

**United
Nurses
of Alberta**

News Bulletin



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Respected?

or interchangeable cogs
in a health care machine?

Update on provincial negotiations and what happens after nurses vote.



On the cover UNA members Heather Wayling and Anita Ashmore.



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President's Message

We can hold our heads high

Be proud of our commitment to our patients



The Health Regions are determined to roll back our contracts with the recommendations from the mediator. The changes would allow them to treat nurses like cogs in a health care machine, tools that could be moved around, slotted in wherever they want. This plan runs completely contrary to what so many studies and experts like the Canadian National Advisory Committee (CNAC) have recommended. This would be a huge blow to nursing in our province, disastrous for our health system and dangerous for our patients, clients and residents.

It will be up to each of us to decide what we can do, what our professional commitment to our profession demands we do. Individually it may seem like an overwhelming threat, but collectively and working together we have the capability to stop this and insist on a better plan, a contract that will work for nurses and strengthen and improve health care.

The Health Regions' plan is to build on the just-in-time staffing approach that has run up so much overtime and strain. Making nurses into moveable components, cogs, is an extension of that management approach. But this is no way to treat Employees, no way to treat professionals. Finally, this approach is compromising the safety and quality of our patients' care.

Health care is no place for bottom-line management styles. We have all heard stories about nurse managers escorted out of the facility and out of their jobs because they insisted on adequate staffing and did not meet budget restrictions. These nurses should hold their heads high, because in health care safety and standards of care must be the bottom-line.

There are ways to protect standards and the first and most important one is to insist on adequate staffing and budgets. The Health Regions and nurses cannot keep accommodating government demands for doing more with less and less. If the Health Regions are not going to say it then it is up to nurses to say Stop! It's not safe!

UNA members have always been steadfast in negotiations. We move forward, we make improvements, we don't accept cuts to safety or quality care. We need that resolution to be firm now to ensure that this round of bargaining makes progress and does NOT worsen conditions and standards in health care. We must hold our heads high, proud of our professionalism that does not compromise our patients. *UNA*



The mediator's recommendations would be disastrous for nursing

The Health Regions are apparently eager to make the mediator's recommendations a reality. So eager in fact that they have gone ahead and taken the unprecedented step of applying them to the UNA contracts and creating a "draft" agreement. Expensive newspaper advertising and individual letters to nurses have been part of their push to get the recommendations into place. But nurses recognize how dangerous it would be to make the drastic changes included in the recommendations.

"It's a real threat to the ability of nurses to provide safe patient and client care," says UNA President Heather Smith. "Imposing this kind of contract would drive away nurses who are always concerned about safety. Younger nurses are ready to leave the province. And it would lead many senior nurses to move faster to retirement. These rollbacks would have a serious impact on the ability of our health system to provide good care for Albertans."

Mediator Alan Beattie completely ignored UNA proposals for making improvements in nursing conditions and health care. In a one-sided report, he repeatedly endorsed the Employers' proposals.

"Beattie implied nurses should accept these giant steps backward or face the threat of a government-imposed contract. Nurses cannot be swayed by these kinds of threats when the heart of our work—providing safe nursing care, would be compromised," Heather Smith said.

"The only appropriate government intervention in these negotiations would be to insist the Health Regions go back to bargaining seriously and look at the issues nurses are raising," she said.

"The mediator made recommendations to bring the nurses' contract in line with the needs of the health system today. If implemented, the contract would enable better ways of delivering care, including the ability to assign nurses to different worksites for temporary assignments"

—Newspaper ad published by PHAA (The Provincial Health Authorities of Alberta—runs negotiations for the Health Regions).

"The heart of our work—providing safe nursing care, would be compromised,"

—Heather Smith, President, UNA

(Continued on page 4)

Over 100 rollbacks proposed by the recommendations



A brief overview of some of the most dangerous provisions in the recommendations.

Moving nurses around

Under Article 15 the recommendations say that as long as other components of a position are substantially the same, a job can be unilaterally moved to a different site or to a different ward or unit. A nurse working at the Foothills could be relocated to High River. There is no limit to how often or when a nurse could be moved. A nurse could be moved hundreds of kilometres, one fifty-kilometre move at a time.

Making nurses move to different worksites invokes a number of hazards like cross-contamination between hospitals, as happened with SARS in Ontario. Nurses need time to become familiar with a ward and a facility and what the safety procedures and protocols are. Studies show the longer a nurse works on a particular ward or unit, the better the patient outcomes will be.

Permanent evenings or nights

Employers could make any line on a schedule permanent evening or nights. Currently nurses can only be assigned to permanent night or evening shifts at their own request. But under the recommendations, Employers could create a new full-time line of permanent nights, then one of the full-time nurses would have to take that shift. If they create a 0.63 FTE permanent evening line, and there is only one nurse with a 0.63 FTE on the unit, then that's her or his shift. Seniority would make no difference.

More evening and night shifts

The mediator recommends dropping the guarantee of day shifts for nurses from 40% day shifts (50% at some Locals) to 33%. PHAA promises this won't happen, much: "Most nurses will not see fewer days shifts...". That's little compensation for those nurses who would see their schedules changed and their number of evening or night shifts increased dramatically.

Nurse In-charge

Provisions to ensure a Registered nurse is in charge of a nursing unit or section would be severely curtailed by the recommendations. The "responsibility allowance" for Community nurses, the equivalent of Nurse In-charge, would be completely eliminated. There would be no need to assign a nurse in charge "in a home, clinic, school or office." But any area of a facility could be designated a clinic, many units in hospitals already are, and the number of In-Charge positions could be greatly reduced.

Part-time would lose Designated Days of Rest

The recommendations eliminate Designated Days of Rest for part-time nurses and replace them with "unscheduled days". Designated Days of Rest protected part-time nurses "weekends", regular time off to plan family or other activities. Employers who ask part-time nurses to work on their designated "weekend" have to pay double-time on those days. But the new "unscheduled days" do not have the same protection from extra shifts. PHAA calls them "scheduled days off" but they are no different from any other day that a part-time nurse has no shift. A part-time nurse could be asked to work six shifts in a week without any overtime.

No preference in hiring for current Employees

Under the recommendations Employers could hire anyone within the Health Region bargaining unit without any preference for nurses currently working at a particular site. For each job posting, they can provide 72 hours notice, and if no one objects they could hire from completely outside the bargaining unit, bypassing all their current Employees. ☹️

Save all prescription receipts

Employers must honour contract and reimburse them



Most health Employers continue to refuse to reimburse nurses for many of their prescription costs. But nurses should save the receipts; Employers will be forced finally to honour the contract.

Two arbitration panels and a judge have ruled that all means all. They ruled that the contract provision stipulating benefits include 80% of costs of “all physician or dentist prescribed medication” means exactly that. Employers took the arbitration rulings to court, lost the ruling there and have gone again to the Court of Appeal. UNA expects the appeal will uphold the previous court decision and Employers will have to pay the benefits.

The Employers evidently hope they can save money by dragging out the process and nurses will toss their receipts. But when the Court of Appeal decision comes in they will have no choice but to pay up all the eligible receipts nurses submit. ☺

Canadian healthcare workers top the list in workplace stress

Health workers including nurses experience some of the highest workplace stress according to a study released in September by Statistics Canada.

Health workers topped the list for workplace stressors in the three most important categories: too many demands/hours, risk of injury, and poor interpersonal relations.

Researcher Cara Williams took information from StatsCan data and published the findings in Stats Can’s Canadian Social Trends.

Many Canadians experience workplace stress in one of the categories, but some Employees experience it as caused by several of the stressors. “Multiple stressors may be one of the reasons that employee assistance programs are becoming popular...”. The study also showed that shift work increases stress and shift workers are typically most concerned about injuring themselves. Fear of layoff has dropped down the list of workplace stresses in recent years.

The study also notes how bad work stress is for Employees’ health. “According to research, workers in high-strain jobs have higher rates of a wide variety of diseases than their counterparts in low-strain jobs. Health care expenditures are nearly 50 per cent greater for workers who report high levels of stress,” Williams says in her report. ☺



NO 50-kilometre limit on moving nurses

The mediator’s recommendations contain NO 50 kilometre limit on moving nurses. Temporary assignments or new multisite positions could be asked to travel far further than 50 kilometres to their next worksite. Employers would simply have to pay travel costs beyond 50 kilometres.

Calgary nurses could be temporarily assigned to Claresholm, for example, if they needed more nurses to cover vacation periods. Paying travel costs over 50 kilometres would be relatively low compared to the cost of hiring more nurses to cover for vacations.

The 50 kilometre limit only comes into play when a position is relocated. What the mediator said was moving a position more than 50 kilometres means elimination of the position. ☺

What nurses have to say about the Mediator's recommendations



Nurses have been very vocal about the recommendations from the mediator. Many have had letters to the editor published in newspapers. Others have commented on UNA*Net. They sum up the response of nurses to the Employers' plans.

The loss of x days is very significant if you want to plan care for your family, i.e. booking a dentist appointment for your children. There is also a good chance that you will have difficulty arranging for childcare if you don't know when or where you will be working. Denying that there is a need, or right, to plan a day off or to know where you are going to be working is dehumanizing.

—Linda Brown

People have often chosen where they live in order to facilitate things like nearness to work, day-care, kids' schools and so on. I know nurses who don't or never did have a driver's license, so what are they supposed to do? As well some nurses don't have exclusive use of a vehicle, you know single car-multi-person vehicles? How are they to get around?

—Diane Poynter

The recommendations are an outrage and I believe the public would agree!!!

—Judy Nygaard

It is fascinating to have [the mediator] quote from various reports how nurses need a stable and healthy environment, they need to be listened to and have real control over their practice, there is an urgent need to repair the damage done to nursing etc. and then ignore all of that in his recommendations.

There is no doubt in my mind that we have to stand and fight for the safe patient care that depends on our being treated like the dedicated professionals that we are, not some pins on a bulletin board to be shuffled at will. We need scheduled days off, we need stable cohesive teams, we need full employment (part

time and full time) with minimal casual staffing and when we apply for a job, we need reasonable expectations that we know where we are working, with whom and when. It is not too much to ask.

— Sheila Hogan

I am outraged by the quote from the Peace Country Health board chairman, Marvin Moore. He said he was completely unaware of any of the issues or discussions that have gone on between the provincial bargaining unit and the health regions.

He is quoted as saying "I have no knowledge." Then he says the mediator's report was approved by the board.

What exactly did you approve, Mr. Moore? Maybe if you took the time to look into the issues you would see why the nurses are so upset! How can you continue being the chairman of a regional health board when you don't even know the issues?

— Lynette Nooy, RN
Letter in the

Grande Prairie Herald Tribune

I believe PHAA was not bargaining in good faith. They had no intention of being reasonable, because obviously the government-appointed mediator is on their side. PHAA's attitude is very apparent: too bad if the nurses don't like it, they are being unreasonable and we'll just ask the government to legislate a contract (as was done in B.C.).

— Claire Goertzen,
Letter in the Red Deer Advocate
and Lacombe Globe

My feeling is that this mobility/temporary assignment clause is a sneaky way for them to avoid having to hire enough nurses to appropriately staff the

Shawn Timmer, RN is leaving her Emergency Room position, packing up her family and moving to Sacramento, California because she fears that working conditions for nurses could become even more unsafe. She refuses to work in an environment that could endanger her patients and her license. "Canada cannot compete financially with the US for nurses, but we should compete on working conditions and safety standards," she says.

province, and then just move us around to cover the holes.

—Jan Fortier

In my view, if the province spent more time and energy working together with nurses to find solutions to health-care needs and quit using our money to spread false propaganda slamming the nurses union, maybe there would be a settlement by now.

— Bal S. Boora
Letter in the Lethbridge Herald

Capital Health boasts the hiring of 628 new nursing graduates in the last year; they don't mention how many nurses have left because of the deplorable working conditions...Would you want a cardiology nurse delivering your baby because they were short in labour and delivery?

These negotiations are not about money. They are about working conditions that will support safe, effective, quality patient care.

—Patti Telford,
Letter in the Edmonton Journal

NEGOTIATIONS UPDATE

What happens after the vote?

The UNA provincial Negotiating Committee wants to go back to the bargaining table with a strong mandate from nurses rejecting the mediator's recommendations. The Committee's goal is to reach a collective agreement that is acceptable both to nurses and to the Health Regions.

But there is evidence that the Health Regions have no interest in negotiating an agreement. The Employers have implied several times that if they do not get their proposals implemented they will be going to the government to legislate the agreement.

Legislation could first of all take the form of compulsory interest arbitration. Arbitration could be more feasible for the Employers soon when the 142 bargaining units at the negotiating table are reduced to the nine Regional bargaining units. Under the Bill 27 process the Alberta Labour Relations Board could finalize the reduction to nine Regional bargaining units as early as September. Twenty panels of arbitration (nine regions and 11 voluntaries) would be possible, over 140 would be unworkable.

Nurses have rejected compulsory arbitration since the government tried to impose it with the law banning health care strikes in 1983 (see "Why nurses reject compulsory interest arbitration" on page 8). One of the reasons for refusing to go to arbitration is that the process can drag on for months or even years.

But if nurses refuse arbitration, or if the Employers want to choose a speedier way of imposing the collective agreement, the Health Regions could ask the provincial government to legislate the contract outright. That is what happened two years ago in B.C. when the province legislated the Employers' last offer as the contract. The fact that the Health Regions (PHAA—the Health Regions bargaining organization) have gone to the trouble of creating a full draft agreement suggests they may have prepared it as ready to hand to the government to legislate.

The Health Regions seem eager to provoke UNA. The provincial government could well be politically nervous about imposing a contract on nurses without a crisis. The Health Regions may need to convince government politicians that they have to legislate or they will face a strike. Health Employers appear to be anxious to have talk of a strike in the news. Talking about a strike could make Albertans nervous about their health care and could give the politicians all the justification they need to bring in a law forcing a contract on nurses.

In fact, when Edmonton Journal headline writers wrote: "Nurses threaten strike" the Health Regions were quick to respond with a newspaper ad also claiming UNA was threatening to strike. In responding to reporters' questions about what would happen if no agreement were reached, what UNA President Heather Smith had said that a strike, as the last resort for nurses, could be a possibility. The newspaper editors translated that into "threaten".

In either case, arbitration or a legislated agreement, nurses will decide if they are willing to work under imposed conditions or not. It is of course illegal for nurses in Alberta to go on strike. It is illegal during bargaining, it would be illegal in arbitration and it would be illegal with a legislated agreement—there's no major difference. (In B.C. the law imposing an agreement took away the nurses right to strike...but here in Alberta nurses do not have it in the first place.)

Finally, when it comes to tough contract bargaining for nurses, it is the provincial government that's sitting on the other side of the table with its possible legal sanctions. This is nothing new for Alberta nurses. For nurses it has always been the case of dealing with inconvenience now or jeopardizing the future safety of patients and for the profession. If nurses are going to resist government's hard squeeze on health care staffing they will have to go eyeball to eyeball with them, and stare them down, to do it. ☺



Why nurses have refused compulsory interest arbitration

In the current round of negotiations, the Health Regions demanded major rollbacks. The Employers have said several times that nurses would have to accept these rollbacks and implied that otherwise the government would impose them with legislation. Employers may, however, apply for compulsory arbitration.

Mediator Alan Beattie was appointed by the government at the Employers' request, after very little time had been spent at the bargaining table. His report gave the Employers nearly all the rollbacks they had been looking for. Beattie is a prominent arbitrator in the province and noted in his report that he would "base my recommendations in part on what I believe is a likely result of an interest arbitration."

Alberta nurses have long rejected arbitration as a way to resolve negotiations or to produce equitable results.

In 1983 the provincial government passed "Bill 44" and made it illegal for all hospital employees to take strike action. The law gave the government the power to impose compulsory arbitration to settle contract negotiations. Nurses recognized that this removed any pressure on Employers to actually bargain. Employers would have no reason to compromise, make concessions or negotiate to a mutual agreement with their Employees when they could fall back on arbitration. In fact, arbitration would encourage them to demand concessions and rollbacks.

Nurses reacted quickly and put the government on notice that this was no solution. UNA members passed their long-standing position on arbitration which now reads:

"UNA is opposed to any compulsory arbitration legislation. Regardless of any legislation, UNA members alone, and not the Government or any other body, shall decide when this Union will strike and when it will not."

The policy has been supported at several annual general meetings and in 1987 it was supported by a full ratification vote of all members of the union.

"...all hospital employees have been suffering for a decade because of the conservative, dampening effects of arbitration. The solution to the failure of interest arbitration should be obvious to all trade unionists. The province's nurses have shown the way."

—Jim Selby of the AFL,
union nominee to an interest arbitration panel

In practice nurses have always demanded free collective bargaining, contracts that are democratically agreed to by nurses. The members make the decisions about what to propose in bargaining and about what to accept. Ultimately nurses decide themselves what conditions they will accept to work under and what they will not.

Collective agreements that are agreed to and accepted have many advantages over contracts imposed by outside arbitrators. The experience of many other Employees with arbitration has made it clear to nurses that they cannot expect fair treatment or wise rulings from the process.

Arbitration can become addictive for Employers or unions, who can duck out of the responsibility of bargaining and put the blame on the third-party arbitrator. Moreover, the possibility of arbitration can make negotiations less productive as both parties can harden their positions, as they anticipate arbitration. Alberta legislation binds arbitrators to take government fiscal policy into consideration, but not patient safety.

As former UNA executive director Simon Renouf said in 1994 after participating in an arbitration for the LPNs: "The principle reason [for union resistance to interest arbitration] is the skepticism of unions concerning the ability of arbitrators to withstand political pressure to become instruments for the government policy of the day." ☺

In its submission to the current Health Sciences bargaining arbitration board the Provincial Health Authorities say:

"If negotiators come to believe that they will be able to obtain more... through the process of interest arbitration than through direct negotiations, they may come to rely on arbitration rather than negotiate their own agreement. This "narcotic" effect is detrimental to the process of free collective bargaining. Associated with this is the "chilling" effect. That is, negotiators may hold back concessions during direct negotiations in order to preserve an extreme position at interest arbitration."

BILL 27

Bill 27 process hits snag after snag

The tortuous rearrangement of bargaining units in Alberta's health sector has hit snag after snag. Nurses' votes for a "receiving agreement" under the Bill 27 process were due to be complete in August, but after the Alberta Labour Relations Board (LRB) put out incorrect information for the vote in Capital Health Region, that vote had to be completely redone and all the results were still being tabulated early in September.

UNA has pointed out that the "receiving agreements" are a side issue and that provincial negotiations will supercede the Bill 27 process.

Redefining the new regional bargaining units has also been held up by complications and the LRB held another hearing on who's in what bargaining unit on September 5.

Labour Relations Board must remove itself from Bill 27 says UNA—Board has lost its impartiality

United Nurses of Alberta wants the Alberta Labour Relations Board to nullify the Bill 27 restructuring of bargaining units because the Board appears to have participated with the provincial government in designing the process.

"The Labour Relations Board is supposed to be an impartial arbiter between Employers and Unions but in this case it appears that the Board was involved with the government and by extension Employers in setting up Bill 27," says UNA President Heather Smith. "That calls into question their impartiality. The Board is supposed to be fairly administering Bill 27, while it appears that it effectively worked with the Employers to create it."

"Clearly, the government brought in Bill 27 at the request of the Health Regions who wanted to gain advantages over their Employees," says Heather Smith. "It was a ham-fisted plan that has created a chaotic mess in the health sector."

"The fact that the Board Chair was recently reported to be meeting with the communications director from the government's human resources depart-

ment about this very issue should be evidence enough that the Board is not working at arm's length from government," Heather Smith notes. "Is this total arrogance that they don't believe they even need to preserve the appearance of independence? Is the Board impartial or is it effectively a tool of Employers?"

UNA filed its formal application with the Board today for reconsideration of the Bill 27 decisions. The Canadian Energy and Paperworkers Union (CEP) and the Canadian Union of Public Employees (CUPE) have also filed applications. They are based on the Board's reply to a request for information on Bill 27 made by the AFL. The Board said it could not release information because it could reveal "...the contents of draft legislation, regulations and orders of members of the Executive Council, the government...".

UNA is asking that the Board's Bill 27 decisions be nullified, that measures be taken to restore confidence in the Board's independence, and that UNA be reimbursed for costs involved with Bill 27. ☺

UNA Scholarship for 1st year nursing students

October 15 deadline for three \$750 awards



Student nurses who are related to UNA members and are going into the first year of a full-time nursing program can apply for the UNA Alberta Nursing Scholarship Award.

The students must write a short essay, fill out the application form and be sponsored by someone in their extended family who is a UNA member. The deadline for applications is October 15.

This is the third year for the scholarship that UNA instituted to encourage more Albertans to go into nursing.

For application forms or for more information call the UNA Provincial Office at 425-1025 or call toll free 1-800-252-9394. ☺



2003 AFL Kid's Camp

This year's Alberta Federation of Labour Kid's Camp was a tremendous success! Participation nearly doubled over last year, with 73 kids, six junior counselors and eight adult leaders (including Jane Sustrik) attending. Kids spend five days at camp learning about unions and social activism. "Union" classes cover such topics as respect, unions and what they do, job actions/strikes, human rights, health & safety, globalization, fair trade, free trade, child labour/sweatshops and others. Union learning is mixed with activities like archery, group challenge, zip lines and the like.

This year, negotiations with the kid's union broke off over curfew, junk food and kid space. The kid's walked out (during class) and had a sit-in, chanting "Ain't no power like the power of the people and the power of the people won't stop." A compromise was finally reached and classes resumed.

Everyone had a thrilling and electrifying time. As Nicholas Caldwell (child of a UNA Member) said: "This was the best camp ever! We got to go on strike to stay up later at night!"

The 2004 Kid's Camp is set for August 9 to 13 at Camp Gold-eye (near Nordegg)...so mark your calendars. Jane is already counting down (we couldn't keep her away if we tried)! ☺



Millwoods Shepherds Care nurses finally get first contract and backpay

Nurses at Millwoods Shepherd's Care Edmonton, Local #219, began receiving back pay cheques, some in the thousands of dollars, recently. They finally have a first contract that gives them most of the provisions of the provincial agreement. After over a year of attempting to negotiate, the nurses finally took their case to arbitration and were awarded provincial wage rates going back nearly two years.

The RNs joined UNA in 2001 but

the management at Shepherd's Care dragged out bargaining and refused to come close to provincial agreement wage rates and standards.

The negotiating committee for the new Local made an application for arbitration, with UNA provincial agreement, because it appeared arbitration would get a much superior agreement to anything the Employer was prepared to offer. They were right. The arbitrator awarded the new Local with provincial

wage rates and brought most working conditions to provincial levels.

Having won a first agreement, the Shepherds Care nurses are going straight in to provincial negotiations and have served notice to begin bargaining as part of the provincial process.

UNA has a long-standing policy of not accepting forced arbitration but in this case the negotiators believed arbitration would achieve the best new contract for the Local. ☺

P3s

FOR SALE

Health Regions acting on government call for P3s

Friends of Medicare criticizes privatization plans

Capital Health has put out a call for “Expressions of Interest” (EOI) for business partners to contract out any aspect of Edmonton’s public health system. The wide-open offer includes design, consulting, finance and construction of infrastructure; medical equipment, information technology, research and education and “other projects where a Public-Private Partnership (P3) can be beneficial.”

“Capital Health looks like it is responding to provincial pressure to privatize more and more of our public health services,” says Harvey Voogd, Coordinator for Friends of Medicare. “Though the offer is carefully couched in language referring to the Canada Health Act, it basically states everything is up for grabs, come and make us your best offer.”

“It is clear that the Regional Health Authorities have become the preferred vehicle for the Province’s health privatization strategy,” says Voogd. “The legislation and policy directions of the Province of Alberta are driving this Expression of Interest.”

The Calgary Health Region is moving full steam with privatization and this summer announced the construction of the new South Diagnostic and Treatment Centre (DTC). Bentall Real Estate Services is building the three storey, 130,000 square foot building and will lease much of it to the Region. Calgary even has a Vice-President of “Strategic Business Alliances”, Joanne Stalinski. Earlier in the year, Calgary identified nine companies pre-qualified for bidding on Region projects: Bentall Real Estate Services, Borealis Capital Corporation, Bouygues Consortium, Carillion Canada, Brascan Group of Companies, Ellis Don, GWL Realty Advisors Ltd., PCL Construction, and Realex Property Management Ltd.

Last year the high demand—and cash service—fertility clinic at the Foothills Hospital was sold to the doctors that ran it.

The College of Physicians and Surgeons of Alberta must approve procedures that can be performed outside an approved hospital and has been quite accommodating. Since Bill 11 and the creation of “Non-Hospital Surgical Facilities” the College has been adding to the list almost on a demand basis. In May the College approved oocyte retrieval—surgical removal of eggs from ovaries—an integral part of the fertility clinic’s process.

This past July, the Calgary Health Region announced four of its doctors were opening a private clinic for high risk pregnancies. Dr. Greg Connors, the Region’s Head of Maternal Fetal Medicine is one of the four partners opening the clinic together with the EFW Radiology company. The new private clinic takes over the service which had been provided in public hospitals. Connors said, “We simply outgrew the clinic at the Foothills which is now closed.”

The Calgary Health Region also posted a proposal for a “community-based” endoscopy centre within metro Calgary which will service the Region’s growing endoscopy caseload.

“It is clear that what the Calgary Health Region calls community-based actually means private,” Voogd pointed out.

“This privatization of high risk pregnancy medicine follows the same pattern that ophthalmology went down a few years ago,” says Voogd.

The Calgary Health Region’s Ophthalmology Department contracted out the services to the private clinics and companies of the same doctors who still worked with the Region. That led to some ironic twists like a memo to one doctor outlining the quota of services to be contracted to the health region. The memo was from Dr. Peter Huang, the Region’s Head of Ophthalmology, and was addressed to himself, Dr. Peter Huang, the private doctor who was getting the business. ☺



IN MEMORIAM

Ann Broughton, one of the UNA members who went on the solidarity trip to Mexico earlier this year, was killed in a car crash in Calgary in July. Before her death Ann had written this personal recounting of the Mexico tour for the *News-Bulletin*. It is published here in her memory and to recognize her contribution to nursing and to humanity. ☹

Mexico tour inspired "the power of nursing"

By Ann Broughton

I have been a Registered Nurse for 18 years. In all that time I have been unionized but have never participated in anything other than going on strike in 1988 and reading the UNA magazine.

In the December *NewsBulletin* I saw some information about a trade delegation going to Mexico. I decided to apply and my name was chosen from the membership to go to Mexico.

I arrived at the airport in Calgary with my backpack and a pile of reading material on the Mexican economy, Free Trade and our agenda. I was totally confused!!!! I didn't know what "free trade" really was, what this had to do with nurses or anything else!

I was in for a two-week crash course on labour, unions, human rights and why we as nurses should be involved in these issues.

Our trade delegation was made up of 11 unionized employees from various unions (four from UNA). We were sent by the Alberta Federation of Labour. Change For Children is the NGO (Non-Governmental Organization) out of Edmonton who organized the trip and sent along our guide and interpreter.

Our mission was a follow-up to an initial delegation visit 10 years ago to see how things had changed. We spent two weeks travelling and meeting with various unionists, human rights activists, farmers and ordinary Mexicans. We listened to their stories, engaged in their culture, ate with them, went



into their homes, visited their national historic sites and generally immersed ourselves in their lives. At the end of each day we had heated discussions on the day's events. We also spent time putting together "resolutions". I had no idea what this meant and how important this was to become.

The two weeks in Mexico was the time to gather information. The real results were the culmination of our work in resolutions submitted to the AFL convention.

I went to the AFL bi-annual convention in Calgary in May along with UNA delegates from all over Alberta. During the conference the International Human Rights and Solidarity committee gave its report and our trip was highlighted with photos. Our resolutions were put forward, debated and passed. We resolved to continue our ties and com-

mitments to Mexicans in the fight to ensure standards of labour and to fight free trade to preserve jobs, cultures and human rights. It was one of the most thrilling moments of my life to have our resolutions voted on. This means 120,000 people are saying yes to human rights and dignity in the workplace. I felt I had achieved so much and that our work had been so valuable.

Since all this has happened I have taken ward rep training and am now a ward rep for the surgical float pool at the Peter Lougheed Centre. I am now on the UNA rep on the CDLC (Calgary District Labour Council) human rights committee and I have done a presentation of our work at a local UNA meeting in my hospital. I have also given a presentation to my local Amnesty International group where we had a discussion on labour and ethical investments and signed letters on behalf of victims of political torture in Mexico.

I have long been involved in human rights issues but didn't ever see a connection between human rights and unions. My union has a powerful voice in Alberta, a voice which can change lives around the world. To me this is the essence and the power of nursing, we can heal lives while we are at work but we are all healing lives around the world through our membership and that makes me so proud to say I'm a registered nurse.

You can see the pictures and trip report from Mexico on the UNA website. ☹



6,000 Alberta nurses could retire in next 3 years

The looming impact of an aging nursing workforce and rising rates of retirement pushed its way into the headlines over the summer months with the publication of a new Canadian Institute for Health Information report.

“Quite simply 1 in 4 RNs currently caring for patients in this country could be gone by 2006,” says the report, which is available at www.cihi.ca. The report shows how incentives to keep experienced nurses working longer could help prevent a crisis in the health system.

In Alberta the projections suggest over 6,000 of the province’s 24,000 nurses could be gone by 2006, in just three years.

“The next contract for Alberta’s nurses could make this situation better or it could make it far worse,” says UNA Vice-president Bev Dick told news media. “If Health Regions force nurses into a contract that gives Employers the ability to move nurses all over, and the ability to make them work straight midnight shifts, we could see even more nurses retiring than these frightening projections.”

Alberta’s nursing workforce has been growing in recent years, Bev Dick notes, but “this also is the fastest growing province in Canada, we need more nurses to provide the care our patients need.” On a per person basis we still have fewer nurses caring for patients than we did 20 years ago.

Working nurses are well aware of the shortage of Registered nurses every day. Heavy workloads and responsibility for more and more patients takes a toll. Getting called—and called—for extra shifts is another frequent reminder. But most Albertans do NOT notice the shortage. “The nurses are great,” they most often say. That’s because nurses do their utmost to make sure every patient gets the attention they need, gets safe, quality care. That can come at a personal cost in fatigue and burnout, and often a financial one too. Many Alberta nurse opt to work part-time and take a big pay cut because they can’t take the full-time load and keep their practice up to the safe standard they are comfortable with. When nurses reduce their FTE, their working hours, it only worsens the shortage. ☹



The Local Authorities Pension Plan (LAPP) that handles pensions for most UNA nurses has announced that contribution rates will go up again next January 1. The member and employer contribution rates will both increase by about 1%. The LAPP had raised the contribution rates by about 0.5% this past January.

For a full-time Registered nurse the extra contribution will be about \$600 a year, according to Richard West, the UNA Labour Relations Officer who represents nurses on the LAPP Board.

The rate increase does not affect the pension benefits and cost-of-living adjustments of LAPP retirees.

The LAPP is increasing contribution rates both to cover current service (pensions to be paid) costs and the unfunded liability created by poorer returns from investments.

In the mid-1990s LAPP investments generated more funds because of strong performance in the market. The excess was used to keep contribution rates marginally lower than normally required.

However, after delivering very strong returns in the 1990s, global stock markets suffered a set back from 2000 to 2002. Compounded by slower economic growth, corporate scandals, accounting improprieties, and the war on terrorism, the global stock markets have suffered the largest and longest decline since the depression in the 1930s. LAPP’s return on investments during the past three years was -1.9%. By last year LAPP not only had no extra income to cover current pension costs, it also had a drop in the investment assets needed to generate income in the future, an unfunded liability. ☹

CNA specialty certification exams



The Canadian Nurses Association (CNA) offers specialty certification, a voluntary program reserved for registered nurses who meet rigorous practice, continuous learning and testing requirements in their specialty.

The CNA has fourteen certification examinations offered annually in the following areas: Cardiovascular; Critical care; Critical Care-pediatrics; Emergency; Gastroenterology; Gerontology; Hospice Palliative Care; Nephrology; Neuroscience; Occupational health; Oncology; Perinatal; Perioperative; Psychiatric/Mental health.

The deadline to apply for initial certification is November 7. Certification is valid for a five year period and then nurses can apply for Recertification in their specialty.

Over 90% of the cost of development, and management of the Certification and Recertification exams are supplemented by CNA.

The deadline to apply for recertification exams is December 5. The CNA is offering recertification this year in: Critical Care, Emergency, Gerontology, Nephrology, Neuroscience, Occupational Health, Oncology, Perinatal, Perioperative, Psychiatric/Mental Health

For information about certification and recertification, contact:

Canadian Nurses Association
Certification Program
50 Driveway, Ottawa ON K2P 1E2
Telephone: (613) 237-2133 or 1-800-450-5206
Fax: (613) 237-3520
E-mail: certification@cna-aiic.ca • Web site: www.cna-aiic.ca

Nursing News



Nurses protest dangerous layoffs at Calgary Bethany Care

UNA nurses at the South Central District meeting protested dangerous layoffs in front of Calgary's Bethany Care Centre on September 4. "The Calgary Health Region is trying to save a buck at the expense of seniors and young people with long-term disabilities," Jennifer Simon, Bethany Local President told news media. "Bethany negotiated with the Region for a full year to keep the RN nursing model. But the Region will not fund us for Registered nurses. It is the Region who refuses to recognize that we have complex care residents."

Bethany Care has just completed cutting 28 Registered nurses positions. Nurses are concerned that Alberta's largest, 460 bed, long-term care facility will not be providing the same levels of care to its high acuity residents.

Simon holds the Health Region funders of the service,

not Bethany Care, responsible for the cuts to staffing.

"The Calgary Health Region is trying to save a buck at the expense of seniors and young people with long-term disabilities," she says. "Bethany negotiated with the Region for a full year to keep the RN nursing model. But the Region will not fund us for Registered nurses. It is the Region who refuses to recognize that we have complex care residents."

Bethany told the nurses they would have to take on lower acuity residents and that the RN positions would be replaced by less qualified Licensed Practical Nurses (LPNs). But so far, only 10 new LPNs have been hired. The Centre also cut nursing attendant staff.

Simon says there is no evidence that some of the sicker residents are being discharged or moved to other facilities and that new admissions to the Centre are being screened for lower acuity.

"The rent has gone up by 40% for these people, but the level of staffing being provided has dropped a great

deal. These are the residents who need the most attentive nursing care and they simply can't get it without the budget to provide enough Registered nurses. We're really worried about their safety."



Health Sciences members vote to join the House of Labour

Alberta's professional, technical and paratechnical health workers voted to affiliate with the Alberta Federation of Labour (AFL) and the Canadian Labour Congress (CLC) in a ballot in May. The Health Sciences Association of Alberta (HSAA) members had been debating affiliation and took it to the all-member vote this year. They are affiliating with the National Union of Provincial Government Employees (NUPGE) and through that to the CLC.

"In this day of government fiat, particularly in Alberta, which has the lowest union density in the country, it is imperative that we all pull together to protect hard won rights that most workers take for granted," said Elisabeth Ballermann HSAA President.

Health care environment toxic for nurses says researcher

An article in the July 2003 issue of *Canadian Health Care Management* reinforces that the current health care environment is driving nurses away from their chosen profession.

In *Revisiting the Nursing Shortage: A Call to Caring for Healing the Health-Care System*, Janet Quinn, RN, PhD, suggests that the health care environment is increasingly toxic for nurses, not allowing them to care sufficiently for their patients and pushing risks levels higher and higher for nurses and patients alike.

Quinn notes that traditional business models have failed to find solutions for the nursing shortage. Instead, by using the example of how we nurture other endangered species, she points out that health care managers need to create a positive, stable environment where nurses can do what they do best: care for those in need. Quinn contends that by giving nurses an opportunity to provide better care at work, the population of nurses will grow, reducing the shortage and generally improving the state of health care across the country.

U.S. nurses follow SARS outbreak closely

American nurses followed the SARS outbreak in Toronto closely and could read one of the best accounts of its impact on nurses in *Revolution* magazine. Over 60 nurses were stricken with the disease, two nurses were among the over 35 that died in the outbreak. The article looks at SARS from the nurses' point of view and lets nurses talk about its effects on themselves and their families. One nurse, Carol Tough, found "fear to be a constant companion, especially when it involved her husband and two children." Nurses first spotted the outbreak and the second outbreak could possibly have been prevented or mitigated, if nurses had been listened to, the piece points out. "We were still dealing with SARS and still dealing with suspected symptoms, and no one listened to us."

UNA Locals receive copies of the magazine, but the piece is NOT on the magazine's web-site www.revolutionmag.com.



A great time for a great cause— The Rainbow Gala

Nurses from the University of Alberta Hospital (UAH), Local #301, are once again holding their sumptuous Rainbow Gala, a great party to raise money for the Rainbow Society. It's the fifth year for the Gala event at the West Edmonton Mall's Fantasyland Hotel and Local President Betty Ann Emery says it just gets better every year.

The Gala starts with a great dinner in the Beverly Hills Ballroom and a show of stunning fashions from the West Edmonton Mall, featuring nurses as the models and coordinated by John Chwyl, the host of Global TV's "I on Fashion." A special fundraising auction, entertainment and dancing round out the evening. Tickets are \$50 per person and the proceeds go to the Rainbow Society's goal of making dreams come true for terminally or chronically ill children. The UAH nurses have been supporting the Rainbow Society for over 12 years with fun events.

This year's Gala is on Thursday, October 16.

"Not only do we have a great

time," says BettyAnn, "we get to feel good about helping to bring some real joy to the kids. As always we invite all nurses to come join us for our big party."

For more information or tickets call the Local #301 office at: 407-7453.

Poor working conditions make nurses change countries

The "push" factor of poor working conditions is a major motivator for nurses to seek work in a different country according to a new report released by the International Council of Nurses, the World Health Organization and Britain's Royal College of Nursing.

"The fundamental problems which often stimulate nurses' desire to take work in another country—such as poor pay, excessive workloads and violence in the workplace—have not been adequately addressed," says the study.

The authors criticize the trend of more nurses moving from poorer developing countries to wealthier nations. "Inadequate policy responses by country governments to the fundamental causes of nursing shortages have been driving the dynamics of aggressive and sometimes exploitive international recruitment."

The full study and more information is available on the web at www.icn.ch.

SARS

Heroes of medicine From an editorial in the Ottawa Citizen

"Health care workers, despite groaning workloads and ridiculous hours, are

often the targets of abuse. Everyone knows how poorly nurses are treated, especially in Ontario. Nor do doctors enjoy the prestige they once commanded. People often complain that doctors are greedy and arrogant, despite the abundance of reports showing that even specialists are far from rich.

The SARS outbreak has reminded us, in a graphic way, that health workers are indispensable, and that they assume considerable personal risk for the public good. Last week, Dr. Nestor Yanga, a Toronto general practitioner, died four months after contracting SARS, the first doctor to die of the disease in Canada. He caught SARS from a patient.

Several Toronto nurses have also died. It was moving to see how other nurses and doctors, some who never knew the victims, crowded together at the funerals.

We don't often think of health professionals as a "community," but there they

were, mourning their own just as police officers gather to mourn their fallen comrades. Like police, both nurses and doctors man the front lines, protecting the rest of us against danger, in this case disease

UNA AGM

Provincial meeting October 7, 8 and 9 in Edmonton

The 2003 UNA Annual General Meeting will kick off this year with a Special General meeting to deal with the Bill 27 changes to UNA District structure. The three day AGM will include updates on negotiations, motions and business, special speakers and elections. It's being held at the Northlands Agricom in Edmonton October 7, 8 and 9.



2002 Annual Meeting

Guest speaker for the AGM will be Alberta researcher Wendy Armstrong who has been closely watching issues and costs in long-term care. After a recent round of research into privatization and standards, Armstrong has been speaking widely about Alberta's massive changes, and more recently about the drastic fee hikes.

Constitutional Amendment motions at the Special meeting will deal with changing the UNA District boundaries, District Representative entitlements and District Representative elections.

"We want to adapt to the new Health Regions and Regional bargaining units with as little disruption as possible," says 1st Vice-President Bev Dick who is on the Legislative Committee. "The structure we are recommending will no doubt be fine-tuned in time, but it gives us an initial plan that should work well with the new Regions."

Bev Dick has again been acclaimed as 1st Vice-President and Jane Sustrik as 2nd Vice-President for the elections at the AGM. The President and Secretary-Treasurer positions go up for election next year at the end of two-year terms. Members will be voting for Executive Board members, although the number and placement of positions may be changed by amendments made at the Special meeting. *UA*



**It's not a
Collective
AGREEMENT...**

**Without the
agreement
of nurses**

An Agreement should be just what it says, a contract agreed to by both parties, Employers and Nurses. Forcing a contract on nurses by legislation or arbitration and without agreement would be unfair and unworkable. Nurses who work on the floor, in the community, or in the residence know what they need to keep nursing safe and effective. Arbitrators and politicians don't.

More on FREE collective bargaining on page 7.



United Nurses of Alberta
www.una.ab.ca