
Five Hills	2		2
Heartland	2	Katherine Ruitter	1
Keewatin Yatthé	1		1
Kelsey Trail	1		
Mamawetan Churchill River	1		1
Prairie North	2		2
Prince Albert Parkland	2		2
Regina Qu'Appelle	9	Peggy Forsberg Gail Beggs-LaRiviere Scott Boucher	6
Saskatoon	10	Bill Feldbruegge Jason Kaar Alan Morrissette Warren Chykowski Karen Kinar Terry Dodds	4
Sun Country	2	Mary Deren	1
Sunrise	2	Tracey Erickson	1
Total	36	13	23

Fewer nominations have been received than seats available, therefore, nominations received prior to May 28th shall be considered acclaimed for those seats. Any nominations received after the deadline will be considered in the order that they are received, as acclaimed until all vacant seats are filled. Nominations received after all seats have been filled, will be considered as alternates. Should any acclaimed delegate be unable to attend the Annual Convention, the alternates shall be approached to fill the vacant delegate seat, based upon the receipt date of their nomination.

Nomination forms can be obtained by calling the HSAS Saskatoon office at 955-3399 or toll-free at 1-888-565-3399.



Women's Rights Eroded

The New Year rang in a Conservative Party faced with a global economic crisis, and in a time crunch to present a budget early in 2009 that would meet the needs of Canadians facing financial hardship. That budget was presented on January 27, followed quickly by first reading of Bill C-10 on February 5. Bill C-10 outlined the Acts that would provide the economic stimulus needed to carry out the budget, and was passed without hesitation in both the House and the Senate by March 12. A built-in clause which would delay EI payments if the Bill was not passed by March 31 sped the process along, however, it was not passed without some concerns.

Included in the acts of Bill C-10 was the "Public Sector Equitable Compensation Act", addressing the system for achieving pay equity, which has historically been a lengthy and costly process. Unfortunately the "fix" may well be worse than the problem. Women's ability to achieve pay equity under the new act has become much more difficult.

No longer is pay equity a human right for some. The Canadian Human Rights Commission has settled disputes over equal pay since its inception in 1977, but is no longer allowed to hear pay equity complaints from federal public servants. Now, issues of equal pay for work of equal value have to be negotiated at the bargaining table, a place where the balance of power historically sits with the employer. Concerns regarding pay equity that result from collective bargaining must be taken to the Labour Relations Board. If a union assists a woman in preparing or presenting her case, they are fined \$50,000. What individual would have the time or resources to conduct their own Labour Relations Board hearing?

The definition of a female predominant job group has been increased to 70% female workers, as opposed to 55% and 65%. This limits the number of positions that would qualify for pay equity. As well, wording has been changed from the international protocol of "equal pay for work of equal value" to "equal compensation", with no accompanying definition and no history of legal clarification leaving disputes open to interpretation.

Bill C-10 applies only to the federal public service, a work force of 400,000. Besides the concern that exists for the proportion of this group that are

women, the potential that the bill could be expanded to other federal sectors, or adopted within the labour law of provinces and territories, exists. Given the recent history with the Saskatchewan Party government regarding Bills 5 and 6, it is important to be aware and educated.

Canada has a history of women's advocacy around the world. However this Act comes on the heels of other actions on the part of the Harper government which have influenced women including changes to the Status of Women Canada's Women's Programme, cancelling the Status of Women Independent Research Fund and ending child care agreements with the provinces. In the words of Stephen Lewis, former politician and humanitarian: "*There is no lack of evidence for gender inequality anywhere in the world.*" (May 9, 2009 in Regina):

Count Canada in.

Respectfully submitted,
Sheila Kerr
Executive Council

References:

www.embassymag.ca/page/view/editorial-2-18-2009

www.mcgilldaily.com/article/18484-pay-equit-bill-hurts-women

www.liberalsenateforum.ca/Blog/3661-Pay-Equity-and-Bill-C-10-Labour-Reporter, May 2009



The Dangers of For-Profit Health Clinics

The Report/HSA/CALM

A new groundbreaking report shows wait times are longest in areas where there is a large number of physicians working in for-profit, private clinics.

The report, *Eroding Public Medicare: Lessons and Consequences of For-Profit Health Care Across Canada*, details research findings of 130 for-profit health care companies across Canada. The for-profit health clinics are selling surgeries, MRIs and access to physician care. The BC Health Coalition is calling on politicians and policy makers to act on the report's findings and protect British Columbians from an increasingly aggressive group of private investors who are promoting profit-driven health businesses.

"This report should serve as a warning. For-profit clinics are draining resources from the public system and jeopardizing the equality and fairness of medicare," says BCHC researcher Colleen Fuller, who notes that the growth of private for-profit surgical and diagnostic clinics across the country has dramatically increased in the last five years.

"Almost all the for-profit MRI/CT clinics have opened in the last 10 years, doubling in the last five. Almost all the for-profit surgical clinics and two-tier or boutique physician clinics have opened in the last five years," says Fuller.



Wanna take a spin?

Courtesy of CALM

Obama tells union leaders: "You have a place at the table."

UCS/CALM

U.S. president Barack Obama has told labour leaders in his country that while the Bush administration tried to undermine organized labour, the union movement would always have a place at the table under his presidency.

"We need to level the playing field for workers and the unions that represent their interests," Obama said to the executive board of the AFL-CIO at a meeting in March.

Obama said there could not be a strong middle class, the focus of his economic recovery plan, without a strong labour movement. He repeated his support for labour's top legislative priority, the *Employee Free Choice Act*, and reminded union leaders he had acted swiftly to start reversing some of the Bush administration's harshest anti-labour policies.

"We've overturned the previous administration's executive orders that were designed not only to undermine critical government work but to undermine organized labour," Obama said. Within days of taking office on January 20, the new U.S. president signed three orders helpful to unions and workers' rights:

- preventing taxpayers' funds from being used to reimburse federal contractors who spend money to impede workers from organizing
- requiring federal contractors to inform employees of their rights under the U.S. National Labor Relations Act
- helping qualified workers keep their jobs even when a federal contract changes hands.

The Public Services Essential Services Act (Bill 5) Takes Away Health Care Professionals' Rights

The law applies to all unionized workers who work for: the Government of Saskatchewan, Crown corporations, rural and urban municipalities, health regions, universities, SIAST, the Cancer Agency the police and anyone else Cabinet decides.

Your boss gets to designate which workers are "essential" in the event of a strike.

If you are designated "essential", you have to work during the strike.

According to the Act, you will not be allowed to participate in a work stoppage, which includes any form of solidarity actions such as: work-to-rule or picket support to try to improve your working conditions.

If you participate in any strike action, you could be fined \$2,000 plus \$400 per day.

If you are designated "essential", you must do all your regular duties, not just the "essential" duties. You may even be denied vacation.

Health care employers are proposing to designate up to 100 per cent of workers as "essential".

Management has designated your elected representatives and union activists as essential employees.

With that many people who cannot participate in a strike to support collective bargaining, how will unions get collective agreements?

Some provinces with essential services laws have the option to go to independent, third-party arbitrators to get a settlement. Not here in Saskatchewan.

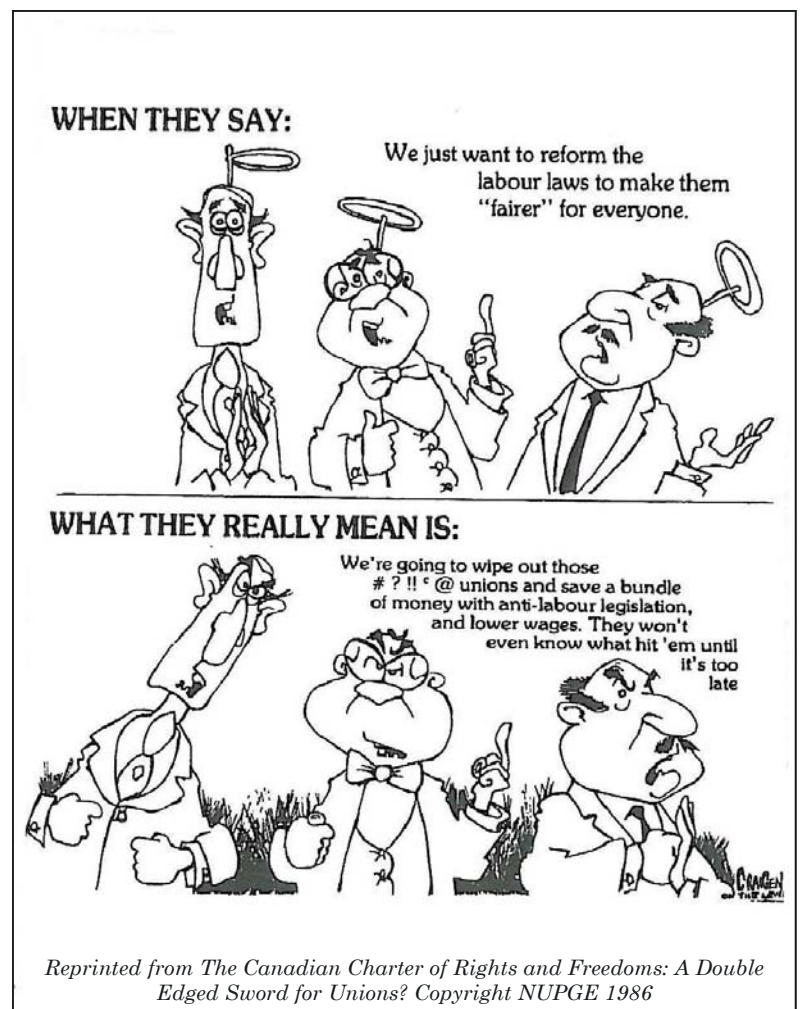
HSAS has always provided emergency services during strikes and lockouts. There

is no need for a law to force workers to work during strikes.

The Saskatchewan Party says this law is about balancing workers' rights and public safety. Unions have never put the public at risk during a strike because union members are the public too.

95.5% of contracts in the public sector are settled without a strike. Collective bargaining worked fine the way it was. Bill 5 is unnecessary.

The Supreme Court of Canada has ruled that collective bargaining is protected under the Charter of Right and Freedoms. Job action, including any work stoppage in support of collective bargaining, ought to be protected as well.



Developing Young

Children soak up language skills at a very young age

Being able to communicate thoughts and ideas to other people is a large part of what makes us human. Yet many of us experience difficulties when it comes to learning language and speech patterns. As part of celebrating May as Speech and Hearing Month in Canada, the Journal will focus on the work of Speech and Language Pathologists in our community over the next four weeks. SLPs, as they refer to themselves, are the people who deal with those who experience difficulty with communication and speech on a daily basis. A relatively new profession, what SLPs do, exactly, remains behind a veil of mystery for many, but the Journal hopes to lift the veil just a bit with this four-part series, allowing the public a glimpse into this fascinating world.

by Keri Dalman
Journal editor



When it comes to the early years of a child's development, their minds are like little sponges, soaking up everything around them.

This is as true for language development as it is for any other sort of development.

Babies learn to talk by listening to voices and sounds around them.

But sometimes they run into a little trouble soaking up speech and language. Because babies develop at different rates, it's sometimes hard to detect if an infant or toddler has a speech or language problem.

Parents should listen to their gut, advised two local speech pathologists - Karen Wasylenko and Helen Weyland. If they feel their might be a

problem, get help. And get it early.

About one in 10 children has a language delay, statistics show, and the sooner a parent gets help for their child, the better it's going to be for the child when it comes to working on the problem.

If a speech or language problem goes unnoticed, a child can face lifelong difficulties, and though it is never too late to work on a speech and language issue, there is a critical window of opportunity for potentially eliminating the problem if help is sought while the child is still young and still learning language.

Even children under the age of two can be helped with speech and language development.

This is where Speech- Language Pathologists (SLPs) come in.

If you live in the Humboldt area and your child has experienced some language difficulty before entering the school system, chances are you met with Karen Wasylenko. Wasylenko is the SLP with Saskatoon Health Region's Public Health Services.

You may have also met with Helen Weyland, the SLP with Horizon School Division, whose client list includes children under the typical entrance age for Kindergarten.

Getting help with speech and language early - in the first three years of life - is the best time for the brain, Wasylenko noted, as children at this age are still soaking up language.

Children are actually formally screened by public health for speech and language problems between the ages of 18 and 20 months, Wasylenko noted.

When parents bring their children in for their immunizations, their communication skills are checked.

It's at this point in their development that children should be able to understand simple questions like "Where is your nose," and make gestures or ask for "more" or "again." They should also babble a lot, and have what they say sound like sentences. And they should use between 25 and 30 words. Most children, Wasylenko said, have more than 50, and are able to combine words occasionally.

If they're not doing some of these things, there may be a problem.

Most parents know when something is wrong with how their child is communicating, Wasylenko said, and in fact, the first question of the screening asks parents if they have any concerns.

"Parents know their kids best. They know when something may be wrong," she stated, though they may not be able to tell you exactly what is wrong.

Other indicators of speech and language difficulty reside in a child's socialization with others.

"Do they like to interact with people and toys? Or are they sitting in a corner, or breaking toys instead of playing with them properly?" Wasylenko asked.

The latter of these may be signs that the child is having communication problems.

And a language problem, she noted, doesn't mean your child is a slow learner. Some very bright children need some help with some of these skills to assist them in dealing with others.

"A communication issue is not an intelligence issue," she said. "Every child is different. Everybody's brain is wired differently. We want to help every child reach his or her potential."

Once an SLP assesses a child who is suspected to have some problems, the fix may involve a few simple suggestions to parents, Wasylenko said, or it could involve some more serious interaction.

Whichever it is, support for that child and their family begins right away to get the fundamentals that should be happening going right away.

They work on things like turn-taking, interacting with others, imitation and a lot of play when they're this young, Wasylenko said.

They also train parents to help their child with different skills at home.

Usually, once the big items like interaction and turn-taking are taken care of, the rest can follow after, Wasylenko noted, but those two things have to be in place before anything else can improve.

But parents don't have to wait until their children are 18 months to seek help. There are speech and language milestones children should be reaching by the age of three months, such as making a lot of noise (coos and gurgles), reacting to loud noises or new sounds, and being soothed by calm, gentle voices.

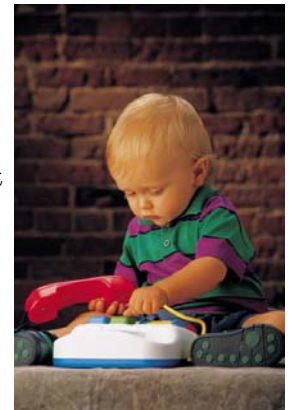
If a child is totally non-verbal by 12 months, that's a very big indicator of some issues, it was noted.

But sometimes, parents don't know that's a problem.

Wasylenko calls it the "quiet baby syndrome." Parents sometimes believe that a quiet child equals a good child. But a baby that is too quiet is likely having difficulties.

"We want babies to be noisy, even in church," Wasylenko grinned.

There are some warning signs that parents should be on the lookout for that could mean their child needs the help of an SLP, including a pattern, possibly linked with genetics, of communication difficulties in the family, or certain conditions at birth that could lead to later problems with speech and language.



Common childhood conditions like ear infections can have a huge impact on speech and language development, because they affect a child's hearing.

Early childhood is such a critical time, if a child has a lot of ear infections, it can cause some delays, Weyland noted, as they are missing information being passed around them.

SLPs are now able to perform simple hearing tests to determine whether a hearing difficulty is leading to a speech and language problem. That's one of the new services an SLP can offer.

But parents can definitely do their part to help their children, even those who are not experiencing difficulty so far. All children, Weyland said, can benefit from some of these strategies.

"The more you use these strategies, the language level improvement is incredible," she stated, "and it helps increase a child's success."

It can be as simple as playing with them, Weyland noted, or encouraging them to play with others.

"A lot of people don't give play credit," said Weyland, but it is what a child needs to do — it's their job, she said. And if they don't do it, it can



affect their development, especially when it comes to speech and language, as both of these things are based on interaction with others.

And parents should play with their children, even if it doesn't come naturally for them to do so.

"You are your child's best play toy," Weyland said. "There is no better toy than you."

Watching television or playing video games aren't nearly as helpful as one-on-one communication between parent and child, Weyland added, because both of those are one-way conversations.

Holding back is another thing parents can do to help their child communicate better.

When you hold back from speaking, when you ask them a question and actually wait for them to answer, or wait for them to say something as part of a conversation, you're teaching your child that you're expecting something from them. When a child responds, it reinforces the idea of a conversation in a natural way.

"You want to wait for a response from the child, even if it's non-verbal," Wasylenko said. "Waiting and expecting is very important."

It's also important for children in their early years to speak face-to-face with others. It teaches them, Wasylenko noted, not only how to form sounds with their mouths, but how to read facial expressions, which makes up a major portion of how we communicate.

Reading with children should also be tailored towards developing their speech, Wasylenko said.

Though reading a book with your child sounds easy, with a child who has difficulty with speech and language, it's extremely difficult to build up that book reading and communication, Wasylenko said.

She encourages parents to share the book with the child, so that it becomes a conversation between the two of them, not just reading the words on the page.

When you're reading the story, she said, match your voice to the story, action and characters, act parts out, and talk about the pictures.

It's okay to miss pages and start anywhere. "Follow their lead," Wasylenko said.

Parents should also, when speaking to their children, limit the "baby talk."

Keep the language simple, Weyland and Wasylenko advise, and animate your words with cadences and intonations, but don't change word sounds because a child is young.

The cadences of a language are extremely important for a child to learn, and something that changes from language to language, Wasylenko noted.

Some little tiny things can be so powerful when it comes to speech and language skills with young children, Wasylenko said.

When she's working with children who have some delays in speech and language, sometimes

it's just a tiny trigger that can be pulled to get them where they need to be.

"And once they get going, the world opens up. It's incredible," she said.

Some children can catch their speech and language skills up to others their age in just six weeks. Other times it takes longer. Both Weyland and Wasylenko have worked with high needs children who need assistance from the time they are very young, and into their school years.

The one thing these SLPs wanted to stress, though, was to seek help if you believe your child needs it and to get it as early as possible.

Signs to watch for

By six months, your child should be babbling and picking up on words, and have different cries for different needs. And by 12 months, they should understand their own name and other common words when used with gestures like "bye bye." They should also be able to say things like "na na" and "ma ma", and sing along, laugh or imitate others.

There are some specific speech milestones that should ring alarm bells for parents:

- When your 18-month-old doesn't use 10 or more words to communicate, when he or she can't follow simple commands or imitate words and sounds.
- When your two-year old doesn't use two or more word sentences, if he or she doesn't understand concepts like up, down, bit or little, and doesn't try to say his or her own name.
- When your three-year-old is not easily understood by an adult friend outside the family, doesn't use the words "me" or "you" in speech, doesn't ask questions using "what", is not pronouncing sounds like m,n,ng,p, f or h in words, and is not using three to four word sentences.

Parents should also watch for hearing difficulties, such as a newborn who does not respond to noises,

or an 18-month-old who does not point and gesture to call attention to objects or events, or continually pulls at his or her ears.

Lots should be happening by the time a child is two years old. If it's not, it may be time to consult a Speech and Language Pathologist.

If you think that your child is having problems developing language, it's important to get help right away. Early therapy can improve your child's readiness for school, as well as their self-esteem and confidence, and prevent any problems from getting worse. It will also help your child get along with others, decrease their frustration and reduce behavioural problems.

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Market Supplement Update

- Kevin Glass
Labour Relations Officer
Saskatoon

resigning his position.

We are waiting to hear back from SAHO and the Adjudicator as to their availability to dates we have proposed. We expect this to go forward sometime in early June.

Dental Therapists

The SAHO Market Supplement Review Committee Report is due October 15, 2009. The last report showed a low vacancy rate.

Pharmacists

The SAHO Market Supplement Review Committee Report is due May 15, 2009.

Infection Control Officers

Next SAHO Market Supplement Review Committee Report due December 22, 2009. The last report indicated a fairly large vacancy rate. These vacancies have been reduced significantly since the last report and given that the Infection Control Officers enjoy a reasonable Market Supplement at present (they follow the current SUN Agreement at the Nurse B rate) it was decided not to pursue a hearing for this Classification.

Physical Therapists

The SAHO Market Supplement Review Committee Report was issued March 26, 2009. The Committee recommended that the Market Supplement for Physical Therapist be maintained but not increased.

Occupational Therapist

The SAHO Market Supplement Review Committee Report was due on April 29, 2009. We expect to see this in the very near future and have contacted SAHO to ask about the delay.

HSAS takes issue with this recommendation given that the Labour Market Review Criteria would indicate that an increase is warranted. The vacancy rate for this classification at the time of the report was 9.4%. This rate has been steadily rising since 2007.

We have notified SAHO of our intention to challenge this report at Adjudication but no date has yet been set to hear this matter.

Orthotists

The SAHO Market Supplement Review Committee Report is due on June 16, 2009.

Prosthetists

The SAHO Market Supplement Review Committee Report is due on June 16, 2009.

Paramedics

The SAHO Market Supplement Review Committee Report is due March 26, 2010.

PhD Psychologists

The SAHO Market Supplement Review Committee Report was due on April 29, 2009. We expect this soon but have contacted SAHO to remind them that this report is past due.

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.

Public Health Inspectors

The SAHO Market Supplement Review Committee Report is due on Jan 29, 2010.

There has been some difficulty arranging a date to hear this matter. SAHO had been without Counsel for a time with Kevin Zimmerman

Respiratory Therapists

The SAHO Market Supplement Review Committee Report was due on April 29, 2009. We expect this soon but have contacted SAHO to remind them that this report is past due.

Are Clients and Patients Better-Off Being *Customers*?

Many Canadian health care organizations are starting to adopt the practice of referring to clients and patients as *customers*. In the United States, Health Maintenance Organizations (HMO's) use the term *customer* as way of selling add-on features and normalizing the reality that each individual is a consumer and must "pay" if they need health services. In Canada, it seems the shift from calling those who access health services as a client or patient to that of a *customer* is being promoted as a quality improvement tool. Somehow, governments and health executives believe the myriad of problems in healthcare will be lessened or forgotten by focusing on these "customer satisfaction" initiatives while avoiding the real problems.

In many ways, what we often think of as *customer satisfaction*; treating patients and clients with: respect, dignity, and individual autonomy is an everyday reality for healthcare professionals. The work of healthcare professionals is often performed while being under-staffed and poorly-resourced, and working with clients and patients who are most vulnerable in their circumstances. It is difficult to imagine someone laying on a stretcher or a person who is threatening to commit suicide as being a *customer*.

An important tenant of being a healthcare professional is the possession of expertise that clients and patients need in order to restore their well-being. As professionals, we respect self-determination, however we frequently see patients and clients who do not necessarily make good decisions about their well-being; being a "satisfied customer" will not change this reality, it will only blame these individuals for their less-than optimal health choices. Further, *customer satisfaction* does not equate effective, optimal care or good health outcomes.

Language is a powerful tool and we see that governments seem eager to re-shape the way

healthcare is practised and delivered that slowly erodes the principles of Medicare. In the end, any improvements with respect to *customer service* will do very little to serve clients or patients, nor will it compensate for the lack of healthcare professionals and the resources needed to support their work.

- Ralph Aman
HSAS Communications Committee

HSAS Strategic Planning

On May 11th and 12th, your Executive Council met and engaged in far-reaching discussions intended to improve the services we provide to the Membership. A facilitator assisted us in examining the process and benefits of Strategic Planning and then guided us in a visioning exercise intended to focus us on long range goals.

We also examined the Executive Council function and followed that up with goals to be implemented over the next year.

All goals were centered on improving communication with the Membership and developing better evaluation of elected representatives and staff in order to better serve HSAS Members.

All participants agreed that Strategic Planning was a valuable exercise and we look forward to moving ahead in the work we do on your behalf.



Have a great summer !

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 Sunrise Health Region	addictions.hsas@sasktel.net	Nov. 2009
Social Workers	2	Joanne Schenn Prince Albert Parkland Health Region	sw1.hsas@sasktel.net	Nov. 2010
		Cathy Dickson Prince Albert Parkland Health Region	sw2.hsas@sasktel.net	Nov. 2009
Assessor/Coordinators	2	Vacant		Nov. 2010
		Megan Ferguson Saskatoon Health Region	assessor1.hsas@sasktel.net	Nov. 2009
Speech & Language Pathologists, Audiologists, Orthoptists, Music Therapists	1	Karen Wasylenko Saskatoon Health Region (Speech & Language Pathologist)	slp.hsas@sasktel.net	Nov. 2010
Respiratory Therapists, Perfusionists	1	Debbie Morton Saskatoon Health Region (Respiratory Therapist)	respiratory.hsas@sasktel.net	Nov. 2009
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	Patricia Pedersen Sunrise Health Region (Physical Therapist)	pt1.hsas@sasktel.net	Nov. 2010
		Sheila Kerr 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. 2010
Pharmacists	1	Nicole Bidwell Regina Qu'Appelle Health Region	pharm.hsas@sasktel.net	Nov. 2009
Occupational Therapists	1	Maggie Vaughn Regina Qu'Appelle Health Region	ot.hsas@sasktel.net	Nov. 2010
Recreation Therapists, Mental Health Therapists	1	Anne Robins Saskatoon Health Region (Recreation Therapist)	mt.hsas@sasktel.net	Nov. 2010
Psychologists, Psychometricians	1	David MacKinnon Prairie North Health Region (Psychologist)	psy.hsas@sasktel.net	Nov. 2010
Dietitians, Nutritionists	1	Melissa Koshinsky Heartland Health Region (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

2009 Annual Convention

Darcy McKay (Chair)

Charitable Donations / Professional Contributions

Maggie Vaughn
Anne Robins

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
Joylene Mora - staff

Emergency Fund

Melissa Koshinsky
Dave Tillusz
Cathy Dickson

Constitutional

Sheila Kerr (Chair)
Natalie Horejda
Darcy McKay
Deb Morton
Joanne Schenn
Dave Tillusz
Bill Craik - staff

Finance

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

Grievance

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

Provincial Negotiating

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

Regional Council Development

Dave Tillusz (Chair)
Ralph Aman
Mary Deren
Tamara Dobmeier
Dot Hicks
Deb Morton
Nicole Rancourt
Lynzie Rindero



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Garnet Dishaw

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Mario Kijkowski

Labour Relations Officer
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Charlene Hebert

Administrative Assistant
hsasregina@sasktel.net



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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.

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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

Al Shalansky
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

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



*You are invited to attend the
37th Annual Convention*

Date: Friday, November 20, 2009

*Place: Hotel Saskatchewan
Regina, Saskatchewan*

For more information, please see page 10.

Visit our website at www.hsa-sk.com