



# The Pulse

Newsletter of the CUPE Health Care Council

## Re-thermalized food - a recipe for disaster

# Food fight heats up

Managers in the Regina-Qu'Appelle Health Authority have started a food fight. In March, they told CUPE leaders about their plans to contract-out food services.

The managers want to sign a deal with Atlanta-based giant Morrison Health Food Service and other companies to centralize food services at the Regina General Hospital and close the kitchens at the Pasqua and Wascana Rehab. In place of home-cooked meals, the health region plans to serve up a menu of re-thermalized food – food that is mass-produced in a factory setting, chilled, and then reheated in expensive “re-thermalization” carts.

This half-baked scheme will result in the elimination of approximately 60 kitchen and dietary positions, jobs held by CUPE members.

The experience of other

centres shows that re-thermalized food tastes as bad as it sounds. It also doesn't result in cost savings. In other provinces, long-term care residents have suffered from weight loss, diarrhea, vomiting and cramps with the introduction of re-thermalized food. Public-private partnerships involving centralized kitchens and re-thermalized food have resulted in budget over-runs and increased food production costs.

**Not one cent of our public health care dollars should be spent on multinational corporations that are in the business of privatizing our public health care system.**

The excessive packag-

ing of re-thermalized food has created headaches for workers and tremendous physical waste.

Nutritious food is critical for long-term care residents and people in acute care facilities. Hospital kitchens in Regina are the first ones to be targeted by the health region. Will kitchens in nursing homes and hospitals throughout the region be next?

Not one cent of our public health care dollars should be spent on multinational corporations that are in the business of privatizing our public health care system. CUPE Local 3967, with support of the CUPE Health Care Council and CUPE

Saskatchewan, has launched a campaign to pressure the health board to scrap this half-baked scheme and develop a home-made plan that supports our hospital/nursing home kitchens and experienced staff. For more information contact CUPE Local 3967.



**CUPE members** deliver baked-goods to health board members at a meeting in Lumsden, compliments of the CUPE kitchen staff at the Lumsden Heritage Nursing Home.

## New CUPE activist:

# Syndi enjoying new challenges

CUPE member Syndi Fink is a Metis woman working in the Cupar and District Nursing Home.

In recent months, she has become active in CUPE. "I enjoy going to



**Syndi Fink**

the union meetings and conferences. It's interesting, even when the subject doesn't relate to health care. It's good to see people standing together and sticking up for one another. It's like a family," she said.

Syndi also enjoys working for a "union wage."

"It sure helps when you're supporting a family," she stated.

Syndi recently attended

the Representative Workforce Conference in Saskatoon and was impressed that there is so much interest in getting more aboriginal people into the workforce. She also reported that good progress is being made to improve the future of aboriginal people seeking employment.

Many of the speakers at the conference focused on career entrance training and employment training to better prepare aboriginal workers for employment. Systemic barriers to employment were also discussed.

Conference participants also talked about the need for partnerships to provide cultural awareness and education to employees. These partnerships will help prepare the workplace for the inclusion of aboriginal people.

Success depends on understanding and support by employers and employees!

**by Bill Anderson**

# CUPE 2003 Health Care Council

## **Steve Foley, President**

Regina Union Office, 546-2185  
email: sfoley@sk.sympatico.ca

## **Gordon Campbell, Vice-President**

Union Office, 757-7925  
email: cupe3967@sk.sympatico.ca  
or: gordcampbell@sk.sympatico.ca

## **Barry McGonigle, Treasurer**

email: barrym@sk.sympatico.ca

## **Pearl Blommaert, Secretary**

email: cupe3991@sk.sympatico.ca

## **Members at large:**

Sandra Seitz, Regional Health Authority #1  
Stan Adcock, Regional Health Authority #4  
Connie Tank, Regional Health Authority #5  
Brian Manegre, Regional Health Authority #10  
Carol McKnight, Regional Health Authority #9

## **Trustees:**

Bob Lamb  
Roberta Hardy  
James Scharanatta

## **CUPE Health Care Aboriginal Education**

### **Co-ordinator: Bill Anderson**

525-5874 email: andersonb@sk.sympatico.ca

## **Staff Representatives**

John Welden, 525-5874 jwelden@cupe.ca  
Jacquie Griffiths, 382-8262 jgriffiths@cupe.ca  
Andrew Huculak, 525-5874 ahuculak@cupe.ca  
Suzanne Posyniak, 525-5874 sposyniak@cupe.ca

**Visit our website at: [cupesaskhcc.ca](http://cupesaskhcc.ca)**

## Creating a representative workplace

# Putting the strategy to work!

More than two years ago, CUPE, the Saskatchewan Association of Health Organizations and the government department on aboriginal affairs developed a strategy to attract more aboriginal workers to the health sector.

Called the Representative Workforce Strategy, it identifies the need to remove barriers to aboriginal employment. It also addresses training needs unique to the health sector. All three groups signed a partnership agreement to implement this strategy.

One of the first tasks of the partnership committee

was to develop collective agreement language to help us achieve a representative workforce.

CUPE Health Council with assistance of funding from the government hired me to work as the Aboriginal Education Coordinator. My first task was to develop an Aboriginal Awareness Training course for CUPE health care workers. I have been working on this course with the Aboriginal Education Coordinator from SAHO.

The primary focus of the training module, as pointed out in the collective agreement language, is to highlight the issues of misconceptions using the popular education model.

Earlier this year, we conducted two pilot projects in the Prince Albert Parkland Health Region (CUPE Local 4777) and Sunrise Regional Health Authority (CUPE Local 4980). The participants were the members of the CUPE local executive and managers. Evaluations from participants were favourable.



**Anderson**

We have already seen tremendous results from the partnership agreements and the Representative Workforce strategies that we have assisted in developing. It

is estimated that 1,263 new Aboriginal workers have been hired in the health sector since March 2002. That represents a 200% increase. The Prince Albert Parkland Health Authority now has a 10.5% Aboriginal workforce, the best of any health authority.

CUPE has become the leader in advancing the Representative Workforce Strategy, due in large part to the commitment and support from our union.

CUPE is organizing a major campaign among our members called the

## Joint job evaluation plan complete!

The final reports from the Joint Job Evaluation Committee and the Joint Job Evaluation Steering Committee were turned over to the Joint Bargaining Committee on March 24, 2003. Bargaining will determine how the results are presented to the membership. Job evaluation was a huge project and the committees are relieved that this phase has been completed. Members

should see the results soon. The next phase will be reconsideration. If you feel that information was missed in the rating of your job or your job has changed since October 2000, you can request a reconsideration of your job. This is not an appeal. You will not get a face-to-face meeting, and no staff reps are involved in this process. Thank you for your patience.



# Joint governance of pension plan finally here

## Count me in!

"Count Me In Campaign." CUPE members from coast to coast are being asked to sign up to protect public health care. The sign-up cards are in CUPE's "Act Now" brochures, which are being distributed in workplaces to CUPE members. If you have not received an Act Now brochure contact your local shop steward.

### by Andrew Huculak

On December 23, 2002, the parties (SAHO, CUPE,

SEIU, SUN, RWDSU, HSAS, and SGEU) signed a formal trust agreement to implement joint governance of the SAHO Pension Plan effective January 1, 2003, henceforth known as SHEPP (Saskatchewan Healthcare Employees Pension Plan). The Deputy Superintendent of Pensions has approved our Agreement and Declaration of Trust.

The first meetings of pension trustees of SHEPP took place on January 9 and February 26, 2003. Employer trustees are Kay Robertson, lawyer, Saskatoon; Clint Walker, Investment Manager, Alberta Local Authorities

Pension Plan; Jim Tomkins, Administrator, University of Regina; and Len Posyniak, Human Resources, Accenture, Vancouver. Employee trustees are Andrew Huculak, CUPE; Muriel Morhart, SEIU; Tim Slattery, HSAS; and Marg Romanow, SUN.

The trustees have initiated a search for a new pension manager, actuary and auditor. An interim agreement with SAHO was reached to allow the SAHO pension administration department to continue pension operations until the new manager is hired. All employees of the former SAHO Pension Plan have agreed to stay on as pension staff under

the new SHEPP administration.

The location of the SHEPP offices is the subject of debate. SAHO wants the SHEPP pension office to remain with the rest of the SAHO operation. CUPE and other unions believe that the office should relocate in order to maintain autonomy from SAHO.

Thanks to the Executive, staff and, most importantly, the members of the CUPE Health Care Council of Unions for their unflagging support of this important initiative. Without that support, which included the strike action in June 2002 that resulted in greater contributions to the plan, this great achievement would not have been possible. Thanks also to the Benefits Committee, Allison Roschker, Darcy Bucsis, Judy Henley and our Executive Liaison, Gordon Campbell for their hard work.

## Saskatchewan People's Medicare Summit

May 22-23

Centre of the Arts, Regina

Please plan to attend this important event sponsored by the Saskatchewan Health Coalition, the Saskatchewan Federation of Labour and other supporters of our public health care system. The summit will feature Svend Robinson, federal NDP health critic, and other expert resource people from Canada and the United States. The registration fee is only \$25. You can register online at [www.sfl.sk.ca](http://www.sfl.sk.ca).

# Romanow's report fails to protect support services

by Steve Foley

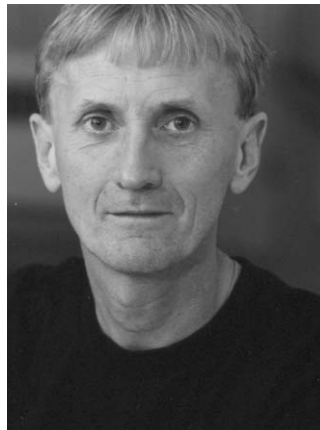
The last number of years has been difficult for health care workers as governments continue to reform health care.

We all know that with health care restructuring, workers like us are expected to do more with less. Statistics provided by the 2001 Annual Report of the Workers' Compensation Board show health care remains the industry with the highest number of injuries.

In 2001, there were 4,606 reported WCB claims in health care compared with 3,017 in the construction trades, the industry that had the second highest number of injury claims.

**Nursing aides and orderlies reported 1,058 WCB injury claims, the third highest number of injuries by occupation.**

The rate of injuries and duration of claims in



**Foley**

health care is increasing.

There is no easy answer to the problems facing our health care workers. No matter who you are or where you work, your health is precious. But cutbacks, understaffing and privatization plans are threatening our health care system.

## Fall-out from Romanow's report

Romanow's report contained a number of positive recommendations. However, his report left the door open to privatization of non-medical health services, such as food preparation and laundry.

The report concludes that direct health services, such as surgery, should be delivered by public or non-profit clinics and hospitals. But it doesn't offer the same protection for support services. Quite frankly, a sterile operating room, clean laundry and nutritious food are absolutely critical to

patients' health. Handing these services over to big business could give private-for-profit health services an even bigger foot in the door.

We must step up the pressure on the federal government to strengthen our public health care system and clearly tell them there is no room for privatization anywhere in our health care system.

I am pleased that the Health Care Council, CUPE Saskatchewan Division and CUPE National have launched a major campaign to lobby the federal government for more funding for the front lines of health care and stop the privatization virus from spreading across the country.

## Health Council extends condolences

We are saddened by the loss of our sister member, Donna Rochat, who passed away suddenly. Our condolences go out to family, friends and co-workers of Donna and especially to her husband and fellow CUPE member, Mark Rochat.

If you recall in the last newsletter of CUPE Health Care Council, there was an article on Donna and Mark's recent wedding. Donna and Mark were both shop stewards of Local 4110 and worked long hours for CUPE in the representational vote in Sun Country Regional Health Authority.

Donna along with Mark took pride in being a CUPE member and it showed with her commitment and hard work as a trade union activist. Donna had an impact in some way on everyone she met. Her dedication to the trade union movement has made a difference.

Donna will be fondly remembered and sadly missed by her brothers and sisters in former CUPE Local 4110.

# Committee faces challenging year

The Provincial Employment Strategy Committee develops long-term strategies for training, retraining and re-employment of health care workers. It's one way to provide employment security.

The committee meets on a monthly basis and consists of five CUPE members and five health care employer representatives. CUPE and SAHO advisors also attend.

The committee is funded through the Employment Insurance Rebate and a matched employer contribution.

This has been a challenging year for the committee as we struggle to meet the needs of members in the face of downsizing, job displacement and job loss. The Committee has also been reviewing and revising its manuals and updating PESC forms to meet the needs of members.

Orientation sessions have been held to familiarize former SEIU members, now part of CUPE,

with our collective agreement language and processes around employment strategy.

It's been exciting to review the new representative workforce education sessions. Bill Anderson, CUPE's Aboriginal Coordinator and Cory Amundson from SAHO, have developed the three-hour sessions for CUPE members.

Many members have received assistance from the PESC's education funds. The application forms can be accessed from our new web page - [www.pescsahocupe.com](http://www.pescsahocupe.com) - or from you local union or employer.

# Health Council's annual conference

The CUPE Health Care Council of Unions held its annual conference in Regina on March 4 and 5, 2003.

The first day of the conference was convened as a special meeting to adopt revisions to the CUPE Health Care Council's bylaws. Among the approved amendments was a change to the Council's structure to include a President, Vice-President, Secretary-Treasurer, Recording Secretary and five Executive Members, one elected from each of the five locals.

On the second day, there were a number of reports and presentations.

These included an update by Bill Anderson, the Aboriginal Coordinator on the Representational Workforce Initiative and a presentation by Nick Bonakowski, on behalf of the SFL's Labour initiatives Campaign.

The highlight of the conference was the launch of The Count Me In! Health Care Campaign. Conference delegates worked in groups to develop action plans for the campaign's implementation in each local union.

Elections were held. The CUPE Health Care Council executive and staff reps assigned to the health sector are listed on page 2.

## Did you know?

- ▶ A report released in May by the Canadian Medical Association Journal showed that death rates in for-profit hospitals are significantly higher than in not-for-profit hospitals. In fact, if Canada switched to for-profit hospitals over 2,000 more Canadians would die every year.
- ▶ Last year two million Americans and their families lost their health insurance because of layoffs.
- ▶ Prescription drug costs in Canada increased three and a half times (344%) between 1988 and 1998
- ▶ Six million Canadians have inadequate drug insurance.

## Campaign to promote LPN utilization



by **Rose Isbister**

As CUPE's liaison to the Saskatchewan Nursing Council, I presented a discussion paper to the Council on LPN skills utilization. This paper speaks to CUPE's continued commitment to a campaign to urge health care employers to fully utilize the skills of our Licensed Practical Nurses. It calls on educators to defend the skills and competencies taught to our Practical Nurses and to publicly promote LPNs as professional, full-functioning members of the health care team.

We continue to advise the Council about plans for our LPN campaign. This year, CUPE and the

LPN Steering Committee, along with SALPN, will produce a video, which highlights Saskatchewan success stories where LPNs are utilized to their full potential. CUPE in concert with the LPN Steering Committee will also produce a report that details LPN utilization in the province, profiles health facilities that are making the best use of LPNs and shows how this practice improves patient care and workplace morale. The video and report will be presented to regional health authorities, managers and senior health officials around the province.

Nursing Council meetings are forums for information sharing among stakeholders. In the recent past we have heard presentations from Saskatchewan Health, SIFC, SUN and SALPN about other issues and activities in the nursing profession. We welcome input from nurses, students, employers and the public and invite you to contact us.

## CUPE wins unfair labour practice against SAHO

by **Lorna Glasser**

The CUPE Technologists' Steering Committee was established to follow through on the goals of the Tri-Union Committee, disbanded in the spring 2002. The goals are to achieve wage standardization for CLXTs and MLTs and wage parity for all Saskatchewan technologist professions.

The committee met in December 2002 and March 2003. Actions have included letters to SAHO and the Minister of Health pressuring for wage parity and a survey of CUPE MLTs and CLXTs regarding workload and staffing levels. Technologist issues were also raised at a meeting with John

Nilson. A further meeting has been requested with SAHO regarding wage standardization for MLTs and CLXTs.

Earlier this year, CUPE won an unfair labour practice (ULP) charge against SAHO regarding SAHO's unilateral establishment of a provincial market supplement review process. The Saskatchewan Labour Board has directed SAHO to negotiate a process for establishing market supplements with CUPE. These negotiations should be completed in May. The ULP was not directly related to technology but will have implications for all professions which are considered for a market supplement.

### **Count me in!** by **Judy Hruska**

We have come with much to share,  
This message talks of medicare.  
Saskatchewan is its birthplace,  
Canada as a whole chose this ace.  
Over one-third of the economy  
Is spent for you and me  
To ensure lasting health care  
Will always be there.  
Medicare is not for private profit.  
We are not for sale, you can bet.

# Committee plows through grievance back-log

by **Greg Ranalli,**  
**Pearl Blommaert and**  
**Rose Isbister**

Our committee, established under the collective agreement, has seen a lot of changes on the employer's side of the table. All but one of the original employer representatives has changed as a result of health care restructuring and representation votes.

The new employer representatives on the committee have brought a different attitude to the table. It has become very difficult to reach consensus on resolutions referred to the committee.

The "Work Load" language in our collective agreement and the task of establishing an internal process to resolve workload concerns that are referred to our committee has produced a lot of debate and discussion. The committee has had to spend a significant amount of time trying to reach consensus on the amendments that need to be included in the commit-

tee's Terms of Reference to reflect the process on workload complaints.

The committee is still in the process of developing workload submission forms to be used by the locals and employers. It is hoped these will be out to locals in the near future.

The committee has worked through the backlog of more than 200 grievances. Issues dealt with in these grievances include: selection/sufficient ability, hours of work/overtime, serious illness leave, assignment of work, assignment of temporary performance of higher duties.

It is important to remember that the committee's decisions concerning grievances are not precedent setting. They are only binding on the parties involved in the specific grievances.

It is also critical to ensure that all relevant information concerning a grievance is submitted to the committee. The committee's decision to

uphold or dismiss a grievance is based on the information the committee receives. It is therefore

better for the committee to have too much information, instead of not enough information.

## Calendar of CUPE Health Care Council Meetings:

As agreed all Executive Meetings will start at 9:30 am.

April 22, 2003 Regina

May 27, 2003 Saskatoon

May 28, 2003 Saskatoon

June 23, 2003 Prince Albert

June 24, 2003 Prince Albert

Bargaining Conference

July 22, 2003 Regina

August 26, 2003 Saskatoon

September 25, 2003 Regina

October 21, 2003 Saskatoon

November 26, 2003 Saskatoon

December 18, 2003 Regina



**CUPE Health Care Council**  
**1680 C Albert Street, Regina, S4P 2S6**

