

United
Nurses
of Alberta

News Bulletin



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WHERE ARE NEGOTIATIONS GOING?

UNA team sticks to negotiating

Massive Employer rollbacks
and advertising

Bill 27 tears up contracts,
tramples rights



Putting more pressure on nurses isn't the answer

Nurses like Debra Benedik, Leo DeLeon and Shelley Heck distributed flyers across the province to alert Albertans.



SARS



Ontario SARS outbreak strains health system and nurses to the limit

The SARS outbreak in Ontario put hundreds of Ontario nurses into quarantine and others into isolation units to battle the disease. Health workers were at the front-line of defense for the SARS (Severe Acute Respiratory Syndrome) outbreak, and at the front-line of risk.

Most of the thousands of SARS-quarantined people and suspected cases were nurses or other health workers. After hundreds of nurses were quarantined the shortage of nurses became so acute many were called in to continue working, even while under quarantine. Ontario's Health Minister, Tony Clement, called nurses the "heroes" of the drive to combat the mystery disease.

"Clearly, SARS is having a severe impact on healthcare in Ontario," said the Ontario Nurses' Association. Several hospitals were closed to new admissions and on April 23, Health Minister Tony Clement called on other province's to send nurses and doctors. But sending in health workers from other provinces where services are already over-stretched raised many questions. Toronto's nurses were not yet "fully deployed" according to ONA President Barb Wahl. UNA noted that the Alberta health system had no extra nurses to spare. While sending nurses to Toronto might be important at some point, it would mean leaving nursing work undone in this province.

There is no extra, reserve capacity in the health system to handle contingencies like the outbreak. "When we see the strains something like SARS can cause, we should realize that our health system needs to be strengthened not continually choked for funding," UNA President Heather Smith said after the release of the provincial budget which provided a minimal increase in health care spending.

More than risk for nurses

"The SARS outbreak has taken a massive professional, economic and emotional toll on the already beleaguered nursing work force," reporter Andre Picard wrote in the *Globe and Mail*.

Picard's article pointed out that nurses face more than risk. Nurses and their families have been shunned at school or work because of fear of the disease. Picard quoted Susan Bickell, President of the nurses' Local at the Scarborough Grace: "What upset nurses more than anything else is that, this time, we put our children and loved ones at risk. We became lepers in our community because we did our jobs."

Nurse first to identify outbreak

Alice Wang, a nurse at Toronto's Scarborough Grace Hospital was the first to connect a strange pneumonia case with a history of travel from Asia. Wang, a unit manager and the director of the intensive care unit put the patient into isolation. Seven people who had come into contact with the patient have since died. Many more would have died without Wang's quick observation.

SARS preparedness in Alberta

In April, UNA issued an advisory to all Locals to call immediate meetings of their Occupational Health and Safety (OH&S) Committees to review SARS precautions and preparations in their facilities. The OH&S committees were checking to ensure that adequate precautions were in place:

- Appropriate protocols and procedures ready
- Adequate protective equipment available
- A clear policy on what "triggers" SARS protocols and procedures

While there are no known SARS cases in Alberta, the health system should be prepared in case an outbreak does occur.

Adequate protection of health care workers who are screening for SARS or providing care to possible SARS patients remains an issue. The transmission routes of the pathogen have NOT been fully determined. ☹

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Health Regions demand rollbacks, trying to pick a fight to justify government intervention

Presidents vote against job action, continue talks

The Health Regions continue to demand major rollbacks and appear determined to provoke a crisis at the main bargaining table in provincial contract negotiations. “The Employers have persisted with proposals that they are well aware are unacceptable to nurses,” says UNA President Heather Smith. “All the indications are they want to force nurses into a crisis and then call in the government to legislate their last offer as the contract,” she says.

“If the Health Regions get the government to be the big bully and put in a contract by law, it’s the worst possible attack on free collective bargaining,” Heather Smith points out. A legislated agreement would strip away many of the contract safeguards for nurses, and for their patients.

The UNA Negotiating Committee called a special meeting of all Local Presidents, April 11, to discuss how to deal with the Employers tactics. The Presidents voted to stay in negotiations and ruled out job action, a crisis, as a strategy. “We got strong direction from the Presidents that they don’t want any threat of a strike,” Heather Smith told news media. “Rather than playing into the Health Regions’ plan for a crisis and government intervention, we think nurses, and the health system, will be better served by staying in negotiations and working out a new agreement.”

Bill 27, the new labour relations law for Health Regions, came into effect with the new Health Regions, April 1 and entirely changed the ground rules for negotiations (see Bill 27 on pages 7 and 8). On March 27 the UNA negotiating team brought forward a new proposal that outlined how the new Bill 27-mandated Regional collective agreements could work. The Negotiation Committee amended nearly every Article and withdrew a number of earlier proposals.

“We want to negotiate reasonable working terms for the Regional contracts. Negotiations at the provincial level offer us the smoothest, most efficient way to do this,” says Heather Smith. “The alternative of Region-by-Region contract selection votes, negotiations and possible arbitrations would be very disruptive, lengthy and an inefficient use of all our resources.”



Negotiations entirely different from 2001 round

The provincial contract negotiations couldn’t possibly be more different from the last round in 2001, according to David Harrigan, UNA’s Director of Labour Relations. In 2001, the Health Regions came with a plan for quick, out-of-the-news talks that would help them attract the Registered nurses they needed. This time the Regional Employers opened with rollback proposals for nearly every article in the agreements, and followed that up with an intensive and expensive media campaign.

“It’s a shocking change,” says Harrigan, “after all, the shortage has certainly not ended. The Employers still need to hold on to every working nurse they can. You would never know it from the changes they proposed. What signals does this send to new nurse graduates who are contemplating leaving the province to work?”

To top that off, the Provincial Health Authorities of Alberta (PHAA) negotiating committee brought in an outside lawyer Bill Connauton and even a court reporter. Connauton has since left the negotiations but while he was the spokesperson he made it clear that the Alberta government had been talking to the Liberal government in BC. Last year the BC government forced nurses into a contract by legislating the Employers’ last offer. ☺

For more on Negotiations see pages 4-6.



Employers want to rollback nursing 25 years

The Health Regions (PHAA) came into bargaining with proposals that would have taken nurses working conditions back to pre-union days, rolling back nursing by 25 years. "Using a big stick won't get more work out of over-stretched nurses," Heather Smith said at the time.

The Employers have backed down from some of their most offensive proposals. They have dropped one proposal, for example, which would have allowed Employers to negotiate terms of work directly with individual nurses. (David Harrigan explained how that plan could drastically affect nurses: "Hi, remember me, your supervisor who can assign you to a permanent night shift? I'd like to talk with you about your rate of pay.") They have also modified their plan to eliminate part-time nurses' designated days of rest. That plan, UNA pointed out, would have allowed them to assign a part-time nurse six shifts in a row, one day off, six more shifts then just one more day off, without having to pay any overtime. The new Employer

plan would still effectively nullify designated days of rest and eliminate overtime pay for nurses forced to work on their scheduled days off.


The Employers still have deal-breaking proposals on the table, however:

- Eliminate Registered nurse-in-charge.
- Offering new full-time positions to new grads or out-of-province nurses before offering them to current Employees.
- The power to assign nurses to permanent night or evening shifts. While they publicly say they only want to be able to post permanent shifts, and make them available, what they are actually proposing would allow them to force nurses into permanent shift lines)
- The ability to unilaterally move nurses. Employers want to be able to reassign nurses, on a day to day basis, or permanently, to another site. Even with a limit on the distance of such a move, a nurse could be incrementally moved

from site to site across an entire Health Region.

The new UNA proposal, presented on March 27, was made necessary by the new Bill 27 Regional contracts. It adds an entirely new clause that would protect a nurse's regular place of work, and regulates seniority and posting in the new Region-wide bargaining unit. Standards and quality in nursing care continue to be the major contract improvements UNA is looking for:

- Professional responsibility: Binding arbitration process if an issue is still outstanding after presentation to the governing Board.
- Nurse-to-patient ratios: Require a minimal staff to patient/resident/client ratios for each ward, unit or area serviced by a ward or unit. Include a binding arbitration dispute resolution process when the Union does not agree with the minimal ratio.

Summaries of UNA and all Employer proposals are available on UNA*Net and on the website: www.una.ab.ca. 




Heather Smith and CFNU President, Kathleen Connors handing out flyers at Edmonton's Strathcona Market.

How will nurses deal with Bill 27?

On April 11, 2003, UNA Local presidents from across the province met in Edmonton to review a number of issues surrounding negotiations and the impact of Bill 27. The Negotiations Committee gave them an update on the state of negotiations. The Presidents reviewed the details of current UNA and PHAA proposals. The central issue was how a single contract and bargaining unit will work for all the nurses employed by each Health Region. Considerable discussion occurred around the issues of who gets preference when a job is posted, layoff/displacement/recall provisions, and the dynamics of PHAA proposals for multi-site positions. The Local Presidents were unanimous in supporting a resolution that UNA will not consider job action as long as negotiations continue.

At the UNA Demand Setting meeting, members set out positions to prepare for Region-wide facility and community bargaining units, but Bill 27 has gone even farther.

"Negotiations can create more rational structures than imposing one-size-doesn't-fit-all single agreements," David Harrigan says. "We need to clarify how things like seniority, bumping, job postings, transfers, and recall would work," he points out. 



The misleading, mystifying Health Regions' PR

Estimates are that the Health Regions have already spent over \$1 million on print, radio and television ads. The campaign culminated with the "remarkable device" television ads featuring a pen to sign a new nurses' contract. The Health Regions have contracted former Klein right-hand man, Rod Love, to help them with their "spin". The master of "this will be good for you" has apparently been hard at work. The Regions massive ad campaign talked about how well the Employers want to treat nurses. But the reality of their demands is quite different.

The PR messaging and Health Region communications to MLAs was so blatantly misleading that UNA took the drastic step

of calling on Gary Mar to fire Pearl Babiuk, chairperson of the Regions' bargaining steering committee. The Regions' statements were "...intentionally misleading the citizens of Alberta, and in particular, the elected Members of the Legislative Assembly", Heather Smith wrote in a letter to Minister Mar. "I understand that in a negotiation process each side will interpret the issues to their advantage, but the public statements from Ms. Babiuk and in the Health Regions' advertising go far beyond interpretation."

UNA responded by distributing small "Truth in Advertising" posters that exposed the false claims in the PHAA messaging. PHAA claims, for example, that "The UNA contract discourages full-time nursing." The UNA poster points out that only Employers can create full-time jobs, and they aren't proposing to create any, just to worsen conditions for part-time nurses. Nurses have long been pushing for the creation of full-time jobs.

"The Regions have proposed over a hundred rollbacks, many of which we have not even touched on yet in bargaining," Heather Smith told news media. "Now they are spending hundreds of thousands of dollars on misleading advertising. We think it's an incredible waste of public health dollars. They should be putting more energy into honest negotiations and less money into misleading public relations," she said.

The timing of the Health Regions PR campaign baffled the UNA Negotiating team. Launched early in the bargaining process, far before any crisis point, the massive investment looked to be wasted. The only possible justification would be a long-range plan of "softening" up public opinion for iron-fisted government intervention in the negotiations. ☹️

Provincial round of negotiations at 5 tables

The vast majority of nurses are covered by the provincial agreements negotiated with the Provincial Health Authorities of Alberta (PHAA) but other nurses and Employers are also in simultaneous negotiations.

- CCEBA (Continuing Care Employers' Bargaining Association) representing the Bethany Care and other long-term care Employers. Proposals have been exchanged, negotiations have begun and more dates for further talks are being set.
- The Alberta Cancer Board The Cancer Board initiated discussions with a joint Negotiating Committee tour of the Cross Cancer facility. Proposals have been exchanged and several days of talks held.
- Bethany Care Cochrane The Employer insists on negotiating separately, and no talks have yet been held.
- The Good Samaritan Society The Employer did not provide an in-going proposal within the Labour Code timeline. The parties are still trying to set dates for negotiations.

UNA expects other Employers meet the standards of the main provincial agreements, which become the first priority in bargaining. Once the standard is set, details are usually worked out at the other tables in the negotiating round. ☺️

The latest on negotiations

This NewsBulletin provides background on negotiations, but events have been proceeding rapidly. For current information see:

- www.una.ab.ca, the UNA website
- UNA*Net
- Your Local Officers
- UNA Fact Line 1-800-804-4541 or 496-9262 (Edmonton area)



Getting political

Nurses talk to their MLAs about the issues

When the government began rushing Bill 27 through the Legislature, the UNA provincial Negotiating Committee decided to pop in on them to watch proceedings. MLA Kevin Taft introduced the Neg. Comm. sitting up in the Gallery and Premier Klein looked down and groaned.

Elected Members of the Legislature are playing a bigger role than usual in nurses' contract negotiations. They already passed Bill 27 and changed the playing field and ultimately they approve the budgets for the Health Regions. Nurses across the province have already been very active contacting and meeting with their local MLAs, an important step if our representatives are to hear two sides of the negotiations story.

Many nurses took the time to phone or write their MLA, but others took an even more powerful approach and set up meetings. Cheryl Thorpe from Local #43 met with Olds/Didsbury/Three Hills MLA Richard Marz and told him about her concerns on Bill 27. "He could not imagine that Bill 27 would cause any concern for nurses!" Cheryl Thorpe reports. "He seemed to have no idea what was in the Bill except he was really glad that it would prevent severance."

Mary Abbott, from Local #38, reports that with Doug Griffiths, the MLA for Wainwright: "Our phone conversation was longer than I would have expected, his interest seemed genuine and was happy to set up a meeting, even said he'd try to get a couple of other MLAs to join us."

Michele Senkow from the Foothills in Calgary took some shift schedules (names blacked out) in to show her MLA how many part-time jobs there were and how easy it would be to have far more full-time lines. Then she asked how the MLA would like it if his wife were a nurse and were to be told she had to work permanent nights. She said it had an impact.

The Health Regions have been sending notes to the MLAs regularly and not always with the whole story. The Health Region information to MLAs became so distorted that UNA had to respond. "...it is clear that Ms. Babiuk is intentionally misleading the citizens of Alberta, and in particular, the elected Members of the Legislative Assembly," Heather Smith wrote in a letter to Health and Wellness Minister Gary Mar about the misinformation. Babiuk had for example, written to the MLAs that the "Employer proposals are not aimed at forcing nurses to work more." What they had put on the table was quite the opposite however. "It is not the case that there are one or two mistakes here, each of the statements she makes are untrue or are highly misleading," Heather Smith pointed out to Mar. ☺

"20,000 nurses is a sizable constituency. When we start insisting that our elected representatives must listen to us, we are a formidable force."

—Heather Smith, President

What has happened in bargaining so far?

It's been over four months since provincial bargaining began, but there has not been a great deal of actual time-at-the-table negotiations between UNA and PHAA (the Provincial Health Authorities of Alberta—the Health Regions).

- **January 8:** PHAA and UNA exchange initial proposals
- **January 12-18:** UNA exchanges proposals at the other provincial tables, long-term care, the Cancer Board and Good Samaritan Society
- **January, February:** Talks continue
- **March 3:** Bill 27 plan for government intervention leaks
- **March 14:** PHAA begins campaign with large newspaper ads
- **March 19:** PHAA calls for mediator, after just 19 total hours of talks
- **March 28:** UNA provides new proposal for Region-wide contracts
- **April 1:** Bill 27 process begins for the nine new Health Regions
- **April 18:** PHAA talks with mediator begin, a total of only six dates set for mediation ☺

You can put on pressure!

- **SETTING UP A MEETING** with your MLA is best. Going with a group of nurses works well.
- **PHONING** your MLA is next best. They need to respond directly to you.
- **WRITING OR E-MAILING** the MLAs is also good. An original letter with direct questions you need answers to works well.

Guidelines for MLA questions are on UNA*Net or call UNA Research Officer Tony Olmsted who can assist with information or contacting your MLA.

BILL 27

Unhealthy Legislation

Takes away rights and forces health workers into collective agreements

UNA says we must negotiate FAIR Region-wide collective agreements

In the middle of UNA's provincial negotiations the Alberta government jumped in and changed all the rules. Bill 27 stripped away health workers rights and gives the Health Regions tremendous power to pressure more out of their Employees.

UNA and other health unions protested loudly. "Not only are they taking away the right to strike from thousands of nurses, and other health workers, Bill 27 permits the Cabinet and the Alberta Labour Relations Board to unilaterally decide everything from which contract applies, up to and including how health care unions run their internal affairs," UNA President Heather Smith told news media. But the government invoked closure, limited debate and rushed Bill 27 through the Legislature by April 1, the day the province's new Health Regions came into effect. (Bill 27 is now the Labour Relations (Regional Health Authorities Restructuring) Amendment Act, 2003.)

Besides stripping away rights from nurses and other health workers (see **Rights, what rights?** on page 8) the law forces all Health Region Employees into just four unions and four contracts in each Health Region. Human Resources and Employment Minister as much as admitted that Bill 27 was custom-tailored to the demands of the Health Regions. He called Bill 27 an exercise in streamlining bargaining in the health sector, but by forcing Employees into just four contracts it will cut contract terms and advantages for thousands of health workers.

"This law circumvents collective bargaining and gives the Employers a carte blanche to write the rules. Bill 27 makes a mockery of any pretense of collective bargaining," Heather Smith said.

What Bill 27 will do

The law forces unionized Health Region Employees into one of four functional bargaining units (union Locals). In



Heather Smith speaks against Bill 27 at a rally in Edmonton.

each Region there will be just one contract for each of:

- direct nursing care (UNA),
- auxiliary nursing care (largely Alberta Union of Provincial Employees (AUPE) members),
- paramedical and technical (mainly Health Sciences Association, but also other unions), and
- support staff (largely AUPE and Canadian Union of Public Employees (CUPE)).

Non-unionized Employees and health workers who are not Health Region Employees are not affected.

The law also lays out how to determine which union will represent each of the four bargaining units and which collective agreement will apply. For nurses in direct nursing care, UNA will be the union because the vast majority

of nurses are already members. But for the other bargaining units, the Alberta Labour Relations Board (LRB) will conduct run-off votes between other unions. CUPE and AUPE will be in several votes, and the Health Sciences Association of Alberta and other unions may also be involved in votes. This promises to be a difficult and disruptive process.

How the collective agreement is determined may affect UNA however. The LRB will determine which "types" of agreements can become "receiving agreements" based upon which "type" of agreement covers the most Employees. The LRB has informed UNA that in all Regions, only Facility "type" agreements will be accepted.

To determine the receiving agreement, the law says Employees must vote between two current agreements of the acceptable type. For example in Region Six (former Capital Health), nurses would have to vote between the two largest Facility agreements, the Local #301 (University of Alberta Hospital) agreement and the Local #33 (Royal Alexandra Hospital) agreement. Nurses currently covered by the Community agreement will be obliged to choose between two Facility agreements. The vote on receiving agreements will likely prove to be unimportant. The agreements must still be negotiated to cover all nurses.

(continued on page 8)



Bridget Faherty, Sandi Johnson, Teresa Caldwell, Jacki Capper & Blanche Hitchcow at Bill 27 rally.

(continued from page 7)

Once the receiving agreement is determined, the “joint bargaining agent” of all the former Locals in the Region must, within 30 days, begin negotiations with the Health Region to iron out all the inconsistencies. That negotiation is to finalize a contract that provides terms for all the Employees in that bargaining unit. If the negotiation is unsuccessful, the LRB can be called in to arbitrate the final agreement. The LRB can appoint a single arbitrator to make the final decision. Throughout the whole process the LRB has extraordinary powers to enforce these steps, right up to acting on behalf of a union, setting internal rules and procedures for a union and, of course, finally arbitrating the agreement.

Provincially negotiating new Regional agreements would be more reasonable says UNA

UNA has already made a proposal for a new province-wide agreement that could work as each Region’s single agreement. The new full proposal includes protection so that nurses can’t be moved from site to site within the bargaining unit. It was presented to the Health Regions (PHAA, the Provincial Health Authorities of Alberta) on March 28. The Negotiating Committee says it would be better to bargain the new agreement provincially than to enter into the divisive and LRB-determined process outlined by Bill 27.

“If the Health Regions are ready to provincially bargain an agreement that works as a Region-wide contract, we could smooth out this transition,” Heather Smith points out. “If they aren’t, we are facing a long haul of bargaining for each Region separately. The Region-by-Region contract selection votes, negotiations and possible arbitrations would be very disruptive, lengthy and an inefficient use of all our resources.”

“We want to negotiate reasonable terms so we don’t get stuck with a one-size-doesn’t-fit-all contract that causes huge disruption in the work of nurses,” Heather Smith says. Hours of work, seniority, consistent benefit plans, how nurses apply for jobs at different facilities, and other issues must all be worked out so Regional bargaining units can function.

UNA was largely already prepared for new Region-wide contracts. At the Demand Setting Meeting last October, UNA members voted on proposals for Region-wide facility and community bargaining units. The Labour Relations Board was already contemplating those changes. But Bill 27 has gone even farther. “The message in Bill 27—in big box-car size letters—is that there will be no separation between Community and Facility,” says UNA Director of Labour Relations David Harrigan. “We now have to consider how these bargaining units can work, and how, for example, to protect nurses from being shuffled from worksite to worksite. Negotiations can create more rational structures than imposing single agreements,” David Harrigan says. “We need to clarify how things like seniority, bumping, job postings, transfers, and recall would work,” he points out. ☺

Bill 27: Rights, what rights?

Bill 27 forces nurses, and a whole range of other health workers, into Region-wide bargaining units, but first it trampled over the rights of all Employees. The law makes it illegal for nurse practitioners to join a union. While there are few nurse practitioners working in the province, and fewer yet at UNA worksites, they have all had their right to join a union revoked by the law.

It also takes away the legal possibility of striking from all Health Region Employees. Secretaries in the office, through to laundry and support workers, all Employees have been deemed too crucial to be allowed their basic human rights. Community agreement UNA members join with facility nurses in having their right-to-strike denied in law.

It’s now illegal for an Employer to agree to offer severance to a unionized Health Region Employee if there is a change in “governance” and a job continues. They can still offer, and even contract for, severance to non-unionized Employees. This was aimed principally at AUPE Employees of the Alberta Mental Health Board who were eligible for severance when their jobs were moved to the Health Regions, but it has swept up all Employees. When a job is eliminated, however, severance may still apply. ☺

First Ministers' Accord boosts health funding, but is not the plan to save Medicare recommended by Romanow

The First Ministers' Health Accord inked back in February boosted the Federal government's contribution to provincial health care budgets. But the "Accord" disappointed Medicare advocates who said it will do little to stop the increasing commercialization of the health system.

"Yes, the emphasis on primary care, home care and catastrophic drug coverage is good," said Kathleen Connors, RN, President of the Canadian Federation of Nurses Unions.

"But we are disappointed that the Accord fails to require that public health care dollars be spent on public health care delivery. Private hospitals are operating or on the drawing boards in Alberta, British Columbia and Ontario. These provinces are also encouraging the further growth of other kinds of for-profit health care delivery.

The federal government promised \$17.3 billion in new health care money over the next three years, and another \$17.5 billion over the following years, for a total of \$34.8 billion over five years.

The Romanow Report, the provinces and even the Kirby report (from the Senate) all recommended "new" federal money, over and above the increase in funding scheduled through the September 2000 Agreement.

In his Commission Report Roy Romanow talked about the new money

as necessary for "buying change". But most of this "new" money in the Accord flows from a very loosely conditional fund, the 5-year \$16 billion Health Reform Fund.

The remaining \$3.6 billion will come from several initiatives, such as the purchase of diagnostic and medical equipment, electronic health records, research hospitals, technology assessment, immunization programs, caregivers' support, and health human resources.

"It's like Romanow never happened," said Michael McBane, of the Canadian Health Coalition. "The CHC is worried that without real transparency and accountability, the new money will wind up being used on for-profit schemes, despite the fact that Canadians and the Romanow Commission were clear that public money should be spent on public care—not private profits."

New NDP Leader Jack Layton was even more skeptical. In Edmonton to visit the Friends of Medicare "ROMANOW NOW" campaign, Layton told what had happened in the House of Commons when the Accord was announced by the Prime Minister. Alliance Party leader Stephen Harper rose to congratulate the Prime Minister and got a standing ovation from both Liberal and Alliance MPs when he praised the Prime Minister for the accord, saying it opens the door for private enterprise in health care. ☺



Romanow Now! campaign puts pressure on Health Minister McLellan

With lawn signs and canvassing all throughout Anne McLellan's Edmonton West Riding, the Friends of Medicare (FOM) put a lot of pressure on the Federal Health Minister over the first few months of the year. FOM opened a campaign office in the riding distributed a leaflet throughout the riding and had hundreds of volunteers calling McLellan's constituents. "The response has been tremendous," FOM reports. Over 6,000 postcards were mailed in and more are still collecting. The Romanow Now! leaflet was included with the last NewsBulletin. Send your card for McLellan in now.

A poll done during the campaign showed 69 per cent of Edmonton West residents said they want the federal government to ensure that tax dollars are not spent on services provided by for-profit companies. It also showed that 63 percent of riding residents would either be less likely or a lot less likely to vote for McLellan in the next election if she turns a blind eye to provinces—like Alberta—that want to open the door to for-profit delivery in the health system. ☺



Christine Burdett resigns as Friends Chair

After more than five years at the helm of Friends of Medicare, Christine Burdett is stepping down. During her tenure, Burdett led numerous campaigns in defense of public health care—including the historic and nationally recognized campaign against the Klein government's controversial private health care law, Bill 11.

Burdett was also actively involved in 1998 when protests organized by Friends of Medicare forced the Alberta government to withdraw Bill 37, Premier Klein's first attempt at a private hospitals law.

Another high-point for Burdett came in the summer and fall of 2000 when the Friends of Medicare gathered the names of hundreds of Albertans we had been forced to pay privately for medically necessary MRI scans.

In response to the Friends of Medicare expose, the Klein government reluctantly agreed to reimburse thousands of Albertans for the costs of private MRI scans. The government also felt obliged to purchase several new MRIs to reduce waits in the public system.

"In many ways, Friends of Medicare has been more successful in holding the government to account on health care issues than either of the opposition parties in the Legislature. And Christine can take a lot of credit for that," says Dr. Avalon Roberts, chair of the Friends of Medicare Calgary chapter.

"Without the opposition provided by Christine and the other volunteers involved with Friends of Medicare, there's no telling how far our provincial government would have gone. We would be much further down the road to commercialized health care than we are." ☺

Christine Burdett, retiring Friends of Medicare Chair



Solidaridad

Nurses join task force to Mexico
to learn about the impact of free trade agreements

The impact of free trade agreements continues to hit ordinary Mexicans hard, reports UNA member Alan Besecker. Alan, along with three other members, went on the Alberta Trade Union Task Force to Mexico to learn about conditions there and meet with Mexican unionists and community activists, including health workers.

The Alberta Federation of Labour organized the two-week tour of 12 Alberta unionists this February as a follow-up to similar delegations that went when the trade agreements first came into effect. Along with Executive Board members Tom Kinney and Alan Besecker, UNA sent Ann Broughton from Local #1 in Calgary and Linda Robertson from Local #2 in Red Deer.

The nurses on the tour took a particular interest in Mexico's struggling public health system.

"We were visiting a squatters' settlement in Cuernavaca and we heard the story of a woman who needed abdominal surgery urgently," Alan reports. "She was turned away from one hospital and had to book it through a private doctor. She was absolutely lucky. This squatters' settlement had some community workers that knew how to access money through a development centre. So many others would not have gotten the care and probably died."

A struggling public health system that's getting worse

Mexicans have enough difficulty accessing good health services now and it looks like increasing privatization will make that even worse. The Tour delegates met with the public workers' union, the Sindicato Nacional de Trabajadores del Seguro Social (national union of social security workers).

The union represents public health workers, including doctors and nurses, as well as government employees in pension and social programs. The Sindicato people explained that the programs they work in cover 50 million people, about half the total population. This combined health and social program offers differing coverage depending on your employment situation. Levels 1, 2 and 3 in the program provide protection depending on how much Employers and Employees pay in. Level 1, the basic protection, provides some medications and services for the impoverished who are not contributing. That is if they are able to access the system. Governments have promised to improve Level 1 services during elections but workers have just seen broken promises.

The Tour visited one Level Two facility. "The hospital included a trauma area, emergency and a very large rehabilitation area," Alan Besecker reports. "Despite the overcrowded conditions and lack of much modern equipment, the care was



*School children play in front of a
protest against Costco.*

most competent and much good work was being achieved despite the lack of resources. The pride shown by these workers was rewarding and inspiring. We also saw the shell of a new hospital started 17 years ago but never finished and heard about eight state-of-the-art hospitals that the government says they will not finish because there is no staff to work there.”

The Mexican health care system is 80% public. But the government of President Vicente Fox, a former Coca-Cola executive, has decreased funding for the public system, and has stopped funding for many almost-completed hospitals. The Mexicans fear these hospitals will be sold to American health corporations. Along with business, the President has started a campaign to discredit the public system. The Mexican activists say Fox’s plan is to starve the social security and public health system until people demand a US-style private insurance plan. Health care is a big issue but public health care is not as accessible as in Canada so it is not ingrained in the consciousness of Mexicans as it is in Canada.

The Tour also met with the Frente Autentico del Trabajo (FAT—The Authentic Labor Front). FAT is an umbrella organization of workers, peasants, farm workers, industrial coop members and neighborhood community activists. Quite different from any Canadian union, FAT takes a community-wide approach to organizing. It provides training and education programs, research and legal and technical support for the member organizations. Most unions in Mexico are connected to the ruling party, but FAT is completely independent. Its priorities this year are to help new organizing drives build independent, democratic unions and to help train women, union and coop groups.

The delegates visited one of FAT’s member projects, RMALC (Red Mexicana de Accion Frente al Libre Comercio—Mexican action front on free trade). RMALC is documenting the effects of trade agreements. The RMALC researchers pointed out



Linda Robertson, Tom Kinney, Alan Besecker and Ann Broughton

that even the infamous Maquiladora industries—union, standard and regulation-free factories—have been going out of business. Since China joined the WTO, 600 of the Maquillas have left Mexico because costs were relatively “too high”.

The RMALC researchers said that NAFTA and the Free Trade Agreement of the Americas (FTAA) have been devastating. The average Mexican wage has dropped to 25% of what it was in 1976 and poverty has risen to 77% of the population. There are 1.3 million people leaving Mexico every year. “Trade deals between unequals can only benefit the stronger economies,” they told the delegates.

The Task Force was treated to a local lunch at the offices of the Central Independiente de Obreros Agricolas y Campesinos (CIOAC, the independent union of agricultural workers and campesinos). This 40-year old organization defends the interests of peasant farmers. CIOAC has been condemned by governments, by the church and by other unions for their demands for land reform. Many of their leaders have been beaten and/or thrown in jail. However, now that only 2% of 4 million family farms can compete with US and

Canada farmers and that government is cutting farm aid, this farmers’ movement has been growing. The CIOAC recently forced the government to back down on a plan to buy up farm land for a new airport through public protest and resistance.

“We witnessed first hand, workers fighting every day for the very democracy we take for granted against odds that most of us couldn’t even imagine. Yes, we needed to be there and yes you need to hear about it,” Linda Robertson said about the Tour.

Linda said the parallels between Mexico and Alberta were hard to miss. “The experience of this trip, was of course, not for us to feel guilty but for us to understand these issues—so we can keep up the fight against privatization and the signing of these trade deals in our own country. The push for privatization by the Klein government and other governments will eventually lead to the same situations in this country, while never improving the living or working conditions of the people in Mexico or beyond.”

The UNA delegates will be providing their reports on the Tour at the UNA Annual General Meeting and other Local events. ☺

Buy a job pumping gas

The plight of gas attendants is particularly telling. So many people need jobs that in gas stations, the workers receive no wages. In fact they often need to put 2000 pesos (\$300) down to get a job and then pay up to \$10 more a day to work hoping that the tips of 100-150 pesos (\$15-\$25) will make them some money. However, the boss can make them wash his car, clean the site or paint a wall, with no tips and no money. The employees are totally unprotected and can be fired at any time. ☺

Growing food dependency

NAFTA has had a devastating effect on the peasant farmers in the countryside. Most farm goods were protected until recent years but without protection, prices have dropped and only 2% of farmers can compete with produce from US and Canada. Mexico use to export corn but now 25% comes from the US. About 50% of the wheat and 90% of soy are now imported. Before NAFTA Mexico was 90% self-sufficient in food and 10 years later they are only 60% self-sufficient. ☺

UNA awards scholarships to student nurses

UNA has announced the winners of the first-ever scholarships for nursing students. UNA awarded \$750 each to T. Nicole Olson (BScN program at Grant McEwan College- Westlock), Heather Deans (BScN program at the University of Calgary) and Kathryn McCartney (BScN program at the University of Alberta).

The three recipients met the criteria for the scholarship: in their first year of full-time studies and being related to a UNA member in good standing. They also wrote a short essay on how UNA impacts nursing worklife.

“There were 27 applicants, making the final selection difficult,” says UNA 2nd Vice-President Jane Sustrik. “The winners are outstanding new students and we are pleased to be able to assist in continuing their program and look forward to welcoming them as new nurses soon.” ☺



Kathryn McCartney & Heather Smith, President



Heather Deans & Karen Craik, Secretary/Treasurer



Nicole Olson & Heather Smith, President



Huge national nursing study looking for input from nurses

A huge study of 24,000 Canadian nurses is now looking for input from working nurses across the country. First announced in 2001 by Honourable Jane Stewart, Minister of Human Resources Development Canada, the study will develop a long-term labour market strategy for the three regulated nursing groups in Canada.

Minister Stewart announced HRDC funding of \$1.8 million for the study. The nursing sector will also contribute \$2.2 million in kind and in cash.

More than 24,000 nurses from all three occupational groups (Licensed Practical Nurses/Registered Practical Nurses, Registered Nurses, Registered Psychiatric Nurses) will be randomly selected from all parts of Canada to receive a survey this spring.

“We need to hear from you about the challenges you face every day. Your direct input is critical in helping us provide concrete options to improve the work environment of nurses,” say the study authors.

Recent high profile studies and reports have placed emphasis on the major health human resources data dearth. Completed nurse surveys will help fill the information/data gaps for all three nursing occupational groups.

“With your involvement, we can develop a long-term strategy to deal with issues, including the nursing surplus/shortage cycles that continue to plague your profession, and many other worklife issues,” they say.

“While you may have answered some of these questions before, the sheer size of this sample will add strength to the

findings. It is also the first survey to seek similar information from all three nursing occupational groups. Your responses will give us data that doesn’t exist in any of the registrar or administrative databases.”

This is the first national nursing study that is both endorsed and led by all the nursing stakeholder groups in Canada: professional nursing organizations, unions, employers, researchers, educators, physicians, provincial and territorial governments, Health Canada and Human Resources Development Canada.

Go to www.buildingthefuture.ca for news on when the survey will be distributed, and for more information on how to participate. ☺

MOULD

Nurses looking for independent investigation of mould problem at the Foothills Medical Centre Health Region blocking Professor Tang Lee from investigating



Nurses have been getting sick, with headaches, respiratory problems and other symptoms, when they work in a renal dialysis unit at the Foothills Medical Centre. The frequent illnesses have increased dramatically since a water leak flood last September. On March 31,

the nurses filed a complaint with provincial Workplace Health and Safety, asking government to intervene and help deal with the nurses' health concerns.

"We have people off sick and the hospital has not provided us with any answers about the causes, and we do not think they are doing enough to solve the problem," says UNA #115 Local Vice-President, Michelle Senkow. Nurses have been bringing health concerns forward for months and filed a Professional Responsibility Complaint in October. Over 40 nurses and other Employees on the unit have experienced health problems, including chest pain, shortness of breath, asthma attacks, pulmonary problems, sore throats, nose-bleeds, eye irritation, hives and rashes. Nurses were particularly upset when the hospital moved the managers' offices off the unit in October of 2002, but left the nurses and patients in the area.

Nurses are concerned it could be a toxic mould problem. This concern was heightened in March when a two-foot mold spot was found in a patient bathroom next to the unit's nursing station. The hospital taped an orange plastic barrier around the walls of the patient bathroom that is beside the nursing station on the unit.

"They never informed nurses or the union that they had found something, or what they were doing about it," Senkow says. "We are concerned that the quick barrier they set up is inadequate and we want a thorough study done."

"In January we offered to independently bring in Professor Tang Lee, an environmental health expert, to determine what could be causing the illnesses. So far they've refused to give him access to the facility," says Michelle Senkow.

"It would be prudent of the hospital to allow experts in to assist and to have complete cooperation and disclosure. The fact that they have refused to allow any third party in to investigate is disturbing," she said.

"We have documented health concerns from this unit that dates back to 1995," Michelle Senkow explains. "This exposure, if it's allowed to keep going could have serious health consequences."

The nurses local asked Alberta Workplace Health and Safety to direct the Foothills to allow Prof. Lee to investigate and to vacate the unit and move its operation to another location until the investigation is completed. "Why aren't they letting an outside expert in? Why aren't they keeping us informed? We want to work collaboratively with the hospital, but with the months we have waited for action on this we want to have an outside authority in to ensure every thing possible is being done." Senkow says.

Prof. Tang Lee is the Professor of Architecture, Building Science and Environmental Health at the University of Calgary whose investigation led to the closing of the Calgary provincial appeal court because of mould contamination problems. He is one of the few individuals accepted by the courts as an expert witness in the area of building science, regulations and indoor air quality.

Lee says mould outbreaks must be very carefully handled. "Once it is determined that mold is present, certain strict procedures must be followed, similar to but beyond the procedure for asbestos abatement. For example, the surrounding area must be further tested to determine the extent of spreading of the mould. Visual inspection is not enough."

There are specific techniques to test for mould on surfaces not visible to the naked eye, such as swab tests. The affected area must be sealed completely so that the mould spores do not spread further. This means sealing the area right up to the underside of the concrete ceiling, not just to ceiling tiles if there is a dropped T-bar ceiling. The mechanical system that circulates air must be shut down and sealed. Qualified personnel must be used to carry out the containment process. They must have the proper training and experience. These qualified staff must have proper protective clothing and respirators. There needs to be a decontamination vestibule. The clean-up personnel cannot wear ordinary clothing into and out of the affected area. Clothing must be changed before entering occupied areas. If this is not done, the mould spores can be spread further from the clothing of the personnel. The material being removed from the affected site must be double-bagged to prevent the escape of mould spores.

None of these techniques have so far been used by the hospital management, according to reports given to us, says Michelle Senkow. ☺



Michelle Senkow

Nursing News

Arbitration allows St. Michaels to reduce RN staffing

Nurses warn that insufficient Registered nursing care endangers patients

The arbitration decision on staffing levels at St. Michael's Health Care Centre in Lethbridge has finally come out in February after 13 days of hearing, UNA's court injunction, a failed appeal of the injunction and months of deliberation. Arbitrator Alan Beattie ruled that the Employers' planned layoff of six RNs was acceptable and the auxiliary hospital's proposed staffing plan would be adequate.

"Our nurses are glad this is finally over," said the Registered nurses Local President Ruth Jeannotte. "We are greatly disappointed with the ruling, but we needed a final resolution. Unfortunately many of our nurses will likely now be leaving St. Michaels because they don't feel they can take the risk of being responsible for 96 patients over two block-long floors. It puts their professional license and their career in jeopardy."

Thirty-eight RNs have left St. Michaels since it moved into its new block-long building. That is almost a complete turnover of RN staff since the move in May of 2000.

"This ruling highlights how important it is that we advocate for safe staffing levels in negotiations," said UNA President Heather Smith. "Employers will spend thou-

sands and thousands of dollars on legal costs to reduce staffing levels. Employers are ready to plan staffing according to the budget bottom-line, not on what is needed to provide safe care. Nurses must advocate strongly for adequate staffing levels for our patients, and we'll be doing that in bargaining."

UNA won a court injunction in Lethbridge, on October 31, 2001, that prevented St. Michael's from laying off the Registered nurses. UNA made the case that nurses remaining on staff at St. Michaels would have been put at professional risk.

UNA demonstrated that the layoff would bring RN staffing below the Nursing Home Act minimum levels. The Nursing Home Act Regulations stipulate 1.9 hours of care per patient per day, and that a minimum of 22% of that be by RNs. Beattie, however, accepted Employer numbers which included nurses stationed in a palliative care unit.

Update on nursing shortage stats

The latest projections on nursing shortages in Canada show the country will be short 113,000 RNs by 2016. The Canadian Nurses' Association published an update on the "Ryten Report" last year. Statistician Eva Ryten did a detailed analysis of how many RNs are working, will be coming into the workforce and leaving as well as projections of the demand for nursing services. By 2011, the report projects

there will be 253,000 RNs working, nearly one-third less than will be needed, with a shortfall of 78,000 RNs. Overall, the report recommends we educate more nurses, boosting the number of grads from the 4,599 graduated in 2000 to 12,000 a year as soon as possible.

Health jobs booming in the U.S.

In the U.S. hospitals and doctors are hiring thousands of new employees and offering unprecedented referral bonuses and raises to key staff, including \$100,000 annual salaries to experienced nurses at one Boston hospital.

Over the past two years, Massachusetts hospitals, physicians, clinics, nursing homes, and health insurance companies have added 10,000 jobs—the only part of the state's economy aside from higher education that is growing—while the overall Massachusetts economy lost 84,000 jobs. Nationally, "health care is the key engine to current job growth," said Mark Zandi, chief economist at Economy.com.



CFNU President Kathleen Connors retiring

One-hundred-thousand new members later, CFNU President Kathleen Connors, RN, is ready to retire. She announced to the CFNU National Executive Board recently that, after

20 years as CFNU President, she will leave at the close of the Federation's Eleventh Biennial Convention this June. She and her husband, Cyril, plan to settle in Newfoundland.

"My goal for CFNU was to make it truly national. Now we have nine of Canada's ten major nurses unions as members, from Newfoundland and Labrador to British Columbia. We are also seen by the Federal Health Minister and her deputies as a critically important constituency—one that must be consulted," Kathleen Connors said.

Australia looking at incentives to keep nurses

Australia should look at incentives to ease that country's critical shortage of nurses, says a nursing leader. Mary Chiarella, the chief nurse for New South Wales in Sydney said in a newspaper report that: "Nurses leave for two reasons: they don't feel able to give the quality of care they love to give, and they don't feel valued." She said a good dose of hope and incentives would help keep the nurses they need. The state Nurses' Association is looking for a \$10,000 end of two year bonus to help retain nurses.

Alberta eliminating consent requirement for electronic health records

The provincial government has introduced a bill to remove the requirement to get patient consent for sharing personal electronic health records. The legislation amends, and weakens, the controversial Health Information Act. The government passed the Act in 2001 amid charges that it endangered



Quebec nurses play a major role in peace marches

Hundreds of thousands of Canadians have taken part in peace marches against the American attack on Iraq. The largest marches have been in Montreal, where estimates are a quarter of a million people marched on at least two occasions. Quebec nurses played a significant role in organizing the rallies. The nurses' union, FIIQ (Federation des Infirmières et Infirmiers du Québec) is a member of the Check War Collective, along with hundreds of church organizations, community groups and other unionists. The Collective organized the massive Montreal demonstrations and actively campaigned against Canadian involvement in the attack.

The FIIQ nurses' website, www.fiiq.qc.ca/ has a major section devoted to Echec a la guerre (Check the war).

BC government rapped for legislating contracts

After extensive investigation, the United Nations body charged with upholding labour standards has concluded that six laws enacted by the BC Liberal government violate international covenants to which Canadians are signatory. The Geneva-based International Labour Organization (ILO) says the BC government should repeal or rewrite last year's legislation that tore up legal contracts, forced an end to legal job action, and imposed contracts.

"Nurses are extremely pleased that the BC Liberals have been called on the carpet internationally for this erratic, arbitrary, unilateral and unjust behaviour in violating fundamental democratic rights. The Premier has no choice but to apologize for

his actions, remove those laws and guarantee he will respect the rights of employees to free collective bargaining as guaranteed by international law in the future," said BC Nurses Union President Debra. The BCNU was one of the unions that filed the complaints.

The ILO found that the BC government violated the United Nations Convention on freedom of association when it enacted Bills 2, 15, 18, 27, 28 and 29. These Bills affected more than 150,000 workers in the health, education, and community social services sectors, and imposed contracts on teachers, health science professionals and nurses. In some cases, the government ripped up the very same contracts that it had itself imposed by legislation.

In uncharacteristically blunt language, the ILO ruled that the BC government repeatedly violated their rights by refusing to negotiate contracts with their unions, and by using the legislature to arbitrarily enforce its will. The UN body was also highly critical of the government's counter-claim that the complaints were too frivolous and vexatious for the ILO to even consider. ☺



www.una.ab.ca

New look for UNA website

Easy access to more information

The UNA website has been completely revamped with a new look and easy accessibility to information about negotiations. New information, like UNA Stats and Spotlights will now be easily accessible from the website and all previous information about UNA will still be there. Check out the new site at: www.una.ab.ca. ☺

the medical record privacy of patients. In a news release, Health Minister Gary Mar said getting patient consent is an "administrative burden" and that a pilot project showed a majority of people gave their consent anyway.

Commentators say the loosening of the Health Information Act was needed to go ahead with electronic patient records and personal health cards.

UNA was concerned about privacy and security in the original legislation. In a brief to government, UNA pointed out that the Act provided too great a scope for collection, use and disclosure of personal health information. The UNA brief also outlined several areas where registered nurses, who are professionally obligated to preserve privacy, may be put in conflicting or vulnerable situations under operations of the Health Information Act.

Poll shows Canadians trust registered nurses



A recent national opinion poll by Leger Marketing shows registered nursing is just about the most trusted professional group. While firefighters ranked top, nurses took second spot with a rating showing 96% of Canadians trust them. Doctors came in at 92%. Politicians ranked near the bottom of the trust ratings, falling below car salespeople and real estate agents. The poll also showed women are generally more trusting than men.



2nd Vice-President Jane Sustrik, unidentified UFCW member, Nicole Bownes and Laurie Lang joined the Shaw Convention Workers at a celebratory end-of-strike banquet in December. UNA provided cash donations to the striking Shaw Employees during the long strike that began in May of 2002.

“Registered nurses constitute an around-the-clock surveillance system in hospitals for early detection and prompt intervention when patients’ conditions deteriorate. The effectiveness of nurse surveillance is influenced by the number of registered nurses available to assess patients...”

—Report in the *Journal of the American Medical Association*

Nurse in-charge— the only requirement for Registered nurse staffing

Health Regions want to eliminate the Registered nurse-in-charge. There is no other regulation in the province that requires staffing by RNs. Nurses say this is an attempt to cut nursing jobs. It would reduce standards in health care and endanger patients.

Nurses want to negotiate nurse-to-patient ratios—guarantees that no nurse is responsible for more patients than is safe. A study published last year in the *Journal of the American Medical Association* showed that for some surgical patients, adding just one patient to a nurse’s responsibility raised the risk of death by 7%.

In California, nurses brought nurse-to-patient ratios to the votes in a legislative initiative and won. Ratios are now law in that state and many other U.S. states will be considering them. In Australia nurses have added ratio language to their collective agreements, to help guarantee safe staffing for their patients.



Registered nurse in-charge • Nurse-to-patient ratios

Our guarantee that we can provide adequate and safe nursing care.