United Nurses of Alberta
News Bulletin
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The UNA Negotiating Committee ready to present the draft mediated agreement to the provincial Reporting Meeting in Calgary.

AFTER A YEAR AND A HALF... a NEGOTIATED agreement

Right: Gerald MacDonald puts a question to the Negotiating team at the Reporting Meeting. Above: Nurses put up info pickets to pressure Cancer Board and Long-term Care Employers.

CHANGES TO THE NEW PHAA PROVINCIAL AGREEMENT 4 PAGE PULLOUT *pages 6-9*

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For all those members who have settled collective agreements this is an important edition of the NewsBulletin to read. Several pages are dedicated to providing an overview of changes to your contract. While the vast majority of UNA members involved in the 2003 Provincial Negotiations are starting to receive retroactivity payments, it is important to remember that Provincial Negotiations are not over yet. The UNA/PHAA agreement was officially ratified and activated on June 9th. On June 30th members working at the Good Samaritan Society, Alberta Cancer Board and Millwoods Shepherd's Care Locals also ratified negotiated agreements. But nurses at Bethany Care (Cochrane) and those represented at the Continuing Care Employer Bargaining Association (CCEBA) table still do not have new agreements. A mediator has been appointed, in response to the Employers request for mediation. After the first day of mediation on July 15th, talks will not resume until sometime in August. In addition Bill 27 related negotiations affecting nurses previously represented by AUPE (Alberta Hospital Ponoka, Raymond, Claresholm, mental health clinics), CEP (community nurses in Ft. McMurray) and CUPE (Ft. Macleod) will not commence until September. There is still a lot of work to be done.

And even though it is not over until agreements are secured for everyone who entered Provincial Negotiations, I believe we should celebrate and acknowledge the achievements thus far. Thank you to the members who so soundly rejected the Mediator's recommendations last September. Thank you for the phone calls to MLA's and letters to newspapers. Thank you for your patience.

From "Strength in Unity", "We Go Forward We Don't Go Back" "Stay Calm Be Brave and Watch for the Signs" to "Don't Legislate! Don't Arbitrate! Negotiate!" the UNA Provincial Negotiating Committee stayed the course and successfully navigated us though the adversities. Thank you for unwavering dedication and personal sacrifices in order to represent all our interests.

I consider how many times in the last eighteen months David Harrigan and I were told, "big guns are armed and pointed at UNA". I consider failed bargaining efforts in other sectors and other provinces. I remember the hundreds of rollbacks in the Employer proposals of January 2003. Despite all the odds and obstacles, the end result is "move forward" Collective Agreements for nurses in Alberta. Congratulations and thank you to UNA members.

As many of you already know, our workplaces are greatly influenced by political decisions and ideology. Public versus private delivery, funding allocations and long-term care staffing levels are just a few of the political decisions that have affected nurses. Even as we wait for the new federal landscape to unfold, rumors abound that Albertans will be going to the polls as early as September 27th and I am sure that health care (or what the Alberta vision of health care should be) will be a significant election issue. Other rumors include yet another reorganization of regional health authorities, reducing the current nine regions to between three and five.

With the release of the Alberta government Graydon Report on health system sustainability and continued anti Canada Health Act rhetoric "would be" politicians need to be asked to disclose their vision for Alberta, on health care and other issues, so that we can demand accountability in the future. Continuing to move nursing and health care forward is more than just negotiating collective agreements it's also about influencing the decisions that affect us every day. Getting involved does make a difference. UNA is already starting to prepare "Questions for Candidates". Check the UNA web site after August 30th.

Negotiations committee co-chair Sandi Johnson expresses her delight with reaching a negotiated deal on May 29th.

After months and months of apparently fruitless negotiations Negotiating Committee members were delighted to reach a settlement that protects nurses. Left to right: Judy Brandley, Heather Smith, Sherry Shewchuk (staff, in helping out) and David Harrigan.

NEW CONTRACT

keeps Bill 27 changes from throwing Health Region nursing into chaos

On May 29, after nearly 18 months of on again, off again bargaining, the UNA Negotiating Committee finally came to a negotiated settlement with the Health Regions.

"A negotiated deal is the best resolution, a win-win for the Health Regions, for nurses, and most importantly for safe nursing care for Albertans," President Heather Smith said when the deal was announced.

"The Recommendations strike a balance that addresses the needs of Employers and also protects nurses from being arbitrarily or unilaterally juggled from site to site. That would have seriously jeopardized safe nursing care and was one of our top issues," Heather Smith said.

Negotiations had looked like they were heading towards a crisis in December of 2003, when the Provincial Health Authorities of Alberta (PHAA) asked the government to bring in compulsory arbitration to settle the contract.

UNA had made it clear that arbitration was NOT an acceptable option and it certainly appeared as if the crisis that the Employers seemed to want was going to happen. But after discussions, an innovative compromise was reached, the arbitration panel could be appointed, including a nominee from UNA, but only if the panel would undertake an attempt at mediating an agreement first. UNA and the Regions agreed on Andrew Sims as the chair of the panel. UNA appointed Lyle Kanee as the nurses' nominee.

Continued on page 4.

MOBILITY ARTICLE

prevents nurses from being shuffled all over a Region

A nurse can always refuse to be moved to another worksite

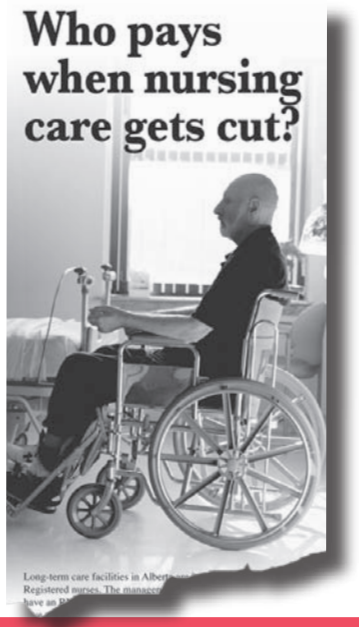
Continued from Page 3

Little progress had been made since the negotiations opened in January of 2003. Almost all of the hundreds of rollbacks proposed by the Health Regions were still on the table. Bill 27, which came into effect April 1, 2003, had moved all the nurses employed by each Health Region into a single bargaining unit. That law effectively gave each Region the right to move jobs around "within the bargaining unit." On top of that, PHAA was saying that if an agreement couldn't be negotiated it would be imposed either by arbitration or by special government legislation.

Mediation with the Sims panel produced new and innovative approaches to mobility and other deadlocked bargaining issues. Finally the plan to allow every nurse the option to refuse a unilateral move and to use a "Relocation Committee" to adjudicate disputed mobility issues provided the fair terms nurses were looking for.

With the June 15 deadline for a contract looming, either through negotiation, or by an arbitration award the Sims panel drafted recommendations that both PHAA and UNA could recommend. The nurses voted in favour, and the Health Regions also ratified on June 9th. If the deal had failed, Sims had said arbitration hearings would begin on June 10th.

UNA newspaper advertisements emphasized the fact that long-term care facilities are refusing to implement the RN in-charge provisions that protect qualified nursing care.



LONG-TERM CARE EMPLOYERS
ATTEMPTING TO "DIVIDE AND CONQUER"

Only Employers at ten long-term care Locals (the Continuing Care Employers Bargaining Association (CCEBA) and Bethany Care Cochrane) have refused to reach an agreement following the provincial settlement.

"The provincial agreement covers nurses in about 145 long-term care units in the province," UNA's Director of Labour Relations David Harrigan explains. "These other facilities cannot realistically expect different contract conditions. What they are doing is stalling, attempting to separate the talks for their nurses from the provincial round. It's something they have been trying to do since they formed their separate association but it simply will not work. Nurses will not allow it."

Five other Locals and Employers, including these long-term care Employers, also negotiate at in the provincial round. Normally the contracts with these five other groups of Employers have been settled at the same time as the main provincial agreement. But the tight deadline of arbitration prevented other agreements from being settled at the same time. Two of the long-term care groups the Good Samaritan Society and Millwoods Shepherds Care reached settlements shortly afterward. The Alberta Cancer Board, CCEBA and Bethany Care Cochrane stubbornly refused to match the provincial standards. Nurses mounted information pickets in front of some of the facilities and ran newspaper ads about the stalled talks. Finally the Cancer Board reached an agreement as well, leaving just the ten long-term care Employers without a deal.

NURSES VOTE DECISIVELY

UNA members voted strongly on June 8th to accept the settlement with the Health Regions. All but one Local and 98% of nurses voted in favour of the recommendations from the Sims panel. The strong vote was quite a contrast with how nurses voted on the first set of recommendations to come out from mediator Alan Beattie in 2003. Last September nurses voted nearly 99% to reject those recommendations.

TOP SALARIES IN THE COUNTRY

With the new agreement, salaries for Alberta nurses are, for now, the highest currently negotiated provincial rates in Canada. Other provinces will go into negotiations soon and Ontario may return to the highest paid province position.

Salaries were never a major issue in the talks and the Recommendations give nurses wage increase of 3.5% in the first year (April 1, 2003 to March 31, 2004) and 3% in each of the second and third years of the new agreement.

Registered Nurse Registered Psychiatric Nurse	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
April 1, 2002	24.70	25.65	26.60	27.55	28.51	29.45	30.41	31.31	32.42
April 1, 2003 (+3.5%)	25.56	26.55	27.53	28.51	29.51	30.48	31.47	32.41	33.55
April 1, 2004 (+3%)	26.33	27.35	28.36	29.37	30.40	31.39	32.41	33.38	34.56
April 1, 2005 (+3%)	27.12	28.17	29.21	30.25	31.31	32.33	33.38	34.30	35.60

Alberta Federation of Labour

AFL Forum talks about fighting back

Quite a number of UNA members participated in the Alberta Federation of Labour Membership Forum in Calgary on May 7th and 8th. They heard some powerful messages from guest speakers on the theme of the wide-ranging attack on public services and public service workers.

The essential lesson was that workers need to pull together to turn back this massive offensive, UNA President Heather Smith said after the Forum.

The campaign against good, public unionized jobs is taking place worldwide, speakers told the forum.

Real jobs turn into contracts with no benefits or security

Jorge, a member of Columbia's teachers' union

Jorge, a member of Columbia's teachers' union, said that public jobs, like those in education have been destabilized by the campaign. It starts with discrediting public services and the people who provide them. Jorge said the unionized people in education and health care are characterized as being "privileged" because they have jobs with decent salaries and benefits. Then "restructuring" and "reform" begin as jobs are contracted out to the private sector. Real jobs turn into contracts with no benefits or security, he says.

Kerry Barrett, new President of AFL

Secretary Treasurer Kerry Barrett was appointed President of the Alberta Federation of Labour by the Executive Council recently. Kerry Barrett succeeds outgoing President Les Steele who left the position to become a second provincial representative for the Canadian Labour Congress. Kerry Barrett brought the AFL greetings to the UNA Reporting meeting in Calgary on May 31.

UNA sponsoring 10 members to Alberta labour school

Ten UNA members will be fully sponsored to attend the annual Alberta Federation of Labour/Canadian Labour Congress labour school this fall. The school runs for two separate weeks and members can choose which week to attend. November 29 to December 4 is week one. The week following December 5 to 10th is week two.

Members interested in participating in the school must contact UNA Provincial Office for more information.

DOUBLE YOUR MONEY

Employers matching RRSP contributions up to 2% of annual earnings

Full time and Part time Nurses can contribute to a supplementary RRSP and the Employer matches the contribution. The supplementary RRSP benefit which first came in with the 2001 contract is an easy way to double your money.

Nurses can begin contributing to the RRSP in any month. You are not allowed to contribute for previous months, however. Most Health Regions are running a special RRSP plan and contributions must be made to their plan. But, you can always withdraw the money from the plan, cash out all or part of your RRSP, pay the taxes on it (the same taxes you would have paid, if it had been regular income) and put it in your own RRSP (and get the taxes back) or spend the money.

The supplementary RRSP is completely separate from the regular benefit pension plan --which for most nurses is LAPP (Local Authorities Pension Plan) or PSPP (the Public Service Pension Plan).

Anyone not taking advantage of this… is losing out on 2% extra pay."

CHANGES TO THE NEW PHAA PROVINCIAL AGREEMENT

This list is NOT exhaustive; it highlights the critical changes that members should know about. It is important that you contact your Local or your Labour Relations Officer for more details.

SALARY INCREASES RETROACTIVE TO APRIL 1, 2003

Most nurses have or will soon receive retroactive payment from their Employer. Those who resigned between April 1, 2003 and June 9, 2004 must apply, in writing, to their former Employer **within 90 days of signing agreement.** We recommend that they apply as soon as possible

Members in receipt of WCB may also be entitled to retroactivity. If a member was injured **AFTER** the expiry of the last agreement (from April 1, 2003 onward) then we believe they would be entitled to the increase in the hourly rates. Members should write to WCB and request they adjust their compensation rate in accordance with the retroactive salary increase pursuant to the new collective agreement between PHAA and UNA.

PROFESSIONAL DUES

The number (684.6) hours required to be eligible for reimbursement for professional dues (AARN & RPNAA) are now defined. In addition, you may be eligible for reimbursement for any other professional dues that are acceptable to your Employer.

MEAL PERIODS

Nurses can request a meal period longer than 30 minutes as long as the extended meal period is compatible with work assignments. Your Employer cannot unreasonable deny your request.

DAY DUTY

Day duty defined as the majority of hours falling between 0700 and 1500 hours.

Minimum day duty is guaranteed 2/5th (40%) of the time unless it is mathematically impossible.

For groups that currently have ½ guaranteed this will be maintained unless the delivery of client care requires a change.

If meeting the day duty requirement is not possible, day duty will be reduced only to the extent necessary.

PERMANENT SHIFT

Vacant positions can be posted with a permanent night, evening, or night and evening shift pattern. When nurses apply for a posted vacancy they are considered to have requested the permanent shift pattern.

Nurses working a permanent shift pattern can request a change to their shift pattern after 12 months and the Employer must post a new shift schedule with a 12 weeks posting period.

In addition, Employee shift patterns may be changed at any time if the Union or the Employees develops a shift schedule that is contract compliant. The Employer cannot unreasonably refuse to implement the schedule.

WEEKENDS

The guarantee of 9 out of 12 weekends is maintained for nurses who currently have it, unless delivery of client care requires a change.

SCHEDULE CHANGES

An Employer cannot unreasonably deny a request for a shift change from a nurse if there is no additional cost.

Schedules can be changed with less than 14 days notice, if the nurse and her Employer both agree. The parties must agree on each exchange request. If there is no mutual agreement the 2X penalty rate applies for the first shift.

Part time nurses can agree to change their scheduled day of rest with less than 14 days notice. The nurse and the Employer must agree each time there is a request for an exchange.

ON CALL AND CALL BACK

Changes to the on-call duty roster with less than 14 days notice can occur by agreement between the Employee and the Employer. Both parties must agree to each exchange request.

Unless there is agreement between a nurse and their Employer the nurse cannot be assigned on call for more than 7 consecutive days, longer than 72 consecutive hours and, if possible, one weekend in four off duty with a minimum of two weekends off in five.

TRANSPORTATION

Nurses who are required by the Employer to use their own vehicle receive a new $130 a month allowance (pro-rated for part-time & casual) in addition to the regular reimbursement of insurance costs. On **July 9, 2004** the mileage rate goes up from 35 cents/kms to 38 cents/kms.

WHEN TRAVEL TIME EQUALS WORK TIME

Time spent traveling between sites during the workday is work time but routine commuting (traveling from your home to your worksite) is NOT work time.

If you are required to travel to another worksite (other than your home site) at the start of the day or end the day at another worksite **and** it adds more than 20kms to your regular one way trip from your home to your home site the travel time is considered work time.

ORIENTATION

If a nurse is absent for more than 6 months the Employer must provide appropriate re-orientation. The length of the orientation and how it is provided will be determined after consulting with the nurse and their immediate supervisor.

SENIORITY

Nurses will now have portability of seniority from one Employer to another where the agreement has reciprocal language. Your former service may be "re-captured" for seniority purposes, if there was no break in employment (resignation) of more than six months.

Employers have three months to post a new seniority list. Nurses need to provide proof of previous service to their Locals if they wish to challenge their seniority date

EMPLOYMENT STATUS

A nurse can have only one employment relationship within the bargaining unit. This means that nurses can no longer hold two or more separate positions with the same Employer. (Letter of Understanding – Combined Positions)

No nurse can apply for an additional position to add to his or her current position. This is a change for Community Nurses.

Nurses can continue to increase or decrease their hours of work through the Letter of Understanding Re: Decreasing and Increasing Regular Hours of Work.

Nurses in part time positions can continue to pick up additional shifts but any shifts worked will be part of their one employment relationship

LAYOFF AND RECALL

The large regional bargaining units create significant changes. Displacement operates same as previous but nurses can now bump across the bargaining unit (for most nurses this will mean across the health region).

Employers must offer recall to vacant positions across the bargaining unit. A nurse can refuse work at another site and still maintain recall rights to other sites in the bargaining unit.

RESPONSIBILITY ALLOWANCE, TEMPORARY ASSIGNMENT AND IN CHARGE

The previous language in Community and Facilities agreement has been merged.

No nurse can receive both charge pay and responsibility allowance.

New for Community nurse is the $3.00/hour payment when they are assigned responsibility for administrative operation of a site.

NAMED HOLIDAYS

There is no provision for Easter Sunday or Easter Monday as Named Holidays. All nurses are paid one and one half times for all hours worked on Named Holidays.

SICK LEAVE BANKS

If a nurse has a sick "bank" at two or more sites, they are combined, and can be greater than 120 days. Nurses who have more than 120 days in their bank keep them until the bank falls below 120 days. The bank is then "capped" at 120 days.

SICK LEAVE AND VACATION

Nurses who suffer an illness or injury during their vacation that would have prevented them from working for three days or more can ask that those days be paid as sick leave rather than vacation. They will be required to provide proof of the illness or injury and the duration. Nurses still have the ability to claim for sick leave if hospitalized during their vacation.

PREPAID HEALTH BENEFITS – VISION CARE

As of **July 1, 2004** each Employee is eligible for $600 coverage every two **calendar** Years. In addition, all Employers must provide HOBP (Health Organization Benefit Plan) supplementary benefits plan or equivalent to their Employees.

COURT APPEARANCE

A Nurse required to attend court as a witness in a criminal matter or in a matter relating to employment shall have the time off without a loss of pay.

SPECIAL LEAVE

Special Leave has been clarified. Family Leave is for preplanned health needs of a family member when a shift exchange or other time off cannot be arranged. Pressing Necessity Leave is for an unforeseen circumstance that requires the Employee's attention or prevents an Employee from attending work. May include sudden family illness.

TERMINAL CARE LEAVE

Upon request a nurse can be granted a leave without pay to care for a gravely ill family member. Employers will continue to cover their share of nurse's benefits for a period up to six (6) months. The new employment Insurance Compassionate Leave will pay for up to six weeks leave.

NOTE: You may be required to submit proof demonstrating the need for Special Leave or Terminal Care Leave.

RECOGNITION OF PREVIOUS EXPERIENCE

If an RN or RPN has completed a nursing refresher course in the past 12 months the Employer will recognize experience that is more than 5 years old.

SHIFT DIFFERENTIAL AND WEEKEND PREMIUM

Shift differential does not apply if a shift ends between 1500 and 1700 hours.

A **new night premium** of $2.00/hour is paid for the full shift where the majority of hours are between 2300 and 0700 hours or per hour if more than one hour is worked between 2300 and 0700 hours

Weekend premium does not apply for working a shift that ends between 1500 and 1700 hours on a Friday.

OVERPAYMENTS

There is a new process and form for recovery of overpayments. Your Employer cannot unilaterally deduct an overpayment from your pay cheque.

COMMITTEE PARTICIPATION

Travel time for attending meetings of committees are paid at the **applicable** rate rather than basic rate, and mileage and travel time are paid when the meeting is more than 35 kms from the nurse's home site or home.

SUBSISTENCE

There is an increase in meal rates when nurses travel more than fifty kms from their home site or from their normal work area (where that work area exceeds a fifty kms from home site).

Breakfast – $7.50

Lunch – $9.50

Supper – $17.00

There is also an increase in the flat rate (when no receipt produced) to $16.00 and the per diem allowance to $6.00.

MOBILITY

There will be three types of positions

(a) "at" a site

(b) "at or out of" position is one where the nurse is required in the regular course of his or her duties to perform work at more than one site on an unscheduled basis.

(c) "multi-site" position is one where the nurse is required to work routinely and on a scheduled basis "at" or "at or out of" more that one site.

You will receive a letter from your Employer confirming the type of position you hold **within 120 days of ratification**.The majority of nurses will continue to work at one single site.

POSITION CHANGE

If a nurse is given notice of a change in position, the nurse can accept the change in position, exercise her rights under lay off and recall except the right to displace or object to the change. However, the nurse may be able to displace if there is a valid reason for refusing the position. If the nurse chooses to object the Employer must initiate a formal review process.

PERMANENT TRANSFERS

If your position is transferred to a site over 50 kms from your home site, you may accept the transfer or decline and exercise all rights under Article 15. If the move is less than 50 kms from your home site then your options are the similar, but you have the right to displace only if there is a valid reason you are refusing the transfer.

TEMPORARY TRANSFERS

Relocations due to renovations or facility or equipment maintenance or failure are allowed if less then 150 days and less than 50 kms.

There are limits for transfers in emergency circumstances.

Nurses can volunteer for temporary relocation as long as the term is three months or less.

FLOAT POSITIONS

Your Employer can create float positions. However, those positions cannot exceed 3% of the total full time equivalencies (FTE). Float positions must be limited to working no more than three sites and the furthest two sites cannot be more than 100 kms from the home site.

LETTER OF UNDERSTANDING – SEVERANCE

In the event of downsizing the Employer is required to offer severance.

LETTER OF UNDERSTANDING – COMBINED POSITIONS

Where the Employer is unable to fill positions of less than .42 FTE after posting and offering the hours under the Letter of Understanding Re: Decreasing and Increasing Regular Hours of Work, the Employer can post combined positions to work at more than one site. The combined positions will be limited to working at three sites and the sites must be within 100kms of one another. These combined positions are to be reviewed if they become vacant in the future.

NOTE: This Letter of Understanding does not apply to the City of Edmonton and the City of Calgary

LETTER OF UNDERSTANDING – EXISTING MULTI-POSITIONS

Nurses who are regularly scheduled to work more than full time hours will have the option of choosing which position or portion of position they want to drop to reduce their hours.

Employees who previously held two or more positions with their Employer will receive vacation entitlement to a maximum of full time retroactive to **April 1, 2003**.

Nurses who hold a regular position at one site and work casual shifts at another site can continue to pick up these shifts. **Effective September 1, 2004,** these nurses will be considered to have a single employment relationship and will be paid accordingly. It is the responsibility of their Employer to determine whether additional shifts will attract a premium or overtime when they contact nurses and offer shifts.

SALARY APPENDIX

REGISTERED NURSE
REGISTERED PSYCHIATRIC NURSE

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9
April 1 2002	24.70	25.65	26.60	27.55	28.51	29.45	30.41	31.31	32.42
April 1 2003 (+3.5%)	25.56	26.55	27.53	28.51	29.51	30.48	31.47	32.41	33.55
April 1 2004 (+3%)	26.33	27.35	28.36	29.37	30.40	31.39	32.41	33.38	34.56
April 1 2005 (+3%)	27.12	28.17	29.21	30.25	31.31	32.33	33.38	34.30	35.60

CERTIFIED GRADUATE NURSE
GRADUATE NURSE - TEMPORARY PERMIT HOLDER
GRADUATE PSYCHIATRIC NURSE

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9
April 1 2002	22.61	23.30	23.80	24.23	24.62	25.12	25.92	26.68	27.61
April 1 2003 (+3.5%)	23.40	24.12	24.63	25.08	25.48	26.00	26.83	27.61	28.58
April 1 2004 (+3%)	24.10	24.84	25.37	25.83	26.24	26.78	27.63	28.44	29.44
April 1 2005 (+3%)	24.82	25.59	26.13	26.60	27.03	27.58	28.46	29.29	30.32

ASSISTANT HEAD NURSE

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9
April 1 2002	25.54	26.63	27.70	28.75	29.79	30.88	31.87	32.81	33.96
April 1 2003 (+3.5%)	26.43	27.56	28.67	29.76	30.83	31.96	32.99	33.96	35.15
April 1 2004 (+3%)	27.22	28.39	29.53	30.65	31.75	32.92	33.98	34.98	36.20
April 1 2005 (+3%)	28.04	29.24	30.42	31.57	32.70	33.91	35.00	36.03	37.29

HEAD NURSE AND INSTRUCTOR

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9
April 1 2002	27.03	28.19	29.40	30.57	31.78	33.01	34.03	35.04	36.27
April 1 2003 (+3.5%)	27.98	29.18	30.43	31.64	32.89	34.17	35.22	36.27	37.54
April 1 2004 (+3%)	28.82	30.06	31.34	32.59	33.88	35.20	36.28	37.36	38.67
April 1 2005 (+3%)	29.68	30.96	32.28	33.57	34.90	36.26	37.37	38.48	39.83

UNDERGRADUATE NURSE

April 1 2002	18.55
April 1 2003 (+3.5%)	19.20
April 1 2004 (+3%)	19.78
April 1 2005 (+3%)	20.37

BC'S ILLEGAL HEALTH STRIKE

After eight days, the illegal strike by 43,000 health workers in British Columbia ended with a saw-off agreement that saved thousands of health workers jobs, but also included rollbacks, notably a 15% drop in wages. The strikers didn't get all they wanted but they did succeed in forcing the government to back down on its law to impose a contract with even worse terms, including making the wage cut retroactive. Premier Gordon Campbell's government actually passed the law to make health workers pay back some of their wages.

On Saturday, May 1, the internationally celebrated workers' day, it looked as though the health workers were going to be joined in support by teachers, power company employees, bus drivers, municipal workers and thousands of others. The entire labour movement was ready to defy the government. Spreading strikes in support would have completely brought the province to a halt.

"We reached this point because the government has repeatedly used legislation to tear up freely negotiated contracts, and taken away the livelihood of thousands of women and men who work in our health care system," BC Federation of Labour President Jim Sinclair said.

But the Health Employees Union and other unions reached an agreement with the government late on May 2nd. The deal was certainly a compromise, but it made the government back off its legislation in some key ways:

- No retroactive pay cut
- An enhanced severance package, with additional funding of $25 million
- Future contracting out will be capped at 400 in the first year and 200 in the second. Gives workers a measure of security and dramatically curtails the privatization of health care.

"This deal saved thousands of jobs," said Sinclair. "We also got the employer to limit its plans to privatize public health care services. That's a major victory for public health care and union members because the government had very clearly stated they'd never do that."

The already unpopular Liberal government came off looking mean-spirited with the legislation and then it backed down.

As the Globe and Mail editorialized: "His [Gordon Campbell's] government is being blamed for unnecessarily disrupting the health system and for thrusting the province back into a deeply polarized political atmosphere… bashing unions, imposing contracts and refusing to negotiate are not healthy ways to achieve their goals."

BC nurses sign no wage increase/no rollback bargaining agreement

BC nurses signed a "framework" agreement on May 26, 2004 that froze salaries and prevents rollbacks in negotiations with the province's Health Employers. Under the "framework agreement", Health Employers agreed not to seek rollbacks involving hourly wage rates or benefits or time off provisions in the nurses' collective agreement. That means there will be no changes in nurses' entitlement to health and welfare benefits, vacation, sick time, severance and sick banks.

In return, the nurses agreed to work within the BC government's zero fiscal framework for total compensation.

The agreement provides for a high level discussion process in June on increasing regular full-time positions, nurse scheduling options, hours of work, employment of new graduates, and phased retirement. Recommendations coming out of that discussion by July 7 will go to the negotiating teams who have until July 30 to reach agreement on the issues. If they do not reach an agreement, the contract continues unchanged.

Privatizations reverse 30 years of pay equity gains for women in health care

The BC government's move to privatize health support services have turned some women's health care jobs into the lowest paying ones in the country, according to a report published recently by the Canadian Centre for Policy Alternatives. Plans to contract out thousands of health support jobs was the main issue in the major strike by the Health Employees Union at the beginning of May. The strike succeeded in getting an agreement that cut the number of jobs to be privatized down from thousands to a few hundred.

In a paper entitled "A Return to Wage Discrimination" authors Marjorie Griffin Cohen and Marcy Cohen say that privatization of health support services has effectively reversed 30 years of pay equity gains for women in the sector. Standards drop dramatically for the contracted out jobs, they point out. "Wages have been cut almost in half, and these workers have no pension, long-term disability plan, parental leave or guaranteed hours of work." The health support workers, almost all of them women, are going back to wages equivalent to what they had in 1968, the authors say.

Download the report from policyalternatives.ca.

PRC on ER gets changes and staffing at Grey Nuns in Edmonton

A forceful Professional Responsibility (PRC) presentation to the governing Board of Caritas is going to result in increased staffing in the Emergency department of the Grey Nuns Hospital in Edmonton. When ER nurse Diane Monych told the Board members that being up responsible for 27 patients at one time wasn't a safe situation, and when Wendy Reinhardt had the Board members imagine themselves the triage nurse with a full waiting room, the Board was left with little choice but to act on the nurses' complaints.

Wendy Reinhardt told the Board she was afraid a patient could die while waiting in the ER and "What I am worried about is that I may never sleep again if this should occur when I am working."

Local #79 President Peggy Tolhurst said the Board members of the Catholic hospital were shaken up by the nurses' presentation. "They were just shaking their heads," she said. "They had good questions for the nurses and one member pointed out that the hospital has "great nurses" and the problems weren't their fault."

Several nurses helped make the presentation to the Board, including PRC Chair Debbie Bjarnason. They took on different aspects of the presentation, including Diane Monych's "walk through" of her shift. This included a map of the entire ER showing how all the beds and hallway stretcher locations were filled and pointing out where all 27 patients were waiting.

Nurses in the ER have been expressing concerns and filling in PRC forms for some time, at least 36 complaints over the last year. "If they have to fill one in every shift, that's what they do," Peggy Tolhurst says. Filling in the PRCs helps protect the members from legal liability. When conditions are unsafe for patients, the PRC complaint puts the responsibility on to the hospital, she notes.

The Professional Responsibility Committee took the complaints forward and within the required 14 days the Board responded with a letter noting that they "recognize the urgency of the current situation." They directed management to immediately increase staffing and taking longer-term measures including increasing the number of inpatient beds to get admitted patients out of the ER and also to increase the number of monitored beds for patients needing them.

Excerpt from Wendy Reinhardt's PRC Presentation

Imagine the stress of being the triage nurse in the emergency department. You decide who will be the next patient to be chosen from the waiting room to be taken into the department and subsequently assessed and treated by an emergency physician. Do you choose the person with an ectopic pregnancy? The individual with the tension pneumothorax (a collapsed lung that is causing the trachea to deviate)? The individual who slipped on the ice and struck his head? The elderly soul who has paid taxes for 60 years and has waited 5 hours to be seen for their abdominal pain? Or those individuals who are being most abusive and threatening because of the long wait?

The triage nurse is forced to make these decisions on virtually every shift he or she works in our department. With so many of our stretchers taken up with admitted patients who have not got an inpatient bed, few stretchers are left to assess the incoming emergency patient. The gentleman who fell and struck his head waited 5 hours to be seen. He had been triaged as a level 3 which means ideally he would have been seen by a nurse and physician within 30 minutes. Once he was finally seen he was found to have a huge subdural hematoma (bleeding putting pressure on his brain) and was transferred by ambulance to the University Hospital for emergency neurosurgery. This is the kind of patient I fear will die in our waiting room because we have inadequate bed space.

I am not worried about the potential legal consequence of such a situation. I fill out PRC's to show that I am working in a very unsafe situation. What I am worried about is that I may never sleep again if this should occur when I am working. I know that this person is someone's spouse, parent and grandparent.

ROUNDTABLE ON FAMILY VIOLENCE AND BULLYING

On May 7, 2004 in Calgary, 340 Albertans representing associations, government, business and organizations met to review a Framework for Action at the Alberta Roundtable on Family Violence and Bullying.

Premier Klein announced the Roundtable after a number of violent family murders and suicides made headlines last fall. Alberta reportedly has the highest level of reported spouse abuse in the country. In 2002, over 6,000 cases of spousal abuse were reported to police in Alberta and almost 4,000 charges were laid.

The full report of the round table and the action plan are slated to come out in the fall, but the government immediately announced two new positions.

Sheryl Fricke has been named Executive Director for the Prevention of Family Violence and Bullying. She will be the main contact person to co-ordinate the efforts of all government ministries on family violence initiatives.

A specialized Crown prosecutor from Edmonton's Domestic Violence Court has been appointed Co-ordinator for Family Violence Initiatives. Val Campbell was seconded for one year to take a lead role within Alberta's department of Justice on provincial initiatives to reduce and prevent family violence.

ALBERTA ROUNDTABLE ON FAMILY VIOLENCE AND BULLYING

The Roundtable is still looking for input and has a questionnaire and other information on its website: http://www.familyviolenceroundtable.gov.ab.ca/

Canada Pension

What you can expect from government when you retire

Every working Canadian pays into the Canada Pension Plan (CPP) but few of us are really aware of how the pension works, what we will be entitled to, and how it fits with the "Old Age Security" (OAS) safety net.

OAS and CPP are separate programs and seniors who retire can get income from each of them. There are significant differences, however. CPP is available only to retired working Canadians who contributed to the plan (and their spouses or surviving children). OAS is for every Canadian 65 or over who meets the residency requirements.

The following is a quick overview of benefits available, but there are detailed qualifying and payment conditions. Be sure to check closely with Social Development Canada for detailed information.

CANADA PENSION PLAN

All working Canadians contribute to CPP and can receive a pension benefit. It is a pension plan that pays benefits when people reach the age of 60 or more. It also provides income for younger people who have contributed (contributors) who become disabled and also for the surviving spouse or children (by marriage or common law) of a deceased contributor.

- Maximum (2004) CPP pension benefit $814.17/month
- Based on 25% of average monthly pensionable earnings
- Payable to retired persons aged 60 or over
- Retired pensioners under 65 receive a lower benefit, 0.5% less for each month less than 65
- Persons aged 65 or over receive benefits even if they continue to work
- Contributors receive an annual Statement of Contributions that shows the benefit rate they can expect at age 65.

CPP Disability Benefit

Working and contributing people under the age of 65 who become disabled and can no longer work can qualify for the Disability Benefit.

- Maximum (2004) Disability benefit 992.8/month
- Must have worked in four of the last six years
- Based on a flat rate of $382 a month, plus 75% of what the person's CPP pension at 65 would be
- Becomes regular CPP Pension at age 65

CPP Survivor's benefit

The surviving spouse and children of a CPP contributor or benefit recipient can also qualify for the Survivor's benefit.

- Survivor must be 45 or over, or have dependent children or be disabled
- Up to $488.50/month
- Can receive own CPP Pension benefit as well, but is combined with Survivor benefit

CPP Surviving children benefit

Children under the age of 18, or up to age 25 if they continue full time in school, can be eligible for CPP benefits when a contributing parent dies.

- Up to $192/month (2004)
- Also available to children of disabled contributor
- Available even when the contributor has been collecting pension

OLD AGE SECURITY

Old Age Security (OAS) includes three programs: OAS Basic Pension, the Guaranteed Income Supplement (GIS) and the Allowance (for spouses or survivors).

OAS Basic Pension

The OAS Pension is universal for Canadian residents who meet the qualifying residency period. Higher income individuals, however, end up repaying some or all of the OAS benefits with their taxes.

- available to everyone 65 and over who is living in Canada (and has lived here for ten years or more).
- Maximum amount depends on how long the individual has resided in Canada (40 years after the age of 18 is the maximum, although others also qualify for the maximum)
- Maximum payment of $463/month (2004 rate, indexed rate rises)
- Person does NOT have to be retired
- Benefits are taxable, and higher income pensioners repay part or all of their benefits through the income tax system.

Guaranteed Income Supplement

The Guaranteed Income Supplement (GIS) is for people who are receiving the OAS pension. However, it is NOT taxable and stops being paid at a certain income level, $32,016 (2004).

- Annually renewed through income tax filing
- NOT taxable
- Not payable outside of Canada over six months
- Maximum of $550/ month for single
- Also for spouse up to $550/month

OAS Allowance

The monthly Allowance is "income-tested" and helps address difficult circumstances faced by many survivors of pensioners and by couples living on a single pension.

- Payable to the spouse or survivor of an OAS pensioner
- Between ages of 60-64
- Lived in Canada for at least 10 years
- Stops when recipient turns 65 and gets OAS pension
- Maximum for spouse $822/month
- Maximum for survivor $908/month
- Not taxable and not paid to people above an income level of $24,672 a year.

There are detailed rules for the CPP and OAS and Social Development Canada decisions on benefits can be appealed. For example, the lowest 15% of years earnings can be taken out of the CPP pension calculations. Years taken off for child rearing may also be exempted. It is important to check the detailed policies.

SOME EXAMPLES OF INCOMES

The following examples are rough guides only and more detailed calculations would need to be made for accuracy. These examples are meant only as a general guide to benefits.

- A single retired person at 65 years of age with no other income could get a maximum of

  $814 CPP
  $463 OAS pension
  $550 GIS
  For a total of:
  $1827 a month or about $22,000 a year.

- A couple with one person retired as above and with the spouse over 60 and under 65 would receive an additional $822 a month for a total joint income of about $32,000 a year.

- A person retiring at age 60 with 60 months to go before their 65th birthday would receive only their reduced CPP pension, which would be 30% less than full pension. With maximum CPP contributions the individual would receive about $570 a month.

- A person who continues working after 65, however, would receive the full CPP pension (maximum of $814 a month) even though they continue to work. Individuals with employment pension or other income also receive the CPP pension, but it is always taxable income.

- The spouse of a person who dies after contributing the maximum CPP receives benefits from their spouse's CPP contributions, which can be as much as $454.42 a month for survivors under 65 years of age.

CPP and OAS programs are administered by Social Development Canada
www.sdc.gc.ca/

Nursing News

Nurses attend CNA in Newfoundland

Judy Moar from Local #196 (Edmonton Community) and Tanice Olson from Local #1 (Calgary –Peter Lougheed) were the two members at large picked from entries to attend the national meeting of the Canadian Nurses Association held in St. John's, Newfoundland in June.

Mount Royal grads holding reunion

Nursing graduates are planning a reunion for the graduates of Mount Royal College for the years 1974 and 1975. The celebrations will take place the weekend of September 10, 11 and 12, 2004. All interested parties should contact Betty-Jean Sachro at bjsachro@shaw.ca or call Calgary (403) 274-9607 evenings.

Mother and daughter run for Parliament

UNA member Joyce Thomas took the bold step of putting her name on the ballot in the recent federal election. But not only did Joyce run, her daughter, Melanee ran her own campaign as well. Both Joyce and her daughter ran as NDP candidates. Melanee ran in the Lethbridge riding and Joyce, who works at St. Michaels Health Centre in Lethbridge, ran in the Fort McLeod riding. Neither Joyce nor Melanee were elected.

Nurses condemn for-profit care

Nurses from across the country endorsed a strongly worded motion on health care privatization at the Canadian Nurses Association in St. John's Newfoundland in June.

"END THE FOR-PROFIT DELIVERY AND FOR-PROFIT FINANCE OF HEALTH CARE IN CANADA"

Be it resolved, that the Canadian Nurses Association lobby the Prime Minister, Minister of Health and other political leaders in the federal government to use all available means in ending for profit delivery of health care in Canada.

Be it further resolved, that the Canadian Nurses Association lobby the Prime Minister, Minister of Health and other political leaders in the federal government to remove incentives that encourage public-private partnerships (P3s) and to commit to ending P3s using all available means.

Be it further resolved, that the Canadian Nurses Association strongly advocate for the enforcement of the Canada Health Act to ensure that the health services in all provinces and territories are delivered in a publicly funded, not for profit delivery basis.

Melanee & Joyce Thomas

Adequate RN staffing saves money, lives

A new report argues that there is a strong economic case for lower patient/nurse ratios and the elimination of mandatory overtime for nurses. The report, commissioned by the Michigan Nurses Association, sets out a cost-benefit analysis of current staffing versus an optimized patient/nurse staffing. While adding nurses would add to up-front health costs, the benefits would far exceed the costs. By increasing the number of nurses and eliminating overtime, health employers would see many improvements, including reductions in:

- stress and illness among nurses.
- staff turnover.
- average length of stay of patients.
- number and type of nosocomial infections.
- adverse events.

Along with the benefits of higher levels of nursing care on patient outcomes, the authors also demonstrated that those hospitals with low turnover rates (4.0% to 12.0%) had shorter average length-of-stay than high turnover hospitals (21.6% to 43.8%) - up to 1.2 days per patient shorter. For the state of Michigan, the authors calculate that while reducing the ratios by hiring more nurses would raise costs in the short term (approximately $550M), saving from lowered infection, lowered turnover and shorter stays would offer a return nearly twice the outlay ($1,120M).

(Public Policy Associates, Inc. 2004. The Business Case for Reducing Patient-to-Nursing Staff Ratios and Eliminating Mandatory Overtime for Nurses. http://www.minurses.org/news/press/2004/040608_spc.shtml)

More RN staffing better

Low nurse staffing levels have a strong impact on adverse patient outcomes, including pneumonia, shock and cardiac arrest, says a new summary report from the Agency for Healthcare Research and Quality. With rising patient acuity, shorter stays, and a greater use of technology, the use of skilled nursing staff is more and more critical to successful outcomes. The report goes on to note that, in the American, for-profit context, nurses can help avoid costly adverse effects like pneumonia, which can add another $28,000 to costs. The authors conclude that "research shows that hiring more RNs does not decrease profits".

Attack on Medicare at Supreme Court

Could Medicare be "unconstitutional"? The Supreme Court is hearing a case on exactly this question on June 8, 2004. A group of Senators, led by Michael Kirby, a director of Extendicare Inc., are intervening to say that Medicare is unconstitutional. That has raised considerable controversy over whether Senators can legally intervene and a major reaction from many Canadians that they should NOT be attacking Medicare through this legal route.

The case has come through the courts in Quebec brought by a Doctor Jacques Chaoulli and his patient George Zeliotis. They claim that the lack of timely access to Medicare insured services, and the fact that they cannot use access private care to get faster service is a violation of the patient's rights.

The Senators asking for Medicare to be ruled unconstitutional are: Kirby, Marjorie Lebreton, Catherine Callbeck, Joan Cook, Jane Cordy, Joyce Fairbairn, Wilburt Keoon, Lucie Pepin, Brenda Robertson and Douglas Roche.

IN MEMORIAM MaryAnn Schott

Nurses from Two Hills are grieving the loss of MaryAnn Schott our faithful Local Treasurer and co-worker but also our dear friend. Mary Ann died December 19, 2003 after a brave battle against lung cancer. Mary Ann had lost her best friend and husband Lee in September of 2003, also to lung cancer.

– Sharon Goodman-Popowich, President, Local #35.

UNA supports Public Interest Alberta (PIA)

The UNA Provincial Executive Board voted to strongly support a new coalition organization set up to protect public services. Public Interest Alberta recently held its founding meeting and quite a number of community organizations and union groups signed on. The UNA Board voted $25,000 of support to help initiate the activities of the new coalition.

Feds ducking responsibility to enforce Canada Health Act

OTTAWA -- In the midst of the swirling controversy about the Liberals' commitment to public delivery of health care, the federal government is trying to block a court case that would put their failure to enforce the Canada Health Act (CHA) under legal scrutiny.

In documents filed with the Federal Court, the federal government says the courts have no authority to review its compliance with the Canada Health Act and then goes on to say public health care advocates have no legitimate interest in ensuring the federal Act protecting Medicare is enforced.

A coalition of public health care supporters - made up of the Canadian Union of Public Employees (CUPE), the Canadian Health Coalition (CHC), the Canadian Federation of Nurses Unions (CFNU), the Communications, Energy and Paperworkers Union of Canada (CEP) and the Council of Canadians - launched its legal challenge in November of 2002. The case is expected to be heard soon.

"For years now the auditor general has criticized the federal government for its shoddy reporting on health care. We can't hold them to account to protect publicly funded, publicly delivered health care in Canada if they won't even provide the facts to MPs," said Linda Silas, CFNU President.

"We suggest that behind this stonewalling is a political agenda - to tacitly encourage the provinces to allow further private, for-profit involvement in all aspects of health care," said Silas.

Legal counsel Stephen Shrybman noted that the enforcement mechanisms of the CHA have never been used. While Health Minister Pierre Pettigrew speaks about the "arbitrariness" of federal enforcement, Shrybman says the federal government fails to collect the information that would allow it to determine if provinces are complying with the principles of the Act.

"We happen to have a law that the Minister of Health is not following," said Shrybman. "Unless his government enforces the CHA, public health care will die a slow death - every day, in almost every province and territory, public Medicare is being undermined and whittled away. The Minister must uphold the law of the land or preside over the slow destruction of public health care."

"How can we trust the integrity of public health care in this country if the Minister won't report the facts to Parliament?" asked Silas.

Rumours of re-re-regionalization

Cutting down to 3, 4 or 5 Health Regions?

Rumours are flying that the provincial government is soon going to announce re-re-regionalization, cutting the number of Health Regions down from the present nine to somewhere from three to five regions. The persistent rumour varies on the timing of the third try at regionalization, which began with 17 Regions in 1994 and trimmed down to 9 Regions in 2002.

Legionella in two Calgary hospitals

Calgary Health Region announced recently that the Legionella bacteria that causes Legionnaires disease has been found in hot waters systems at the Rockyview and the Alberta Children's Hospitals. The Region says it will be installing a special $50,000 silver-copper ionization unit to kill the bacteria. The water is heated to about 82 C. No incidents of the actual disease was reported.

Welsh nurse awarded over $.5 million for latex allergy

A Welsh nurse who was forced to abandon her nursing career because of a latex allergy was awarded over $.5 million compensation recently. Alison Dugmore, 37, gave up nursing in 1997 after experiencing asthma, skin problems and anaphylactic attacks after using hospital gloves. Despite the fact she was given vinyl gloves to work with, her sensitivity had become so well established that it was enough for her to come into contact with colleagues wearing latex gloves or with latex laden dust to trigger the reaction. "She has money now, but she has no career, no possibility of working again in the health care field." said Dave Galligan from the nurses' union, UNISON.

Heather Smith given AFL Women's Day award

UNA President Heather Smith was awarded the Alberta Federation of Labour's (AFL) International Women's Day award at the members' forum in May. Along with long-time Calgary CUPE activist Barbara Ames, Heather Smith was recognized with the award for: "For your continued dedication in the labour movement for women's struggles, equality and social justice."

Voted on by the AFL Council every year the awards are presented at AFL public events that fall as close as possible to International Women's Day, March 8.

"A dedicated and tireless champion of effective, high quality health care," AFL acting President Kerry Barrett said about Heather Smith at the presentation. "Throughout her work, Heather has remained readily accessible to both members of the public and her colleagues. Most importantly, Heather has accomplished all this while remaining a warm and caring woman, demonstrating compassion and integrity towards all those fortunate to work with her."

In accepting the award, Heather thanked many people including her own mother and all the members of UNA. "Everything that we have accomplished, we have done together," she said.

GOING PUBLIC

UNA NURSES PUT TOGETHER THEIR OWN "HUMAN FLOAT" FOR THE MAY DAY PARADE IN EDMONTON THIS YEAR. THE NURSES ALL WORE SINGLE LETTER T-SHIRTS THAT MADE UP THE WORDS UNITED, NURSES, OF ALBERTA ON THREE LINES DOWN THE STREET. BUT WHILE MARSHALLING UP BEFORE THE PARADE, THEY GOT CUTE BY REARRANGING FOR A LITTLE MESSAGE TO THE PREMIER: SUSTAINABLE!

UNA NURSES HAVE BEEN OUT TAKING MESSAGES DIRECTLY TO THE PUBLIC OVER THE LAST COUPLE OF MONTHS. INFORMATION PICKETS OUTSIDE LONG-TERM CARE FACILITIES AND THE CANCER BOARD HOSPITALS DREW CONSIDERABLE MEDIA ATTENTION.

United Nurses of Alberta
www.una.ab.ca

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