Question 1 “No” campaign

Co-Chairs: Marguerite Marlin and Sasha Kovalchuk

Members: Marguerite Marlin, Sasha Kovalchuk, Sarah Wahab, Kalyna Horocholyn, Holly Corbett, Arun Jacob, Ira Lewy.

Committee Platform

For the third time in as many years, graduate students are being asked to vote on a significant increase in compulsory ancillary fees in order to have access to mental health counselling services through the Student Wellness Center (SWC). Graduate students have gone to considerable efforts to negotiate a reasonable cost that could be supported by its members for this proposal – which the data from the fall 2016 GSA survey showed is up to a clear maximum of $10-20 per term. For example, in the past year the GSA voted to allocate the ancillary fee “discretionary fund” of approximately $25,800 to mental health provision. CUPE 3906 also bargained access to in-person and remote counselling through McMaster’s Employment Family Assistance Plan (EFAP) in December 2016. However, the administration refuses to acknowledge that either of these measures have had or will have an impact on cost, and their proposal remains unchanged from last year in spite of these good-faith efforts.

According to information provided at the GSSRC, the university is offering 1,000 hours (“It has come to our attention that the 1,000 number was contained in a draft GSA document -- and did not end up in the final, official record. The Q1 no campaign regrets the error.”) of counselling in exchange for an extra $225,000 in fee revenue; this is in addition to the base $75,000 + $25,800 that is already allocated to the SWC annually through graduate ancillary fees. This thus equates to a cost of $325 in fee revenue for every hour of counselling being offered. As such, it is much less of a reflection of a “subsidized” proposal than one characterizing the opportunistic approaches of privatized health care.

We believe that an increase in compulsory ancillary fees in exchange for renewed services should be accompanied by a strengthened contractual commitment by the university to deliver those services specifically. This could be either through a change to our existing CAF Agreement, a new CAF agreement, or in a MOU specifically on mental health counselling services as has occurred at Brock University (which recently had a referendum for a $20 per year increase in graduate student fees to continue delivering those services). Certainly, the language in the existing 2004 CAF Agreement that our compulsory ancillary fees pay for the Student Wellness Centre was not enough to guarantee the mental health counselling portion of services at the SWC last year. The university is currently proposing a new ancillary fee contract which at present (March 13, 2017) contains a number of losing propositions for students: It absolves the university of any duty to cooperate with graduate students on allocations of funds for services, allows them to increase fees above inflation up to 4% per year (subject to a mere GSA Council vote), and does not properly define what services graduate students are entitled to receive for their fees. Contrary to our earlier connotation of a causal connection between the referendum and this proposal, we should emphasize that the proposal is not tied to either result in the referendum. However, this proposal has been on the GSSRC agenda during the referendum period, and we believe that changes such as the strengthening of CAF Agreement language are what would be most pertinent for the GSSRC to review at this period in time -- instead of a proposal that we argue would allow the university to be less accountable, not more.
In addition, while it is clear that the following part is no longer applicable due to the correction directly above it, it may be best to delete the following sentence in paragraph 2 in order to avoid any remaining confusion: “This thus equates to a cost of $325 in fee revenue for every hour of counselling being offered.

Graduate students must recognize the significance of this referendum for the future of mental health care in Ontario. Will Ontario universities be able to leverage mental health crises on campuses to get students to accept extremely disadvantageous arrangements, as well as contracts that erase accountability requirements? We urge students to soundly reject such bad faith efforts by the university, so that this condemnable and hypocritical example of mental health policy-making does not become the norm. This critical juncture for mental health must not legitimize a false dilemma for the many students who live below the poverty line – who have already made clear on multiple occasions that the proposed additional cost of $71.58 per year is too great a cost to bear for the majority.