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Provincial Negotiations

Provincial Negotiations with SAHO are continuing. Both sides at the table are not prepared to discuss monetary proposals at this time. Twenty out of 22 proposals tendered by SAHO have negative monetary implications for our Members.

SAHO has stated that their negotiating proposals are intended to:

- Put patients first
- Recruit and retain employees
- Operate efficiently and effectively
- Provide a quality workplace

Your Negotiating Committee believes that their proposals are intended only to cut costs and will have no positive impact on the delivery of professional health care services to the residents of Saskatchewan.

Since SAHO withdrew their Unfair Labour Practice against us, we have met with them for a total of 7 days. Very limited progress has been achieved on some relatively non-substantive items. It is our hope that more significant progress will be made on June 1st, 2nd and 3rd, 2010.

We have been sending out Bargaining Updates and information related to SAHO's proposals on a weekly basis since late April via home e-mail and postings on our website (www.hsa-sk.com). We will continue to keep you informed as negotiations proceed.

President's Message

HSAS staff and elected representatives have been very busy over the last several months advocating on your behalf on many issues.

There is no clear end in sight to the challenges that our Members face in terms of their ability to provide high quality, patient-centered professional health care services.

The provincial government has put the squeeze on health care employers forcing them to reduce costs.

Already we are starting to see the problems associated with these decisions.



- Vacant health professional positions are being left vacant. Some of these positions were formerly held by individuals who were designated as “Essential” by Employers.
- We have received notification from several employers of pending layoffs of health care professionals.
- We have also received notice of new initiatives coming from Employers aimed at reducing sick time. (HSAS Members are amongst the lowest users of sick leave.)
- New initiatives to reduce costs associated with return to work efforts. (HSAS Members have identified an increasing level of stress and leaves related to hazardous working conditions and unmanageable workloads.)
- Reduction of overtime costs. (HSAS has consistently encouraged employers to hire more health care professionals so that Members are not forced to work overtime to meet service needs.)

As you receive this newsletter, HSAS is continuing to negotiate a new Provincial Collective Agreement. No substantive talks have occurred to date regarding monetary proposals tendered by HSAS and monetary takeaways by SAHO on behalf of the Employers.

We are well positioned to continue our advocacy work on your behalf and have committed ourselves to ensuring that Saskatchewan residents receive the professional health care services that they deserve.

Best Regards - In Solidarity
Chris Driol
President, HSAS

What's right

Cowardice asks the question: is it safe?

Expediency asks the question: is it politic?

Vanity asks the question: is it popular?

But conscience asks the question: is it right?

And there comes a time when one must take a position that is not safe, not politic, not popular -- but because it is right.

One has a moral responsibility to disobey unjust laws, which are out of harmony with moral law.

- *Martin Luther King*

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.

The names of those chosen for the May 15, 2010 Continuing Education Fund draw will be published in the September edition of the Dispatches.

You are invited...

38th Annual Convention

Friday, November 5, 2010

TCU Place, 35 - 22nd Street East, Saskatoon SK

Further information will be posted on the web site.

Upcoming Events

A. Meeting of Executive Council

The next HSAS Executive Council meeting will be held Wednesday, June 9th, 2010 in Elbow.

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 38th HSAS Annual Convention will be held Friday, November 5th at TCU Place in Saskatoon. 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 for delegates, including wage replacement, 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 August 31, 2010.

Responsibilities of Convention Delegates:

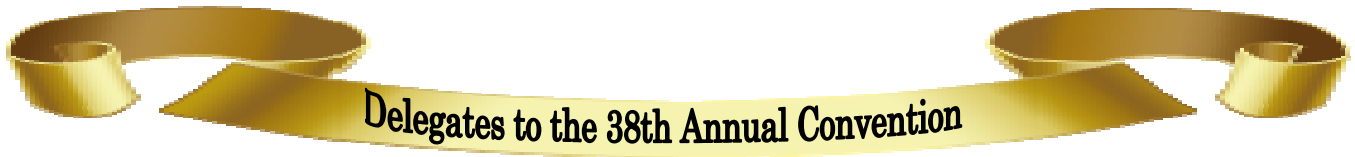
1. Required to attend the entire Annual Convention.
2. Read material sent out prior to the convention.

(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 27, 2010.

Following that date, further nominations will be accepted on a first come - first served basis until all Delegate positions are filled. Nominations received after all Delegate positions are filled will be designated as alternates in the event that an elected or acclaimed delegate is unable to fulfill the duties pertaining to their position.



Delegates to the 38th Annual Convention

Here is a breakdown on the number of delegates each Health Region may send to the Annual Convention and who has been nominated at press time.

| Health Region | Allotted Delegates | Nominations | Number of Seats Remaining |
|---------------------------|--------------------|--|---------------------------|
| Cypress | 2 | | 2 |
| Five Hills | 2 | | 2 |
| Heartland | 2 | | 2 |
| Keewatin Yatthé | 1 | | 1 |
| Kelsey Trail | 1 | | 1 |
| Mamawetan Churchill River | 1 | | 1 |
| Prairie North | 3 | | 3 |
| Prince Albert Parkland | 2 | | 2 |
| Regina Qu'Appelle | 9 | Nicole Bidwell | 8 |
| Saskatoon | 11 | Warren Chykowski Bill Feldbruegge Alan Morrissette Deb Morton | 7 |
| Sun Country | 2 | | 2 |
| Sunrise | 2 | | 2 |
| Total | 38 | | 33 |

The list of nominations will be posted on the HSAS website (www.hsa-sk.com) and will be updated on a continuous basis.

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

Market Supplement Update

Dental Therapists

- The October 22, 2009 Market Supplement Review Committee report was received recommending that the current market supplement be maintained.
- The next report is due October 22, 2010.

Infection Control Practitioners

- The December 22, 2009 report recommended that the current market supplement be maintained.
- The next report is due December 22, 2010.

Occupational Therapists

- The Market Supplement report was received after May 27, 2009, recommending that the current market supplement be maintained.
- The next report was due May 27, 2010.

Orthotists and Prosthetists

- The next Market Supplement Review Committee Report was released June 16, 2009. It recommended maintaining the current market supplement.
- The next report is due June 16, 2010.

Paramedic

- The report for March 26, 2010 was received. It recommends maintaining the current market supplement.

Perfusionists

- The Market Supplement Review Committee Report, dated October 15, 2008, recommended maintaining the current market supplement. A hearing to challenge this decision was held October 23, 2009, which resulted in a refusal to overturn the decision. In doing so, the Adjudicator held that the “choices” made by the Health Regions with respect to staffing levels are not matters subject to review.
- The Market Supplement Review Committee Report dated October 22, 2009 decided to maintain the current market supplement for an additional year.
- The next report is due October 22, 2010.

Pharmacists

- The May 27, 2009 Market Supplement Review Committee Report was released and recommended maintaining the current market supplement.
- The next report was due May 27, 2010.

Physical Therapists

- A Market Supplement Review Committee Report was issued March 26, 2009 recommending that the Market Supplement be continued. This report was challenged at Adjudication on October 23, 2009. The appeal was granted and the matter was referred to a further hearing on the amount to be awarded. As per the process, an attempt was made to negotiate a new rate but has failed. A new date is being set.

PhD Psychologist

- The May 27, 2009 Market Supplement Review Committee Report recommended maintaining the current market supplement.
- The next report was due May 27, 2010.

Public Health Inspector

- The report dated January 29, 2010 recommended that the current market supplement be maintained.
- The next report is due January 29, 2011.

Respiratory Therapist

- The May 27, 2009 Market Supplement Review Committee Report recommended maintaining the current market supplement.
- The next report was due May 27, 2010.

Speech and Language Pathologist

- The report, dated December 10, 2009, recommended not implementing a market supplement at that time.



Happy May Month!

MAY is Speech and Hearing Awareness Month



Prevent Hearing Damage in Children Turn off the Noisy Toys and MP3s...

Reprinted with permission of CASLPA



The Canadian Association of Speech-Language Pathology and Audiology (CASLPA) advises parents and other consumers to be cautious when purchasing toys for their children. Products emitting loud sounds/noise have the potential to harm hearing if held too closely to the ears and face, and this can lead to serious communication and learning difficulties in the future. Personal listening devices such as MP3 players, popular with today's teens, are also cause for concern if utilized for extended periods of time at loud volume. These products have the potential to harm children's hearing if they are not used as intended. Audiologists recommend parents and consumers follow these safety tips:

- Choose items with an on/off button and a volume control
- Limit exposure
- Try out the toy before making the purchase
- Teach children the proper way to play with their toys at arm's length
- Opt for quiet items (books/games) that target language and literacy skills.

As a rule of thumb, if you have to raise your voice above the noise level of a toy to be heard, then the noise is too loud and could be causing damage to your child's hearing. Being an informed consumer and making informed choices can help protect your child's hearing for life.

Community and Hospital Infection Control Association

The Saskatchewan chapter of **CHICA-Canada** is looking for members!

SASKPIC's current members are from all walks of life and health care, including Nurses, Public Health Inspectors, Communicable Disease personnel, Occupational Health/Safety, Lab staff, Environmental services and Dietary services.



We encourage membership to anyone that has an interest in keeping up to date with **current knowledge** of and **best practices** in infection prevention and control.

We have information on anything from pandemic preparedness to proper hand washing.

You don't have to work in an infection control department to join.

Membership cost is \$125.00 per year

Feel free to contact one of our **Chapter Executives** to join,
Or for more information and some helpful links, check out our website at:

<http://www.chica.org/SASKPIC/index.html>

or check out the website below to join.

http://www.chica.org/about_join.html

HSAS Member Survey Results

By Chris Driol
President, HSAS

We wish to sincerely thank the hundreds of Members who gave us a few minutes of their time to fill in the Member Survey a few months ago.

This information will be invaluable to us as we strive to improve the services we offer to our members.

We have collated the data gathered and have distributed the information to our various committees and staff so that they can factor in your viewpoints in their future planning and special projects.

We have received even more clarity on how valuable and relevant our advocacy and communication efforts on your behalf are. We have also learned that other Member Services are valued less and that we still have work to do in those areas to increase Member awareness of those services.

A special note to those of you who offered comments, asked questions or gave us information - the survey was anonymous. Therefore we cannot respond to your comments, answer your questions or act on your information. We would greatly appreciate if you would again forward your comments to larsonc.hsas@sasktel.net so we can be responsive to your needs.

Once again, many thanks for all your efforts!



Canadian Health Professionals Meeting

April 19 & 20, 2010

By Chris Driol

Bill Craik, Natalie Horejda and Chris Driol attended the two-day semi-annual meeting held in Ottawa on April 19th and 20th.

During our meeting we heard from NUPGE that they are working diligently to put a 'human face' on public services and demonstrate that public sector workers should not be facing the consequences of poor government financial management.

The Executive Director of the Canadian Association of Occupational Therapists (CAOT) presented information to our group and highlighted the fact that Saskatchewan has the lowest number of Occupational Therapists/100,000 population in Canada. While there are 38 OTs/100,000 population nationally, Saskatchewan only has 24 OTs/100,000 population. This problem is exacerbated by employers who persist in acting as if Occupational Therapists are interchangeable with Physical Therapists and hiring whichever group of professionals is in greater supply. CAOT will have a caseload Management Tool completed by spring 2011 and it is our hope that the members we represent will be better served by ongoing collaboration between our Union and Professional Associations of all disciplines.

At the CHPS meeting we also had a presentation

and question and answer session with Janet Cooper, the Senior Director of Professional and Membership Affairs for the Canadian Pharmacists Association. She talked about their ongoing advocacy work for the profession and also referenced the workload Measurement Tools developed by the Canadian Society of Hospital Pharmacists.

As we received reports from across Canada, it is clear that different governments are placing varying values on the importance of public health care funding and retention and recruitment of health care professionals. British Columbia, Manitoba, Ontario and New Brunswick appear to be totally focused on cost-cutting layoffs, wage freezes, and cuts to health care services. Other provinces have actually significantly increased health care expenditures. Even Alberta, which experiences a bigger provincial deficit per capita than ours, has reversed earlier decisions to cut services and instead has made sizable and significant new investments in health care.

Our ongoing involvement with other health care professional unions from across Canada assists us in our advocacy work for our members. It is our hope that our continued association with CHPS will continue to provide us with information and tools that we can utilize on your behalf.



The Canadian Health Professionals Secretariat (CHPS) is a national advocacy body representing 70,000 unionized professionals who deliver the diagnostic, clinical, rehabilitation and preventive services that are essential to timely and quality care.

Some of the highly trained professionals represented by CHPS include medical laboratory technologists, physiotherapists, social workers, pharmacists, medical radiation technologists, occupational therapists, dietitians and psychologists. These professionals work in hospitals, long-term care facilities, mental health services, laboratories, home care services, and public health agencies.

STUDENT BOYCOTTS EFFECTIVE:

Transatlantic student boycott forces company to reopen clothing factory

By Rowena Davis

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Canadian Centre for Policy Alternatives Monitor

Volume 16, No. 10

November 15, 2009, will go down in the history of workers' rights. Bowing to one of the largest-ever student boycotts, campus clothing giant Fruit of the Loom announced that it wasn't just going to reopen a factory in Honduras and give all the 1,200 laid-off workers their jobs back -- it was also going to give them \$2.5 million in compensation and restore their union rights.

Colleges in the United States, Canada, and Britain had been persuaded by their students to suspend their contracts with Fruit of the Loom and its subsidiary, Russell Athletic. The student protests were organized in response to news that the company was closing its Jerzees de Honduras factory because of the workers' union activity.

"Without the pressure by the students," said Reyna Dominguez, one of the factory's sewing machine operators, "the company would never have come back to the bargaining table. There has never been a collective agreement as good as this one in Honduras, or probably the world."

Dominguez, a single mother, was forced to go \$370 in debt after being laid off, in order to keep her six children fed, clothed, and in school. When the company's promised back pay is divided among the workers, her share will be more than \$2,000.

The campaign against Fruit of the Loom started last year, when United Students Against Sweatshops (USAS), a U.S. alliance of over 200 educational institutions, brought the president and vice-president of the Honduran Workers' Union to the U.S. for a speaking tour.

"After that, the dominoes just started falling," said Rod Palmquist, international campaigns co-ordinator for USAS. "Almost all the colleges

and universities we visited cut their contracts with Fruit of the Loom."

Ninety-six colleges in the U.S., six universities in Canada, and 10 in Britain joined in the boycott. Then some big retailers began to follow, including J.C. Penney and Sports Authority. Fruit of the Loom lost an estimated \$50 million from the campaign in the U.S. alone.

"We generated a really high level of consumer awareness," said Palmquist. "If corporations are transnational and can move anywhere in the world, we should also globalize ourselves and form a trans-Atlantic student alliance."

The most exciting thing about this campaign is the precedent it has set. For example, jeans-maker Levi Strauss, which had planned to pull its orders from a unionized plant in Haiti, decided to stay with the plant after seeing the success of the campaign against Fruit of the Loom.

USAS is now asking all universities to commit to sourcing only from companies that respect union rights. Already, Knights Apparel, the second-largest university brand after Nike, has voluntarily agreed to apply pro-union standards to long-suffering factory workers in the Dominican Republic.



CANADA'S GENDER GAP WIDENS:

Global gender equality list puts Canada 25th in 2009

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Canadian Centre for Policy Alternatives Monitor
Volume 16, No. 10

This year's Global Gender Gap Report issued by the World Economic Forum puts Canada 25th on the list of the world's countries in how they share their resources and opportunities among their male and female populations.

Of the 115 countries covered in the report since 2006, more than two-thirds have posted gains in overall index scores, but some countries, including Canada, continue to lose ground or stand still.

Canada was in the 14th spot on the global gender equality index in 2006 when the World Economic Forum started compiling this index. Unlike most other countries, which have narrowed their gender gap, the gap in Canada -- although rising slightly from last year -- continues to lag behind many developing nations, such as Lesotho, Sri Lanka, and the Philippines.

Saadia Zahidi, co-author of the report, said that both Canada and the United States, which fell to 31st place on the index this year, "should make the investments necessary to ensure that women rise to positions of leadership in terms of economic and political decision-making. Otherwise there are going to be long-term consequences for the economies of these countries versus countries that are rapidly closing the gender gap, such as the Nordic nations."

A list of this year's first 35 countries in the Global Gender Gap Index follows.

For complete and detailed lists, go to:
www.weforum.org/pdf/gendergap/rankings2009.pdf

1. Iceland
2. Finland
3. Norway
4. Sweden
5. New Zealand
6. South Africa
7. Denmark
8. Ireland
9. Philippines
10. Lesotho
11. Netherlands
12. Germany
13. Switzerland
14. Latvia
15. United Kingdom
16. Sri Lanka
17. Spain
18. France
19. Trinidad and Tobago
20. Australia
21. Barbados
22. Mongolia
23. Ecuador
24. Argentina
25. **Canada**
26. Mozambique
27. Costa Rica
28. Bahamas
29. Cuba
30. Lithuania
31. United States
32. Namibia
33. Belgium
34. Belarus
35. Guyana





Letter from Dietitians in Prince Albert Parkland to the CEO of Their Health Region

Primary Care/Community/Population Health Registered Dietitians

May 4, 2010



To: Cécile Hunt, CEO of PAPHR and Gord Dobrowolsky, Chair of PAPHR Authority Board

The importance of nutrition in good health is well recognized. Increasing Registered Dietitian (RD) services in our health region would save PAPHR money and improve the quality of care our health care customers receive. RDs as part of the many health care teams in the region can prevent costly illness and hospital admissions. RDs play a key role in keeping people in our health region healthy. RDs and the services they provide support our health region's vision of *Healthy Living in Healthy Communities*.

RDs are uniquely trained to translate the science of nutrition into practical solutions for clients on healthy eating and disease prevention and treatment. RDs are the most reliable source of nutrition information.

We would like to request a meeting with senior management to discuss factors affecting RD services to PAPHR Customers:

- **Diabetes:** More RD time needs to be allocated to meet the recommendations of the Canadian Diabetes Association 2008 Clinical Practice Guidelines. Currently there is approximately one 0.6 FTE RD position dedicated to diabetes care in the Health Risk Management/Diabetes Education Centre. This compares to 2.0 FTE RN time. Typically, other Diabetes Education Centres have a staffing ratio of 1:1 RD to RN time.
- **Outpatient Counseling Services:** More RD time needs to be allocated to provide adequate service to PAPHR customers requiring outpatient dietitian services for chronic diseases other than diabetes. Currently RD care for outpatient customers that require specialized Medical Nutrition Therapy for conditions and specialty practice areas such as renal disease, pediatrics, eating disorders, cardiovascular disease, etc. is provided in a sporadic fashion as part of several positions.
- **Primary Care:** Adequate RD time needs to be allocated to primary care teams to improve access to a RD. This would ensure that customers receive the right information from the right practitioner at the right time. Currently, there is not a RD position dedicated to any of the Primary Care Teams. RD services at each of the Primary Care Sites are limited.
- **Population Health - Mental Health/Addictions/ABI Nutritionist:** To continue to provide the positive outcomes for a vulnerable population, this RD position needs to be reinstated. This position was cut as of Mar 31, 2010 and this will impact the health and well being of these very vulnerable customers.
- **Long Term Care and Home Care:** Currently, there is not a RD position dedicated solely to either Long Term Care or Home Care. Services are limited and provided as part of several

positions. Having a RD dedicated to these service areas would greatly benefit both Long Term Care and Home Care customers.

- **Recruitment and Retention:** Recruiting and retaining RD's needs to be a priority for PAPHR. Recruitment and retention has been an issue over the past several years. We have had RD positions that have been vacant for extended periods of time (varying from a few months to over 9 months).
- **Coverage/ Replacement:** Currently, there is no replacement for Primary Care, Community or Population Health RD's for vacation, sick time or other leaves.

We look forward to meeting and working with the Senior Management team and key stakeholders to address these issues, and work together to develop strategies to enhance or reorganize RD services in our health region to improve the quality of care that our PAPHR health care customers receive.

Sincerely,

Registered Dietitians – Victoria Jurgens, Leigha Mund, Cherith McGregor, Linda Gilmour Kessler, Jill Horvey, Leslie Kudel, Heather Carnegie and Larissa Swityk-Conacher

Cc (via email): PAPHR Authority Board: Ms. Abrametz, Ms. Henderson, Ms. Bighead, Mr. Code, Mr. Ewanchuk, Mr. Cadieu, Ms. Olson, Ms. Osmundson, Mr. McFee, Mr. Jurgens

Dr. Cross and Dr. Royeppen Co-Chiefs of Medical Staff

Chris Driol, President, Health Sciences Association of Saskatchewan

Victoria Jurgens, President, Saskatchewan Dietitians Association

Corinne Eisenbraun, Regional Executive Director of Dietitians of Canada for SK/MB/ON.

PAPHR VPs: Lynnda Berg, Pat Stuart, Carol Gregoryk, Darlene Batty, Jamie Callaghan, and Morgan Kennedy

Dr. Chokani, MHO of PAPHR

Directors of Primary Care: Connie Lee, PAPHR and Dorie Landwer, PA Cooperative Health Centre



Retirement Security for Everyone

By Lorna Glasser
Canadian Labour Congress



The Canadian Labour Congress (CLC) has developed three proposals that they feel would greatly assist Canadians, in securing a decent level of retirement income and protect retirees from living in poverty.

1. Double CPP benefits, phased in over seven years. For an additional 2.75% of earnings, Canadian workers can double retirement benefits. CPP is safe, portable and affordable. It is the best “bang for your buck.”
2. Raise the minimum retirement income floor by increasing Old Age Security and Guaranteed Income Supplement by 15%. Far too many seniors live well below the poverty line. This increase is affordable and would raise many seniors out of poverty.
3. A federal pension insurance system - the intent is to have legislated insurance protection for all retirement savings plans and pension. We insure everything else of value in our lives and it is unrealistic not have insurance on one of our greatest assets.

For more information, please visit the Canadian Labour Congress website at:
<http://www.canadianlabour.ca/action-center/retirement-security-for-everyone>

Inaugural Meeting of the HSAS-Cypress Health Region Union-Management Committee

By Ralph Aman
Chair, HSAS Regional Council
Cypress Health Region



On April 29th, HSAS members in Cypress Health Region held their first union-management meeting. The agenda was full and started out with establishing an

understanding of what the parameters of the committee would be. HSAS members raised concerns about several matters that have been outstanding; some for well over a year.

Cypress Health Region management were encouraged to re-consider their arbitrary decision to no longer post Social Work positions at either the BSW or MSW classification. The historic practice by the health region of posting Social Work positions at either the BSW or MSW level, encouraged Social Workers' to consider pursuing further studies. It also ensured that Social Workers would be recognized for their graduate level of education regardless of where they practised throughout the region. Regrettably, management would not make any commitment towards reversing their earlier decision on this matter.

The issue of Field Hours has been of frequent concern among HSAS members in Cypress Health Region. After HSAS members have banked hours, there have been concerns that they are being directed when to take their banked time. In some instances, members have been told they must take their banked time the day after they banked the time. Garnet Dishaw, LRO for HSAS members in Cypress Health Region, reminded management that the contract allows members within reason, to use their banked time as they see fit providing it is taken within the time periods as outlined in the collective agreement.

HSAS members also expressed frustration at the

length of time it takes for management to resolve OH&S complaints. Members recommended that the health region review its policy regarding the length of time it takes for the region to investigate and resolve OH&S complaints, particularly those related to employee harassment. Management have indicated that it's OH&S policy, including harassment is currently under review.

Several concerns by HSAS members were raised regarding the handling of transportation allowances. Management was reminded that the collective agreement clearly outlines the circumstances and situations where these allowances must be paid. Management was also reminded that there are ongoing problems where employees are expected to use CVA's but are either unable to obtain a CVA or do not have a CVA pool at their worksite. Members are reminded to discuss these concerns with their supervisor, and if they remain unresolved to contact their LRO.

An ongoing issue of management (OOS) performing work that would normally be performed by HSAS members was raised. As a general rule, OOS managers should not be performing work that would normally be done by an in-scope person. Members are aware of situations where HSAS positions have been eliminated and some of the duties given to OOS personnel. In other instances, OOS managers are increasingly encroaching upon the normal duties of HSAS professionals, and left members frustrated about roles and responsibilities.

HSAS members also expressed serious disappointment that management refuses to give EMS workers a designated base. The result of EMS workers not having a designated base has resulted in situations where these workers were expected to pick-up stand-by shifts in communities more than a hundred

kilometres away with no compensation for their travel or time spent travelling. Management was advised how demoralizing this practice is, however they refuse to budge. HSAS will begin seeking the intervention of a 3rd party on this matter.

Garnet Dishaw, presented Cypress Health Region management with an Alternative Grievance Resolution process that is currently being used in another health region. If Cypress Health Region management agree to this type of process, it may assist to bringing a more timely resolution to many members concerns.

A special meeting with management and Social Workers representing long-term care facilities and Cypress Regional Hospital was held in the afternoon. This meeting was to express numerous

concerns that workers thought had already been agreed to with management. The ongoing issues involved: reporting lines, involvement of the Senior Social Worker in supervisory matters, job postings and need for communication from management. Management acknowledged that follow-up meetings that had been promised were not held. Cypress management has agreed to meet with these Social Workers to address these matters that had already been agreed to.

A special thanks to our LRO Garnet Dishaw, for arranging this meeting and taking the lead on presenting the many ongoing concerns of Cypress Health Region HSAS members. Our hope is that the union-management committee will become a vehicle where HSAS members concerns can be addressed in a timely manner.

The Relief Camp Worker's Union

By Garnet Dishaw
HSAS Staff

The Great Depression hit working people harder than any other group in Canadian society.

In the early weeks of 1930 unemployment was in double digits and by the end of 1932 the federal government's own figures showed over 30 per cent of the national workforce unemployed.

Particularly hard hit were miners, forestry workers, the building trades, farm hands and railway labourers. The workers were typically younger, single men, in some cases newly immigrated to Canada.

As their mining camps, saw mills and construction sites closed down, these workers became unemployed transients. They spent their time either 'riding the rails' looking for work, or congregating in the larger cities where rudimentary hostels and soup kitchens had been set up by the municipal government or some charity.

Flop house, soup kitchens

The hostels were often nothing more than filthy, vermin-infested flop houses, where unemployed men could sleep for a night or two before being 'encouraged' to move on or be arrested for vagrancy.

The soup kitchens were equally unpleasant. In his book *Reflections of the On-to-Ottawa Trek, 1935*, Ron Liversedge describes a soup kitchen, which was located in the basement of a row house near the CPR station in Sudbury. After waiting in line for an hour in winter weather, Liversedge encountered the following:

"In this dimly lit small basement there were three short trestle and plank tables around which the men stood to eat. Each man coming down from the kitchen had to wait on the stairs with his rapidly cooling plate of beans....The atmosphere in the basement was like that in a chilly, moldy

crypt. The tables were covered with ice, and beans, and pieces of wet bread. The floor was ankle deep in churned up sludge.”

Only the urge to survive drove men into places like this.

As might be expected, resentment grew among the unemployed, and they began to organize themselves to demand change.

By 1931 there were unemployed associations in most of the cities and larger towns across Canada.

The WUL

The sizable task of coordinating the efforts of all these groups went by default to the Workers' Unity League (WUL), the only organization willing to do it.

The Workers' Unity League was a Communist-led labour federation that had affiliates in the lumber industry, mining and among unskilled factory workers. The WUL had highly motivated, young militants doing its trade union work.

The WUL organizers soon had large demonstrations, sit-ins at government offices, and marches happening across the country. Tens of thousands took part in mass rallies demanding jobs and wages.

The federal government's response was to send out General McNaughton, Chief of the Defence Staff, to observe the situation.

The Camps

McNaughton returned and recommended “work camps” under the administration of the Department of National Defence.

The Conservative government in Ottawa loved the idea. It would get agitators out of the cities.

Camps were quickly established along railway lines in the wilderness north of Lake Superior, and at 47 remote spots in the interior of B.C. There was also a camp near Dundurn,

Saskatchewan. Some of the camps could accommodate 2,000 men. The work consisted of building roads, clearing forested land, and constructing military facilities - all of it done with hand tools to maximize the labour required.

Municipal governments cut off all assistance to single unemployed men, and the RCMP began to clamp down on anyone riding on boxcars, to force unemployed, homeless men into the camps.

Discipline in the camps was rigid, the food was poor, the pay was 20 cents a day for very heavy work and the living conditions were Spartan and primitive.

Again the men organized to demand improvements, and again the Workers' Unity League led the way.

The RCWU

The unemployed in British Columbia were the best organized. They put out a regular newsletter *The Unemployed Worker*, and as early as July 1933 they had formed the B.C. Relief Camp Workers Union, which soon spread to the camps in other provinces.

The Relief Camp Workers' Union became the organization camp inmates looked to for leadership and protection.

The RCWU soon had strong support thanks to dozens of WUL organizers who moved in and out of the relief camps setting up “bush committees” to distribute pamphlets, fight grievances, organize work stoppages and politicize the inmates.

The WUL organizers were expelled and blacklisted if they were caught. Sometimes they were jailed for a time as well. They then simply assumed a new name and went into another camp to organize the workers there. The dedication of WUL activists was legendary.

Strikes and demonstrations became more common as the frustrations of camp life weighed on the inmates.

By the spring of 1934 the Relief Camp Workers' Union was well enough organized to be able to call ten or a dozen camps out to strike at the same time.

The victories were small and few however. A sadistic camp official might be replaced or rations might be improved temporarily, but more often the strike leaders were kicked out of the camp and had to resume the fight elsewhere.

Mass walkouts

In early April 1935 the RCWU called a strike in all the camps, demanding: a minimum wage of 50 cents per hour, Workers' Compensation coverage, adequate first-aid, an end to military control of the camps, and an end to blacklisting, an Unemployment Insurance system, recognition of democratically elected camp committees, the right to vote in national elections, and the repeal of vagrancy and immigrant expulsion laws.

The RCWU strikers rode freight trains to Vancouver and spent April and May supporting themselves with money raised during "tag days" and occupying public buildings until they were granted a few days of relief payments.



On May 30th the decision was made to take the protest directly to the Bennett government in what came to be known as the "On-to-Ottawa Trek".

The Relief Camp Workers' Union battled for the men of the work camps until the newly elected Liberal government did away with the camps in 1936.

Young, single unemployed men didn't have much during the Depression, but they did have a clear sense of purpose, self respect and a fighting spirit, thanks to the Relief Camp Workers' Union.

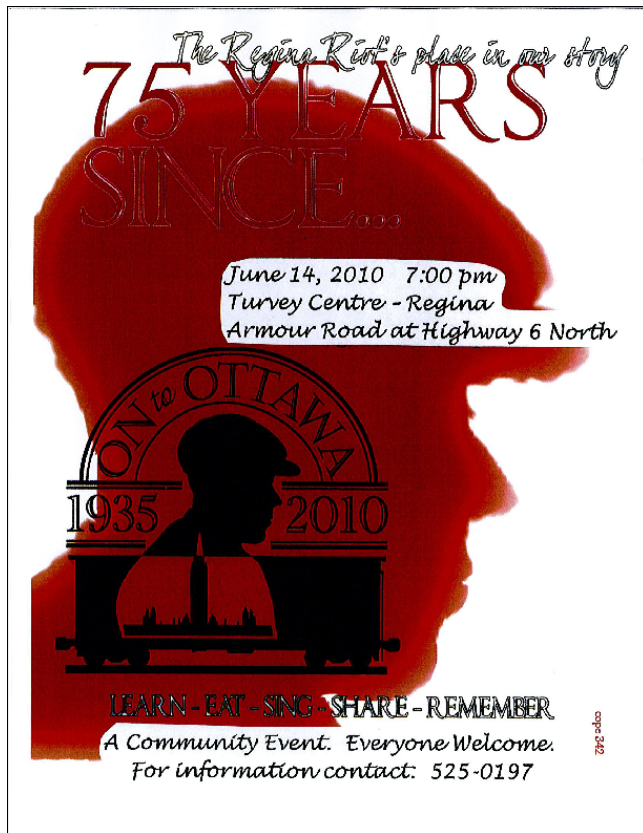
Did you know?

HSAS periodically sends out email to Members to inform them of such things as upcoming events, Bargaining Updates, issues related to specific groups, Market Supplements Updates, etc.

If you would like to be included in these mail-outs, please ensure that we have your home email address. Just drop us a note and ask to be included. Requests can be emailed to hsasregina@sasktel.net. Or you can complete the Change of Information Form on the back cover.



Sorry, we cannot forward these messages to your workplace email address!



**75th Anniversary
of the
On to Ottawa Trek
7:00 p.m.
June 14
Turvey Centre**

(Armour Road at Hwy 6 North, Regina)

On June 14, 1935 the 1500 relief camp workers who were riding the rails to Ottawa were stopped in Regina. On July 1, 1935 Regina City Police and the RCMP attacked local citizens and Trekkers who were assembled for a public meeting. A police-provoked riot broke out in downtown Regina, resulting in two deaths, and many injuries and arrests.

On June 14, 2010 the SFL will be providing a multi-media event to mark this anniversary. We will have music, entertainment, a new film on the Regina Riot and a celebration of our past. This will all be filmed as a part of a documentary on the Trek and the Riot.

The SFL wants to link our past with the present. The many social gains we have achieved since 1935 are under attack on many fronts. This is an opportunity for all of us to show our support for each other, and our opposition to Bills 5, 6, 43 and 80, the demise of SCN, the privatization of our crowns, the sell-off of provincial lands....the list goes on.

Bring a banner or a sign, and some friends and join us at the Turvey Centre on June 14th. This is a great opportunity to rally in support of each other and demonstrate our solidarity.

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. 2011 |
| 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. 2011 |
| Assessor/Coordinators | 2 | Megan Ferguson Saskatoon Health Region | assessor1.hsas@sasktel.net | Nov. 2010 |
| | | VACANT | | Nov. 2011 |
| 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 | Karen Kinar Saskatoon Health Region (Respiratory Therapist) | respiratory.hsas@sasktel.net | Nov. 2011 |
| Emergency Medical Technicians, Dispatchers, Paramedics | 2 | Bill Fischer Regina Qu'Appelle Health Region (Paramedic) | ems1.hsas@sasktel.net | Nov. 2011 |
| | | Pascal Hins Sun Country Health Region (Paramedic) | ems2.hsas@sasktel.net | Nov. 2011 |
| Physical Therapists, Prosthetists, Orthotists, Exercise/Conditioning Therapists | 2 | Peggy Forsberg Regina Qu'Appelle Health Region (Physical Therapist) | pt2.hsas@sasktel.net | Nov. 2011 |
| | | Patricia Pedersen Sunrise Health Region (Physical Therapist) | pt1.hsas@sasktel.net | Nov. 2011 |
| 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 | VACANT | | Nov. 2011 |
| Occupational Therapists | 1 | VACANT | | Nov. 2010 |
| Recreation Therapists, Mental Health Therapists | 1 | Anne Robins Saskatoon Health Region (Recreation Therapist) | mt.hsas@sasktel.net | Nov. 2010 |
| Psychologists, Psychometricians | 1 | VACANT | | 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

Joanne Schenn - sw1.hsas@sasktel.net
Social Worker

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

Committees

2010 Annual Convention

Megan Ferguson (Chair)
Warren Chykowski
Melissa Koshinsky
Deb Morton
Cindy Thoreson - staff

Communications

Chris Driol (Chair)
Ralph Aman
Natalie Horejda
Brad Mee
Patricia Pedersen
Karen Wasylenko
Bill Craik-staff
Garnet Dishaw-staff
Charlene Hebert-staff

Constitutional

Peggy Forsberg (Chair)
Natalie Horejda
Joanne Schenn

Emergency Fund

Cathy Dickson (Chair)

Finance

Karen Wasylenko (Chair)
Warren Chykowski
Bill Feldbruegge
Karen Kinar
Ted Makeechak
Ann Robins
Bill Craik - staff
Cindy Thoreson - staff

Regional Council

Development

Dave Tillusz (Chair)
Ralph Aman
Tamara Dobmeier
Mary Deren
Dot Hicks
Nicole Rancourt

Provincial Negotiating

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

Grievance

Melissa Koshinsky (Chair)
Tracy Erickson
Megan Ferguson
Pascal Hins
Brad Mee
Deb Morton
Terry Nordgulen
Val Stopanski

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

Bill Craik

Executive Director
bill.hsas@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

Cheryl Wyatt

Administrative Assistant
cheryl.hsas@sasktel.net



LRO Assignments

Garnet Dishaw

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

Cypress

Sun Country

Regina Qu'Appelle

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

Mario Kijkowski

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

Crestvue Ambulance Services

Five Hills

Sunrise

Regina Qu'Appelle

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

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

Saskatoon

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

Phone: (306) 955-3399
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

Cindy Thoreson **

Administrator
cindy.hsas@sasktel.net

Ashley Wilson

Administrator's Assistant
ashley.hsas@sasktel.net

Colette Duffee

Administrative Assistant
hsasstoon@sasktel.net

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

LRO Assignments

Kevin Glass

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

Keewatin Yatthé

La Ronge EMS

Mamawetan Churchill River

Prairie North

Saskatoon

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

Kate Robinson

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

Heartland

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.

HSAS Staff Changes

On February 24, 2010, the HSAS Labour Relations Officers (LROs) from both the Regina and Saskatoon offices met with Bill Craik, Executive Director and President Chris Driol. It was an opportunity for them to not only discuss business, but it gave them a chance to say farewell to Al Shalansky. Al had been covering Kate Robinson's areas during her maternity leave. We wish him all the best in his retirement. Congratulations to Kate on becoming a new momand welcome back!



*Back row, left to right, Mario Kijkowski (LRO-Regina), Chris Driol (President), Kate Robinson (LRO-Saskatoon), Kevin Glass (LRO-Saskatoon), Garnet Dishaw (LRO-Regina)
Seated, Bill Craik (Executive Director), Al Shalansky*

HSAS is pleased to welcome Cindy Thoreson to the HSAS staff team, as Administrator. Cindy replaces Joylene Mora during a one-year maternity leave. Cindy grew up in Moose Jaw, but now calls Saskatoon home. She earned B.A. and B.Comm. degrees from the University of Saskatchewan. Cindy brings a wealth of financial management and senior administrative experience to HSAS. She has been employed with organizations in both the non-profit and for-profit sectors, including Ipsco Inc., the Saskatchewan 4-H Council, the U of S, Robertson Stromberg Pedersen LLP and SPI Marketing Inc. Cindy comes from a family of strong union supporters, and she looks forward to providing the highest level of service to the organization.



Cheryl comes to us from sunny Manitoba where she owned a small gift shop. Prior, she had provided customer service, administration and communications support to people at all levels. Her excellent organizational skills enhance her ability to provide a high level of support to our staff, and she offers a warm, friendly greeting to our members who visit us onsite.

In order to keep our database as up-to-date as possible, we need *your* help. If you change your name, address, home e-mail address, telephone number, work site, etc., please let us know. Complete the information below and send or fax to the address below:

Health Sciences Association of Saskatchewan
#12 - 395 Park Street
Regina, Saskatchewan
S4N 5B2 **Fax: (306) 585-7750**

Member Name _____ Previous Name (if changed) _____

Home Address _____

City/Town: _____ Postal Code _____

Home Phone Number _____ Home E-mail Address _____

Place of Employment _____

Work Phone Number _____ Work Fax Number _____

Work E-mail Address _____

Classification _____ Job Group _____

Status : Please check:

Permanent Full-Time _____ Permanent Part-Time _____ Casual _____

Temporary Full-Time _____ (From _____ To _____)
DD-MMM-YY DD-MMM-YY

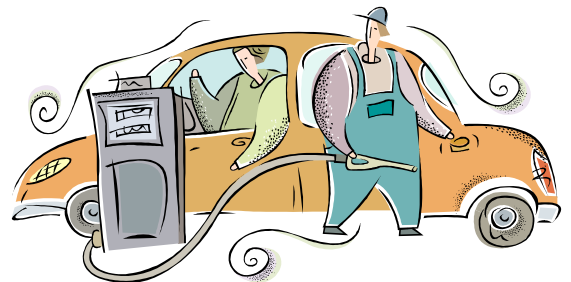
Temporary Part-Time _____ (From _____ To _____)
DD-MMM-YY DD-MMM-YY

Transportation Allowance

Effective April 1, 2010:

For travel **south of the 54th parallel**, the per kilometer Transportation Rate is **\$0.4410**.

For travel **north of the 54th parallel**, the per kilometer Transportation Rate is **\$0.4910**.



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

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