

United
Nurses
of Alberta

News Bulletin

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SARS: Back in the Box or Coming to Alberta?



SARS takes toll on Nurses

UNA Vice-President Bev Dick joins NLNU President Debbie Forward and other CFNU delegates showing support for nurses in Toronto SARS hospital.

**UNA welcomes
hundreds of
nurses**

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**Decision time
in provincial
negotiations?**

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Kathleen Connors and Roy Romanow at the CFNU Convention.

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six times a year for our members

Editor: Keith Wilely • Production: Kris Morra

Contact Us

Provincial Office

900, 10611-98 Avenue
Edmonton, AB T5K 2P7
Ph:(780) 425-1025 • 1-800-252-9394
Fx: (780) 426-2093

Southern Alberta Regional Office

300, 1422 Kensington Road N.W.
Calgary, AB T2N 3P9
Ph:(403) 237-2377 • 1-800-661-1802
Fx: (403) 263-2908

E-mail: nurses@una.ab.ca

Web Site: www.una.ab.ca

Executive Board

Heather Smith, President

Hm: 437-2477 • Wk: 425-1025

Bev Dick, 1st Vice-President

Hm: 430-7093 • Wk: 425-1025

Jane Sustrik, 2nd Vice-President

Hm: 461-3847 • Wk: 425-1025

Karen Craik, Secretary/Treasurer

Hm: 720-6690 • Wk: 425-1025
or 237-2377

North

Roxann Dreger Kelly Thorburn

North Central

Alan Besecker Judith Moar
Chandra Clarke Beryl Scott
Marilyn Coady Heather Wayling
Tim Grahn

Central

Joan Davis Kim Ruzicka

South Central

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Donnie Lacey Daphne Wallace

South

Barbara Charles John Terry

David Harrigan

Director of Labour Relations

Darlene Rathgeber

Director of Finance & Administrative Services

Florence Ross

Director of Information Systems

President's Message

By the time you read this, Provincial Negotiations may be coming to a crucial decision point for nurses. Mediator Alan Beattie will likely have written recommendations for a new single provincial agreement that covers facility and community nurses.



In the past three provincial negotiation rounds, the Mediator's Recommendations were the basis for reaching an agreement.

We voted on the Recommendations in our provincial ratification votes. Those were Recommendations that were mutually agreed upon by UNA and the Employers.

That may or may not be the case this time around. As I write this, the Health Region Employers have moved very little on the huge rollbacks they proposed, and unless the mediator recommends against them, it's unlikely this set of Recommendations will be agreed upon.

As I write this we are not optimistic the Recommendations will improve the situation a great deal, or improve working conditions for nurses.

We have to decide what to do next

The rollbacks the Employers are looking for—things like moving nurses to another site within 50 kilometres (on a temporary or permanent basis), assigning nurses to permanent evening or night shifts, eliminating nurse-in-charge and more—could all drastically change our work environment. And not for the better, not better for nurses and certainly not better for patients, residents and clients.

Your provincial Negotiating Committee will decide whether to support these Recommendations or not. They will decide whether to call a provincial Reporting Meeting to seek input from all the affected Locals. This may lead to a decision to put the Recommendations to a province-wide Ratification vote... or we may decide the Recommendations are just too far off what nurses need even to take them to a vote. It will be decision time and you should keep yourself informed because you may be called upon soon to make decisions that could dramatically affect our profession, and our patients.

Stay in contact with your Local President and executive, check the website, www.una.ab.ca or call UNA Provincial Office and keep yourself informed.

This reminds me of a theme that came out clearly at the CFNU Biennium meeting in Toronto where SARS and nurses were on everyone's mind. When you protect nurses, you protect patients! We have to keep this in mind when we make these big decisions on our future contract.

Bill 27 does mean we are welcoming hundreds of new nurses into our union. While we are pleased to welcome these nurses, I want to be respectful of the fact that they were summarily put into UNA by the law, not by their choice. I am confident that they will find that within UNA their choices and views are democratically respected. I hope these nurses will enrich our union by actively participating in UNA.

I want to take a moment to gratefully acknowledge two provincial Executive Board members who have left, Bridget Faherty and Tom Kinney. Both Bridget and Tom have worked hard at UNA for many years and we owe them a great deal for their tremendous contributions. It was a particular pleasure to be presenting Bridget's beautifully crafted quit to Kathleen Connors on her retirement. A heartfelt thank you to both of you. I want to welcome Judy Moar and Kelly Thorburn as the new Board members. Bridget has also left the provincial Negotiating Committee and we welcomed Jan Robinson from North District to the team. ☺

NEGOTIATIONS UPDATE

We urge members to watch negotiations closely as mediation comes to an end,” UNA President Heather Smith said in mid-June. “The next phases for this round are hard to predict, but it’s a safe bet that we will know where we stand at the end of the mediation process. So far the Health Region Employers have backed away from very few of their rollbacks, and unless there is a big change coming out of the mediation process we would still be far from an agreement that UNA members could accept.”

The mediator, Alan Beattie, prepared a discussion paper for both the UNA and the Health Region Employers to consider. Speculation as of mid-June was that it could be the basis for reaching an agreement. But if no agreement was possible out of that discussion, the mediator could write up recommendations. UNA could bring those back to a UNA provincial Reporting Meeting for members to consider. There was also the possibility the mediator could say the two sides were too far apart to write recommendations for a settlement at all.

The Health Regions could then apply for interest arbitration. UNA members have long rejected arbitration as an option, insisting on an agreement that is democratically voted on and accepted by nurses.

“While we don’t think arbitration would get the Employers all the rollbacks they are looking for, it would certainly get them some,” says Heather Smith. “On the other hand arbitration is not likely to give nurses much of what we need. We still have extremely difficult working conditions and we do need solutions to the problems that are driving experienced and new nurses away.”

“The Health Regions have done little active bargaining to this point. They’ve hardly moved,” she said. “They have tried to provoke nurses with the massive rollback proposals such as ending the provision for Registered nurse in-charge. At the same time we have had little response from them on our proposals like guaranteeing safe levels of care and establishing nurse-to-patient ratios.”

UNA Director of Labour Relations David Harrigan wonders whether the Employers are truly motivated to negotiate. “I’m reminded each week that the Health Regions are ready to ask the provincial government to step in and legislate the contract they want,” he says. “We are coming to decision-making time for UNA members,” he says.

As of mid-June, the Health Regions still had proposals for rollbacks in nearly every article of the provincial agreement. Besides eliminating Registered nurse-in-charge, they were also still seeking to remove part-time nurses designated days of rest—removing the guarantee of scheduled days off each



UNA Negotiating Committee

week. They were also still seeking the power to re-assign nurses to different work sites in a Health Region from day to day.

The Employers have not really responded to UNA’s major proposals for a nurse-to-patient ratio plan that protects patient safety or to the proposal to strengthen the Professional Responsibility process, so that nurses can be sure safety concerns are dealt with and not dismissed.

The one area where some progress has been made is that the Health Regions have agreed to negotiate the terms of the new Region-wide agreements at the main table. “It makes so much sense to adapt to the new structure through the provincial negotiation process,” says Heather Smith. “Ironically, we are being dragged through some of that process anyway with the vote being conducted by the Labour Relations Board.”

“It’s very difficult to tell where things are going to go, at this point in mid-June,” said Heather Smith. “By the time members read this, if they’ve kept up with the website or our communications they should have a better idea. As always, it will be up to the members to decide what they will accept and what is plainly unacceptable,” she said. ☺

Keep up-to-date on provincial negotiations:

- Attend Local meetings
- Talk to your Local Executive
- Watch for UNA Stats, posters or other UNA publications
- Check the First Class electronic email system
- On the internet: www.una.ab.ca

Bill 27 causes havoc

Nurses get to Choose A or Choose A

Bill 27 is mowing through contracts in Alberta's health industry and is creating the chaos that was predicted by UNA and other health sector unions. UNA representation of Registered nurses is not being contested in any Region, but massive campaigning is breaking out throughout the province as other unions head into the major run-off votes created by Bill 27. Nearly 14,000 health workers will be choosing their union in the votes, all by mail-in ballot. But Bill 27 and the Alberta Labour Relations Board (LRB) are nonetheless sending all Health Region-employed nurses a ballot for what UNA has called a ludicrous and meaningless vote.

The LRB held hearings for over a week to attempt to sort out all the issues for all the different bargaining units in the nine Health Regions. Decisions were still being reconsidered as of mid-June, so details in this process may still change.

The vote is to select a "receiving agreement" from between two Facility Collective Agreements (the only acceptable "type" of agreement as determined by the Alberta Labour Relations Board). But all the Regions have the same provincial Facility Agreement, so nurses are being asked to choose between two identical agreements.

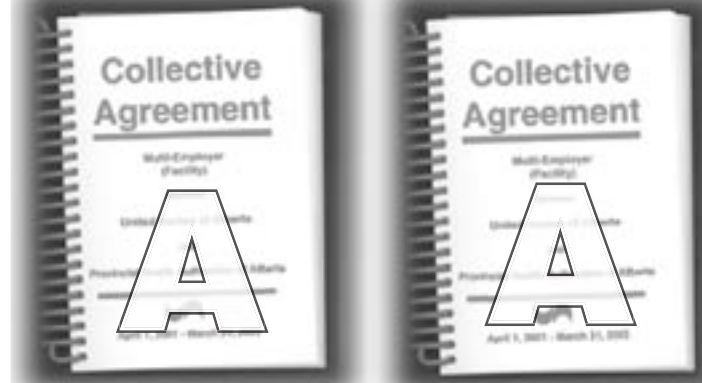
On top of all this the nurses' choice of a "receiving agreement" never comes into effect. It only becomes the basis for negotiating the Region-wide agreement.

Bill 27 has wiped out the provincial Community Collective Agreement. But in the process of negotiating from the "receiving agreement" the Health Regions and UNA must find provisions that make the agreement applicable to all the nurses, so special conditions will still likely apply for nurses working in different sectors. Travel allowance and other necessary terms for Community nurses must be negotiated into the new contract.

"It really is a case of choose A or choose A," says UNA Director of Labour Relations David Harrigan about the vote. "This will not be earth-shattering," he says. "The results are not binding on anyone. The agreement will still have to be negotiated to provide terms that work for all the nurses."

"We are encouraging nurses to vote," Harrigan says. "Why not? They send you a ballot, mark it and send it back. Just be clear this is NOT a ratification vote on any final collective agreement."

"We asked the Labour Relations Board to rule that the votes were not necessary and showed that Locals signed agreements that are already identical," says UNA Director of Labour Relations David Harrigan. UNA also explained to the LRB that all the Region-wide issues and agreements are now on the table at the provincial negotiations, the best place to resolve all the issues. But the LRB ruled that votes must go ahead anyway, unless the Employers and UNA agreed to waive them. The Employers refused to agree to waive the votes in all the Regions.



UNA recommends Region 6 nurses vote for the Local #301 Agreement

The Bill 27 vote is most significant in Edmonton's Region 6 where nurses are asked to select between the local conditions applied at the University of Alberta Hospital for Local #301, or those for the Royal Alexandra Hospital Agreement, Local #33. "There's not really a big choice here either," says David Harrigan, "because it is still just a starting point for negotiations."

There are differences in the hours of work, seniority and superior provisions that nurses at the University of Alberta have enjoyed (e.g. 50% day duty; 20 minute rest periods, etc.). The hours of work and the way seniority is handled are different at the two Locals, but they both still have the provincial Facility Agreement. UNA recommends voting for the #301 local conditions because they would maintain the broadest array of provisions in the receiving Collective Agreement, a better point to begin bargaining from.

How does this affect nurses who work for non-Health Region Employers

Nurses who are not directly employed by a Health Region are NOT swept up by the Region-wide Local and will not be receiving ballots for the "receiving" agreement vote. The new structure does, however raise issues for nurses who work for voluntary sector health employers like Caritas or CareWest. Nurses who change to a job in the Region-wide bargaining unit will need new protection for their seniority, vacation and sick leave banks.

UNA will continue to strive to resolve issues around the new bargaining unit structure at the provincial negotiating table, where all the inter-related questions can be addressed.

UNA adopting a policy for Locals to jointly run new Region-wide bargaining units

The Alberta Labour Relations Board has ruled that existing Locals will jointly run the new bargaining units of all nurses employed in each Health Region. The UNA Legislative Committee has recommended that Locals try the joint certificate concept, rather than moving immediately to a Composite Local structure. This allows Locals time to decide what structure of any composite Local and Chapters would work best.

UNA welcomes hundreds of new nurses

Hundreds of new RNs and RPNs become part of UNA in July, as a result of the Bill 27 mandated Regional Bargaining Units. Nurses at Alberta Hospital Ponoka will be the largest single new group. The community nurses in the Fort McMur-

NEGOTIATIONS UPDATE

Other Locals now entering bargaining

Several UNA Locals outside of provincial negotiations are also now in bargaining. Forest Grove Care Centre, a long-term care facility in Calgary started into negotiations but has just announced they are firing their management team. UNA has served notice that bargaining dates are set and nurses expect bargaining to continue. During negotiations in 2001, Forest Grove owners also fired the managers and put bargaining on hold. The owners are following the same pattern, coming forward with a heavy rollback position as their ingoing position, and then firing their contracted managers, in this case Chartwell Care Corporation out of Ontario.

Talks are also beginning for the small UNA Local nurses at the Edith Cavell long-term care facility in Lethbridge.

UNA is also initiating bargaining at the seven Extendicare Locals in the province. The process is just beginning and Local members are electing their Negotiating Committee members. The Extendicare Locals are in facilities all over the province including:

- Local #170 (Leduc)
- Local #117 (Edmonton North)
- Local #168 (Edmonton South)
- Local #215 (Viking)
- Local #161 (Lethbridge)
- Local #209 (Mayerthorpe)
- Local #224 (Athabasca) ☞

Shepherd's Care arbitration wraps up

Nurses at the Shepherd's Care long-term care facility in Edmonton are awaiting the results of interest arbitration on their first collective agreement. The nurses signed up as UNA members last year. When negotiations for a first agreement were totally stalled by the Employers, UNA took it to interest arbitration to win a first agreement for the new members. The arbitration award is expected soon as the hearings wrapped up in May. ☞

Bill 27 brings in Region-wide bargaining units

Continued from page 4.

ray Region, formerly members of the Communications Energy and Paperworkers Union (CEP) come in too, as do mental health nurses across the province.

"We know that hundreds of nurses will be invited to join UNA, and we welcome all of them," says President Heather Smith. But Bill 27 has created sadness too, because many of these nurses were proud of their union affiliations. I hope these nurses will enrich our representation by actively participating in their new union, UNA."

The Alberta Labour Relations Board will issue the new Regional bargaining unit certificates which will include the new nurses by July 11, if possible. The nurses will remain under their current collective agreements until the new Regional agreements are negotiated. UNA will be responsible for administering those agreements and carrying forward all grievances and concerns from the date the new certificate is issued.

"We will be communicating as soon as possible to all the new nurses to make sure they know that UNA is here to represent them and work with them on all their workplace concerns," Heather Smith says. ☞

Dear Fellow Nurses,

Please keep up the battle for the new contracts. I graduated last year and can tell you horror stories about my employment with Calgary Health Region. I hope that you can negotiate so that new graduates can get full-time employment with an acceptable workload. My first job was full-time but the workload was beyond my capabilities. I could not handle 7-8 patients in a cardiac unit. In school, the most I had was three patients that were not as acutely ill as on this unit.

Like many of my fellow fresh graduates, I am preparing to leave Canada for employment in the United States. There I will have full-time work and a patient load to a maximum of four patients, depending on the severity of the patient.

I think that the Calgary Region needs to realize that the Registered Nurse is an extremely important part of the healthcare system. We are losing so many nurses south of the border because of the lack of full-time work and because we have no role models. I have found that because of the working conditions, senior nurses do not have the time or the energy to mentor new nurses. It is only now that I have been able to find someone to mentor me—a year and a half after I graduated.

The working conditions have reduced staff moral and often the new graduates are the ones that take the abuse and have no one to help us. I would think that by having better patient loads, senior nurses would be able to mentor new nurses more efficiently and more positively. Keep up your hard work.

—Jennifer Denesuk RN, BSc ☞

SARS



Will SARS be put “back in the box”

Experts disagree on whether SARS will be contained or become the next pandemic

While speculation abounds that the SARS virus could have come from Civet cats or even from off the planet, authoritative predictions of the future of SARS are few and far between. One thing is clear: the SARS virus is highly contagious.

The rest is all questions—will the world-wide spread be a blip, a contained outbreak or is SARS here to stay? Is it only a matter of time until containment fails and SARS spreads far more widely? Will Alberta soon be dealing with the disease?

On June 5 the World Health Organization said the SARS epidemic was “over its peak” raising hopes it will be permanently contained, but the 2nd outbreak in Toronto raised more fears that it is here to stay.

“If we don’t have a vaccine, yes, we’re all going to get it,” Allison McGeer, an infectious disease expert, told CBC News. A SARS survivor herself, McGeer spoke to CBC from her home where she was still in quarantine. “The better our containment strategy is, the more we delay it infecting everybody. But with viruses that are this transmissible... containment strategies will delay but they won’t ultimately stop the process.”

A vaccine could be three years or more away. Most vaccines take fifteen to twenty years to develop and test.

Other experts are more optimistic. Richard Shabas, Chief of Staff of York Central Hospital says “SARS is not behaving like the next great pandemic... Even if we allow for under-reporting, we are still counting cases worldwide in the thousands, not the millions. If SARS behaved like pandemic influenza, the case count would now be much, much higher.” And, he points out in the May 27 Canadian Medical Association Journal: “... nosocomial spread, which played a critical role in the first phase of the Ontario outbreak, has been effectively curtailed. The hospital system responded,

“We should plan on getting used to living with SARS...SARS will be a problem everywhere.”

and the respiratory precautions have worked very well.”

Even so, Shabas says, a major pandemic could still evolve and at a minimum: “We should plan on getting used to living with SARS...SARS will be a problem everywhere... We will continue to see new SARS cases, usually at relatively low levels but with occasional flare-ups.”

Since it was first reported in Guangdong province of China in November of 2002, 8384 probable cases and 770 deaths have been reported from 29 countries. (June 2, 2003, WHO)

Alberta (June 2) has had 6 suspect cases all of which had recovered. BC has had 4 probable cases, all recovered, and 46 suspect cases. Meanwhile Ontario continues to have thousands under quarantine and a total of 32 deaths at last report.

Is Alberta ready?

Alberta Health and Wellness says the province has a six-phase contingency plan based on its Pandemic Influenza Contingency Plan. At Phase 4 of that plan, schools and public facilities can be closed if community spread of the disease begins to happen. The department says that hospitals have infection control measures in place to prevent the spread of SARS among health care workers. But are these measure more effective than those in Ontario have been? Hundreds of nurses and other health workers in that province were infected.

In April UNA contact Locals to ask that every Occupational Health

and Safety Committee review their facility’s plans and preparations for an outbreak to ensure adequate precautions are in place.

No early SARS test yet

As of June 2, the World Health Organization reported no reliable early warning test for SARS. “The development of commercial diagnostic tests for SARS has progressed more slowly than initially hoped,” says WHO. “Part of the problem arises from certain unusual features of SARS that make this disease an especially difficult scientific challenge.”


Immune responses to SARS do not begin until day 5 or 6 and reliable antibody tests take until day 10 after symptoms appear.

“Virus shedding peaks in respiratory specimens and in stools at around 10 days after onset of clinical illness. In effect, this unusual behaviour creates the need for tests having a particularly high sensitivity.”

“Such tests do not yet exist. Because small quantities of the virus are initially shed, available tests, though developed with impressive speed, are unable reliably to detect SARS virus or its genetic material, during the earliest days of illness.”

WHO continues to recommend use of its case definitions, based on clinical presentation, distinct chest X-rays, and history of possible contact with SARS patients.

Some important sources of SARS information

- www.sars.gc.ca
Health Canada protocols
- www.health.library.mcgill.ca/resource.sars.htm
A huge amount of SARS info.
- www.who.int/csr/don/2003_06_02a/en/
World Health Organization (WHO) 



SARS takes nurse victims

It hasn't had a great deal of coverage but several Toronto-area nurses have been infected in the SARS outbreaks, and one has died. "It's been tragic," says UNA Vice-President Bev Dick after hearing the stories at the CFNU Biennium in Toronto. "Nurses and their families are dealing with this in the most personal way possible." Other nurses have been put in the terrible position of losing family members, husbands, they brought the disease home to. Bev Dick says that nurses facing such terrible loss are highly critical of the SARS measures put in place. "Nurses have died because the precautions have clearly not been adequate," she says.

Health authorities in Toronto have been quiet about infected nurses, respecting confidentiality, but also downplaying the impact of the outbreak on health workers.

"The bottom-line," says Dick, "is when you protect nurses you protect the public."

"Even for nurses who haven't come down with the disease, the impact has been enormous," Dick says. SARS nurses say that being quarantined has been a harrowing experience—I've never been so lonely in my life, one nurse said. When she goes home to her family, she has to wear the mask, avoid any contact, even eat her meals apart from them and sleep apart. And nurses' children and spouses have suffered ostracism—children have been asked to leave daycare or schools for fear of the disease.

"The longer term impact of the outbreaks could be devastating," says Bev Dick. "I see serious depressions and other job-related illness coming out of this." ☞

Equipment readiness: Does the mask fit?

Core SARS protection is the N-95 mask, but even the mask can let the disease through if it is not fitted properly. Nurses at some Locals have done mask fit tests to find out if the masks fit properly and how to adjust them. While all of Alberta's health facilities should now have masks available, nurses want to do the fit test to ensure that they will be protected.

On Friday, June 6 a nurse at North York General Hospital refused to work to protect her health and safety when the employer did not ensure proper fitting of her respirator. The Ministry of Labour investigated, upheld her work refusal, finding that the circumstances she was in (improperly fitting respirator in SARS hospital) was likely to endanger her.

The Ontario Nurses Association (ONA) notes that SARS hospitals have not heeded health and safety concerns raised by nurses. They have put members at risk by allowing them to work either without any or without adequate protection against exposure to SARS.

ONA says Employers have not ensured that proper personal protective equipment (ppe), including proper respirators, are being provided to protect nurses against exposure to SARS.

SARS hospitals have not consistently ensured training and proper fit testing of respirators and proper use of ppe.

One recently released study of the first Toronto SARS cluster has found that improper respirator use or fitting, and a "lack of clear understanding of how best to remove Personal Protective Equipment without contaminating themselves" may have been factors in the spread of the disease.

UNA Locals must check facility preparedness

The plan on paper does not always go smoothly as some Alberta Emergency Rooms have discovered when possible SARS cases presented. In one case a nurse ended up working in with the patient while a doctor stood outside the door giving orders. UNA has suggested that all Locals carefully review SARS plans, preparation and equipment to ensure everything is adequate. More information on equipment and proper protocols is available through UNA Provincial Office or on the internet at the Ontario Nurses Association website: www.ona.org and the Health Canada site: www.sars.gc.ca. ☞

Coming down with SARS

It was weird, to say the least, as the Director of the ICU and a colleague calmly explained to me that my symptoms were consistent with that of SARS—a disease vaguely known to me as a mysterious killer. Suddenly the emergency room of the hospital where I have worked for over 17 years as a critical care nurse seemed cold and frightening. Feeling helpless and exhausted, I asked, "Where do we go from here?" The treatment sounded vague, with many responses of "we are not sure" integrated into our conversation. My colleague sounded apologetic and empathetic when he explained to me that I would be transferred to West Park Healthcare Centre for treatment and that I would remain there for a few days in quarantine. He then gave me a reassuring hug and left the room. A flood of concerns overwhelmed my thoughts for the safety of my family and others with whom I had been in contact over the past week, when I first had symptoms of myalgia associated with shortness of breath and a high temperature. I managed to disguise my fear and explained to my husband in a "professional" manner that I could have been exposed to an infectious respiratory illness and that I was being sent to West Park for observation. Initially my family kept calm, until the extensive media coverage began.

—Sylvia Gordon, a critical care nurse, from Scarborough Grace Hospital quoted in the Canadian Medical Association Journal June 24, 2003 ☞



Biennium moved to Toronto National gathering highlights nurse activism

The Canadian Federation of Nurses Unions Biennium changed location just days before it was to open and ended up in Toronto instead of St. John's, Newfoundland as had been planned for two years. A strike at the St. John's airport made the move necessary as unionized nurses would not cross a picket line to attend the national meeting. The venue change worked out well, however. Nurses used the opportunity to draw attention to the dedication and sacrifices of the Toronto area nurses battling the SARS outbreak.

The Biennium was the last for retiring President Kathleen Connors who had served in the role since the founding of the organization nearly 20 years ago. The delegates, hundreds of nurses from across the country, were at the four day event to discuss nursing issues and to direct the business of their national organization. They elected a new President, Linda Silas, former New Brunswick Nurses Union President.

The last-minute move to Toronto was regretted by many who planned visits to scenic Newfoundland, but many saw an upside in going to the centre of the SARS outbreak.

"Not only were we able to show support for the Ontario nurses who have risked so much in fighting to contain SARS, we are also able to help draw attention to some of the dreadful treatment they have received by the Ontario health employers," UNA President Heather Smith said about the move to Toronto.

Forty UNA delegates, executive board members, Local executive members and regular participating members, participated in the two days of educational workshops and seminars. They also heard some outstanding speakers, including Health Minister Anne McLellan, Roy Romanow, author of the federal commission report on health care and Warren Kinsella, a prominent federal Liberal strategist.

Kinsella's talk about how to influence government and

public events inspired many and was mentioned often by UNA members when they returned. Kinsella talked about influencing everyone from the Prime Minister, to the media, to regular citizens. He made a point of emphasizing that, "People power works!" He urged nurses not to ignore the ordinary citizens "they're the ones everyone is afraid of, the soccer moms: the people who take out the trash, notice if taxes are up or down, and know about health care." Kinsella said they are more influential with the "big bananas" than lobbyists or deputy ministers. "Watch out when they get angry!" he said.

Linda Silas elected new CFNU President, seeks meeting with PM

Election of a new president of the national federation was the big business at the Biennium and delegates selected Linda Silas, a former President of the New Brunswick Nurses' Union. Silas (pronounced see-lass) is the first Francophone President of the organization.

Silas told the delegates that she plans to be work hard at the federal government level and just shortly after the Biennium announced she was seeking a meeting with Prime Minister Jean Chretien to discuss the preparedness of our health system to deal with crises like SARS.

"We fear that, as a nation, we will move too slowly to learn the lessons and incorporate the required changes from this



crisis. If this turns out to be true, the consequence for our future patients could be dire," Silas wrote in a letter to the Prime Minister. "As nurses we have plenty of experience with infectious diseases, and are not prone to overreaction but we need solutions now," Silas said.

Silas served on the Canadian Nursing Advisory Committee which last year produced the 53-recommendation report last year. Silas spoke on the report at last year's UNA AGM where she pointed out that it will take pressure from thousands of nurses to get action on the report and make progress in the nursing crisis in the country.

Silas takes over from Kathleen Connors who had been President for 20 years and has seen the organization grow from 20,000 members to 122,000 members. Today the CFNU is the largest organization of nurses in the country and the only representative of frontline nurses in the nation's capital.

Romanow admits underfunding hurt support of Medicare

Roy Romanow argued forcefully for the conclusions of his Commission on the Future of Health Care in his keynote speech at the CFNU Biennium. He pointed out that health care costs in Canada—for our single payer system—are the same per person as they were in 1991. But the cost for drugs produced by brand-name companies has doubled. "If you debate Medicare versus private, for-profit care on total cost, publicly funded Medi-

care wins every time, hands down," Romanow said.

"Our system has slipped because we under-funded it while we were fighting the deficit," he said, apologizing for cuts he made to Saskatchewan's Medicare as Premier in the 1990s. "The crisis began with those cuts resulting in growing line-ups and, now, not as many people believe the system works. We need to replenish it, while we improve that system."

"Our values, Canadian values, are to come together and help one another," Romanow said. "We need to understand that Medicare is as sustainable as we will it to be."

Romanow called on nurses to defend Medicare: "I call on you, the front line people, to take up the challenge to go back to your province to speak, to fight, and to promote Medicare as Kathleen has done. Do this and we shall succeed, we shall over come."

Health Minister McLellan says nurses are the cornerstone of the health system

Federal Health Minister McLellan acknowledged that nurses were disappointed that federal, provincial, and territorial ministers have not more aggressively taken up the 53 recommendations of the Canadian Nursing Advisory Committee Report, when she spoke to delegates at the CFNU Convention in Toronto.

She did recognize the importance of the recommendations and said the question of implementation will be one of "when"—not "if".

CFNU poll shows health crises highlight need for nurses

The SARS and West Nile virus have heightened Canadian awareness of the need for more nurses, according to an opinion poll conducted by Ipsos Reid for the Canadian Federation of Nurses Unions early in June. 94 percent of the 1001 Canadians surveyed agreed that: "My Provincial government must retain more full-time nurse positions as well as hire more full-time nurses to meet future health care emergencies."

Asked which of five priorities facing "your provincial government" should be number one, Canadians responded:

- Tax cuts for business: 4%
- Paying down the provincial debt: 15%
- Balancing the provincial budget: 16%
- Cuts to personal provincial income taxes 21%
- Retaining, recruiting, and educating nurses in the province: 43%
- Don't know / Refused: 1%

Outgoing CFNU President Kathleen Connors said the lessons from the poll are clear: "We need to persuade middle-of-the-road Canadians to act. The only way they can be assured of better care—the only way they can fix the nursing shortage—is to hold their politicians accountable on nurses' issues." *MF*

While nurses performed well under pressure, they do so at a high cost, both in terms of stress, work place related injuries and absenteeism rates, McLellan said. "Nurses are the cornerstone of the system. If we can't take care of your requirements, you can't take care of ours. It's as simple as that." *MF*

Nurses at CFNU protest SARS conditions

Toronto-area nurses and health workers have been widely heralded as the heroes of the SARS crisis, but the accolades are small compensation for the risks they've taken and the conditions they have had to work under. Nurses at the CFNU Biennium joined Toronto-area Nurses to protest the treatment of SARS nurses.

"Our nurses are being given pizza and tickets to Wonderland by their employers for having worked during the SARS crisis, yet we know nurses from out of province were offered \$100 an hour to work here," said Barb Wahl, RN, President of the Ontario Nurses' Association (ONA).

Wahl had recently met with Ontario Premier Ernie Eves. "I voiced our con-

cerns around health and safety, the delay in implementing the wage loss fund, the unconscionable use of agency nurses, staffing and the need for an inquiry into the handling of the emergency by both government and employers."

The Ontario government has launched an inquiry into the handling of the SARS outbreak. Then the week after they reversed a decision to test all the masks, which outraged nurses. ONA had been fighting for weeks for mandatory testing of masks to ensure they screen out SARS germs.

SARS hospitals were talking about paying SARS nurses double-time—the ONA wanted 12 hour pay for 7.5 hour shifts, a long-shift in full protective gear.

Several hundred nurses were put in quarantine during the outbreak, and a number of them fell ill. Many nurses have yet to receive the promised compensation for their quarantined time. According to Wahl, Ontario got a strong reality check on what can happen when an already understaffed and stressed system is stretched beyond its capacity.

"Nurses experienced incredible stress, frustration and fear throughout the SARS outbreak, exacerbated by the fact that the system is understaffed, ill-equipped and unprepared. Yet nurses went above and beyond the call of duty to make sure their patients got the care they needed," said Wahl. *MF*

P3S

Public-Private Partnerships



Albertans oppose P3 ownership of public services

Support among Albertans for keeping essential public services in public hands is overwhelming with 84 per cent for education, 82 per cent for health care and 81 per cent for water treatment, according to a poll commissioned by Canadian Union of Public Employees (CUPE).

When asked if P3s are a bad deal for taxpayers, a clear majority of Albertans agree. Similarly, when asked if P3s

threaten public access and accountability a majority of Albertans agree.

“What this survey seems to indicate is that the public does not mind using the private sector to build public facilities, but when it comes to owning and operating, there is a great deal of opposition,” says CUPE Alberta President Bruce McLeod. ☞

Privatization by stealth a looming hot issue

The sleeper issue in the coming Ontario provincial election could be the Conservative government's effort to get new hospitals built by the private sector. The province has two privately financed ("Public-Private Partnerships—P3) hospitals in the works and a third in planning stages. But public criticism is strong.

P3s are the new privatization scheme being promoted, not only in Ontario, but also by the Liberal government in B.C. and, with the last provincial budget, in Alberta too.

With P3s, governments contract with corporations to build hospitals, schools, roads or provide public services and then lease the service back over a period of 20 or more years. Governments claim they need the private investment to finance the services, but critics point out that governments can borrow at the best rates and finance more cheaply than investors can. And, of course, investors need a profit on top. The Canadian Centre for Policy Alternatives says these are "buy-now, pay-later schemes [that] can lock the public into complex, decades-long contracts that are all too often not in the public's interest."

In Alberta, the 3-year capital plan in this spring's provincial budget says one quarter of \$5.5 billion in new infrastructure or capital will be through alternative financing or P3s from for-profit corporations. That could include private financing of new hospitals or health facilities. The government says it will compel local authorities like Health Regions and School Boards to turn to for-profit partnerships.

In May the government announced that Edmonton real estate developer Tim Melton would chair its P3 advisory committee. Six of the eight committee members are developers. This raised concerns for Liberal MLA Bill Bonner, who told the Edmonton Journal: "...they

Private school owners put field trip money into profits

Nine Halifax area schools have to hand over about \$50,000 in field trip money raised through pop and snack vending machines to the schools' P3 owners. An arbitrator awarded the money to the private owner of the schools after a dispute with the Halifax school board. The schools were built by the Scotia Learning company and are leased back to the province in a P3 plan. "It could have a devastating effect on individual schools," school board chairperson Mike Flemming told the CBC. "We've mortgaged ourselves. We've given away control." The new provincial government has said that overall the P3 schools are a failure and has cancelled plans for any further P3 schools in the province. ☞

are the people who are going to benefit most from using P3s here in Alberta."

In Ontario the P3 hospital issue is heating up. The Ontario Health Coalition (OHC) has launched a campaign against the for-profit hospitals that they promise to carry on in to the coming election. "Ontarians who are suffering from lack of access to healthcare will continue to do so for years to come," Irene Harris, OHC co-chair said recently. "We conclude that the government will continue to try to cover up its agenda of privatization and refuse to engage in a real public debate about for-profit ownership and control of health care services."

More expensive, WAY more expensive

P3 pushers give the impression that the public is getting something for nothing. But for-profit companies won't give hospitals capital for free – they're in it for the money. Governments will end up repaying the capital, paying higher interest rates, and covering private companies' profits on top of everything else. The Australian experience with P3 hospitals showed that in the long run, P3 hospitals could cost twice as much as publicly financed hospitals.

– Ontario Health Coalition leaflet



Pollock study shows British P3 hospitals cut services

Dr. Allyson Pollock published a study in the British Medical Journal last month showing that British P3 hospital plans mean bed cuts and service cuts. Pollock's study of a Private Finance Initiative (PFI) hospital in Lothian Scotland found that it "had not reached its targets for inpatient admissions and performance" and as a result had fewer beds available and less access to health care than similar public Scottish hospitals.

Dr. Pollock was as a guest speaker at the UNA 2001 Annual General Meeting where she outlined the effects of British health privatization.

The latest report showed that at Lothian a projected 21 per cent overall increase in admissions fell far short to a real 0.3 per cent increase. An 8 per cent increase for some surgeries turned out to be a 13 per cent drop. Pollock's study also noted that more service and facility cuts might be coming up to meet a huge deficit – one caused by the PFI plan. ☞

Nurses front and centre at AFL convention

Nurses had quite the impact at their first Alberta Federation of Labour (AFL) provincial convention held in Calgary at the beginning of May.

“You couldn’t miss them for sure, right there front and centre,” AFL President Les Steel said about the UNA delegation. “There was a really positive dynamic, with a new group like the nurses there. A lot of solidarity. They are committed and the members get involved. They are going to make sure they have an impact.”

The nurses supported one of the main convention initiatives, a new campaign fund to fight Bill 27 or other anti-labour government action. The delegates voted to contribute to build a fund of over \$200,000.

“Legislation of this kind may not be limited to just us health workers,” UNA President Heather Smith pointed out. “We have to combine our efforts to stop government from tearing up contracts and imposing conditions unilaterally on working people.”

Cari Smith from the executive at Local #33, the Royal Alex in Edmonton, said the AFL convention was a wonderful experience. “This was really a ‘let’s go for it’ event. I found that the rest of the unions and locals were really together.”

Cari was impressed by the global scale of the issues. “We were discussing things that are much larger than just UNA. We talked about how we can support health care and help other segments of the population. We’re not just in it for the members of the union; we’re here to help the disenfranchised, people who maybe don’t have a voice. I’m glad we’re a part of this larger cause too.”

Building support and connection more broadly within our larger community was a major theme at the meeting. Paul Bigman, an executive member of the Washington State Jobs With Justice coalition opened the convention calling

for labour in Alberta to work more closely in coalition with community allies.

“The fact is that our members aren’t just workers,” he said. “We live in our communities. And if we, as a labour movement, only deal with workplace issues, we’re not serving our members.”

Bigman said that a critical part of successful coalition work is in building a level of trust through long-term collaboration and mutual support with our social allies.

“If we want our friends to be there to support us, we need to be there to support them. That means working together before there’s crisis, so that there’s trust built up before we ask for help,” Bigman said in his keynote address.

Deborah Bourque, national president of the Canadian Union of Postal Workers (CUPW) struck a similar tone. Bourque spoke about building stronger ties with seniors, students, environmentalists, anti-globalization activists and other members of the broader community.

“We used to think that we could handle things on our own,” she said. “But after our strike in 1978 when we were legislated back to work, we realized that we needed allies in the community.”

There was humour and fun at the convention too, and AFL President Les Steel said nurses contributed a good deal.

“I was personally impacted as a result of nurses,” he said. Les was the second person to have his head shaved in Jane Sustrik’s campaign to raise money for cancer patients.

“I think nurses brought a lot of fun to the convention,” said Heather Smith. “Jane Sustrik’s head-shaving for cancer added a real highlight.” ☺



UNA Executive members with a delegation of Russian nurses.



Mona Frederickson from Local #1 and Jane Sustrik at the May Day parade in Calgary

AFL Supports campaign for good phone service

Delegates voted to join the campaign for quality phone service from Telus. The campaign is aimed at highlighting (and undoing) the devastating impact that massive job cuts at Telus are having on the quality of phone service in Alberta.

Delegates voted unanimously to support the Telecommunications Workers’ Union’s Quality Service campaign. As part of that campaign, TWU is calling on the public to contact the Canadian Radio and Telecommunications Commission (CRTC) about declining standards at Telus since the company eliminated more than 6,500 front-line jobs. TWU is also asking people to contact Telus CEO Darren Entwhistle (ceo@telus.com) and voice opposition to the cuts.

More information at: www.twu-canada.ca/qos/Quality_of_service.html ☺

Does nursing have to be backbreaking work?

Patient lift devices can make a huge difference



Studies have shown that in nursing approximately 70 per cent of workplace accidents are associated with handling people and nearly half of these involved injury to the

back. Lifting and moving patients can be backbreaking work. But a recent study from British Columbia shows that ceiling lifts may be the best route to ease the aching backs of nurses.

The study's authors say nurses may be at more risk from lifting injuries than warehouse workers. In BC the Workers Compensation Board and Employers are looking to save money by reducing the rate of injury by using new lifting devices.

Lifting aids have been in use for some time, including slip pads, standing lifts and others, but in BC the favourite has proven to be the tracked ceiling lift. The BC Workers Compensation group installed ceiling lifts in an extended care unit in Comox, BC and found that costs by went down by 69 per cent for lift and transfer injuries, and 50 per cent for total MSIs (musculo-skeletal injuries). 97.5 per cent of the staff preferred the tracked ceiling lifts.

86 per cent of participants in a survey rated ceiling lifts as more efficient to use than other mechanical interventions and 86 per cent of the participants also stated that they would use ceiling lifts over other mechanical interventions if they had the choice.

Floor-style mechanical lifts are often hazardous, as nurses trip on them, wheels are unstable and they can take up a lot of space in a room or ward. Lifts can even be dangerous. Health Canada issued an Alert on lifting aids in 1997. Since 1981, there have been 11 deaths and more than 50 injuries caused by malfunction, failure or misuse of patient lifting aids in Canada.

More information on the study is available from BC's Occupational Health Safety Agency for Healthcare (www.ohsah.bc.ca). The Ontario Workers' Health organization also has good information at: www.ohcow.on.ca/english/handbooks/patient_handling/patient_handling.pdf. ☺

Studies have shown that in nursing approximately 70 per cent of workplace accidents are associated with handling people and nearly half of these involved injury to the back.



UNA Scholarship encourages new nurses

Deadline October 15 for three \$750 awards

UNA will again be encouraging people to enter the nursing profession with the second year of the United Nurses of Alberta Nursing Scholarship Award. UNA will again give out awards of \$750 each to three nursing students in the province.

“We all know how much we need new nurses in this province,” says UNA 2nd Vice-President Jane Sustrik. “This is a small incentive to help attract more people.”

The students must be related to a UNA members in good standing. Applicants must write a short essay, fill out the application form and be sponsored by the family member. It is awarded to students in their first year of full-time studies in an accredited Alberta nursing program. ☺

Nursing News



Bethany Care Calgary laying off 28 RNs, reducing acuity levels

Bethany Care Calgary has announced it will be laying off 28 Registered nurses (15.85 FTEs) as a result of inadequate funding provided by the Calgary Health Region. The long-term care provider has had an all-RN nursing staff and accommodated many of the Region's higher need patients. Bethany Care has said that without adequate funding it will have to reduce the acuity of its patient load and will replace the Registered nurses with LPNs (13.65 FTEs).

The layoff is hitting the UNA Local hard, a huge cut of over a third of the staff complement of 74 RNs at the facility.

"Our registered nurses are devastated but it is not just the loss of a job," says Local President Jennifer Simon. "It is a sadness for our residents. It is a fear for what will happen to them. It is anger at the Calgary Health Region and the Provincial government for not valuing individuals with long term illness and for not valuing the seniors who built our province."

UNA Board Member Daphne Wallace pointed out that the downgrading of care at Bethany will have an impact throughout Calgary's system right down to Emergency Departments. "If Bethany Care isn't taking these more chronically ill people they will end up in acute care hospital beds. They become "bed

blockers", long term residents in expensive acute care beds. That takes up space for other admissions, including those who end up backed up in Emergency."

Charges against nurses dropped in Toronto death

Instead hospital adds 100 nursing positions

In May, Ontario prosecutors dropped charges of criminal negligence causing death against two Toronto nurses. Rather than leaving the fault with the two individual nurses, adequate staffing has been highlighted and the hospital has promised to add 100 nursing positions to its staff to help prevent any similar tragedy.

The charges came out of an inquest into the death of ten-year old Lisa Shore in October of 1998. Lisa Shore died less than 12 hours after being admitted to Toronto's Hospital for Sick Children with a broken leg, when a morphine drip was improperly monitored. A Coroner's jury recommended charges be laid against the Registered Nurses and made strong recommendations about procedures in the hospital.

"We are pleased the charges have been dropped against these nurses, but ONA members continue to fear that understaffing and working conditions are undermining the level of care they can deliver," said Lesley Bell, RN, ONA Chief Executive Officer.

Nurses at the Cross Cancer Institute in Edmonton held events every day for Nursing Week. Guest speakers at the Wednesday reception included UNA President Heather Smith and AARN President Jeanne Besner. At the end of the week the Nurses donated \$1,000 to Social Services to assist patients. Pam Barnaby and the committee organized a coffee party, a catered reception, speakers and even entertainment including the California Girls (nurses, of course) singing California Girls.

"How many more nurses must go through an agonizing criminal investigation process before it becomes clear that it is the deplorable system, not the abilities of front-line nurses that is the problem."

Sick Children's President Michael Strofolino says the hospital is making many changes as a result of the inquest recommendations, including reviewing how many types of monitors are in use and staff education about monitors. "Finally," Strofolino concludes, "throughout the hospital, we have added more than 100 nursing positions so that each nurse has fewer patients to take care of."

Toxic mould found on dialysis unit at #115 – again!

The employer has a responsibility to provide a safe work environment

After months of nurses falling ill on the dialysis Unit 27 at the Foothills Hospital in Calgary, a technical advisory group announced in June that the toxic stachybotrus chartarum and two other possibly dangerous moulds had been found in samples.

But, when plans for more testing were inadequate in the opinion of UNA's expert on the group, UNA Local #115 con-

cluded it had to pull back from the process because of fears the tests would be inadequate and results inconclusive.

"We have lost confidence in the process of the technical group, and we ask that Alberta Workplace Health and Safety take immediate steps to restore that confidence," said Michelle Senkow, UNA Local Vice-President at the Foothills.

"A whole series of requests from our expert have been blocked or have not been answered," says Senkow. "For example, the expert has asked for documents which she considers essential to a thorough investigation, and this request has been blocked. We have lost confidence in the committee's capability and commitment to thoroughly research the possibility of contamination and air quality problems on the unit," Senkow says. "We will not be party to an incomplete investigation or a cover-up of any kind. The health of too many nurses and employees working in this area is too important to allow anything but the most thorough and conclusive investigation possible."

"There are almost 70 RNs who are sick on this unit, and we have to know what's causing the illness," says Senkow. Some of the nurses who have been off sick are nearing the end of sick leave and

the Workers Compensation Board says there is no evidence of workplace causing the illness. "This is getting more and more urgent."

This is the third time in eight months that mould contamination has been found on the Unit and nurses and other staff continue to suffer from symptoms, ranging from nosebleeds, to asthma to debilitating headaches.

Jane Sustrik creates hairsteria for cancer at AFL convention

UNA 2nd Vice-President Jane Sustrik had no idea what she was starting when she promised to shave her head if friends and colleagues would pledge \$5,000 for Kids With Cancer. She announced she would go under the blade at the Alberta Federation of Labour Convention in Calgary.

Thousands of dollars in pledges had been collected from UNA nurses beforehand, but at Convention, AFL President Les Steel said he'd shave it all off too if the \$5000 was reached. Four other union activists jumped in as well, and in the end \$14,000 was collected and seven people were without hair.

"It was mass hairsteria," said

Jane Sustrik. "I had no idea so many people wanted to feel the spring breezes on their scalp. But the main thing is the generosity of all these union members. They really are contributing to helping out some very deserving kids."

\$10,000 of the pledged money goes to Kids With Cancer which runs comprehensive, family-centred support programs that play a big part in children's recovery.

UFCW members at the Convention donated \$4,000 to their Local's charity, leukemia research.

HUMOUR: Nurses have it rough

A nurse in an American bar leans over to the guy next to her and says, "Do you hear an HMO managed care joke?"

The guy next to her replies, "Well, first you should know that I'm a managed care lawyer. The guy sitting next to me is a managed care executive. The fellow next to him is one of our second-level reviewers. Now, do you still want to tell that joke?"

"Nah," the nurse replies, "I don't want to have to explain it three times..."



Harvey Voogd and some of the over 100 volunteers presented 6,500 postcards from the Romanow Now! Campaign to Edmonton West MP and Health Minister Anne McLellan recently. "The delivery of these postcards is timely because there has



yet been no substantial movement on the Romanow recommendations," said Harvey Voogd, Friends of Medicare Provincial Coordinator. "The First Ministers agreed that within 3 months, or by May 5th, the creation of a National Health Council would be announced. It is now June 13th and still this commitment has been delayed."




Jane Sustrik promised to shave her head if \$5,000 could be raised. She followed through at the AFL Convention in Calgary.



Mass hairsteria! After AFL President Les Steel jumped on board so did five others, all shaving their heads.



Jane Sustrik and Les Steel presented over \$10,000 to Kids with Cancer Executive Director Beverly Sawchuk and 13 year-old cancer patient, Jolan Brunner.



Nurses are the front line of safety and care in our health system. To best protect Albertans and guarantee safe quality care for all our patients, it's time to protect our nurses.

When you protect nurses, you protect patients.

The SARS outbreak has raised many warning flags for our health care system. One of these is that if you do not adequately protect health care workers, risks climb for everyone.

Sick, tired or overworked Registered nurses cannot be as thorough, methodical or accurate as they are trained and duty-bound to be.

But now Alberta health Employers and the provincial government are attempting to save money by forcing nurses into a rolled back collective agreement.

Trying to force more work out of Registered nurses is dangerous—for nurses and for patients.



United Nurses of Alberta
www.una.ab.ca