

United  
Nurses  
of Alberta

# News Bulletin

VOLUME 28, NUMBER 5

NOVEMBER 2004

**MICHAEL MCBANE**  
Canadian Health Coalition

**“Nurses as  
GUARDIANS  
OF HEALTH CARE  
must stand strong.”**

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nurses  
get a deal**

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## Message from the President

By the time this is delivered to your home, we will have a new legislature established. I sincerely hope that Albertans have more, not fewer advocates for the services that affect all Albertans, including health care and education.

Economic forecasts (provincially and federally) indicate an ability (if not political will) to continue to strengthen our social safety net, for the benefit of this and future generations. How ironic, that in the midst of economic prosperity, the Klein government admits that it has been considering a "health care deductible". Instead of eliminating the most regressive tax in Alberta, health care premiums, the government suggests adding a new tax openly discriminating against the sick. Perhaps this is more manipulation. Threaten the citizens with a worse tax and the pressure to remove health premiums will subside. Should the government actually undertake the "public consultation" and international symposium on health care delivery, nurses will need to actively encourage Albertans to speak up. It is clear that regressive health care taxes (premiums or deductibles) need to be slain more than once to die.

This Newsbulletin includes a lot of information about the 2004 Annual General Meeting as well as your copy of the 2005 UNA Constitution. Over 600 UNA members attended the three-day meeting and participated in establishing the 2005 budget and organizational priorities. I encourage you to review the coverage of Michael McBane's comments about the "guardians" and the "traders". Nurses do make a difference.

As of November 18th the five hundred nurses employed at facilities in the Continuing Care Employers Bargaining Association (CCEBA) finally have an agreement, more than 5 months after the provincial settlement was achieved. On November 8th UNA and PHAA officially signed the new provincial agreement. Hopefully the pocket size booklets will be available for distribution in January.

As many members start to prepare for the holidays, I express my appreciation for the contribution you made to the quality of life in Alberta during the past year. Best wishes for a safe, healthy and enjoyable festive season to you and those you love. ☺

In solidarity

Heather Smith  
President, UNA



# NURSES ACCEPT DEAL WITH REMAINING LONG-TERM CARE EMPLOYERS



Chief spokespeople UNA's David Harrigan and Cory Galway from the Provincial Health Authorities sign the finalized provincial collective agreement. Looking on are members of the UNA Negotiating Committee (l to r): co-chair Pauline Worsfold, Judy Brandley, Nicole Bownes, Wanda Zimmerman and co-chair Sandi Johnson (seated).

Long-term care Nurses have voted to accept mediator's recommendations for a contract with the Employers who had not settled since the province-wide agreement was concluded last June 9th.

A strong majority of the nearly 500 nurses at the Locals voted for the agreement, which is approximately equivalent to the provincial deal. The main monetary items, salaries and premiums are exactly the same as the provincial agreement, giving the nurses salary increases of 3.5% in the first year and 3% in the second and third years of the contract.

"These nurses have waited over five months since their colleagues had their new agreement settled," said UNA President Heather Smith. "In the end we have what is substantially the same agreement."

"Registered nursing in long-term care must not be treated as something secondary," Heather Smith said. "Albertans should be closely watching the standards of care we provide to our vulnerable citizens. I'm sure Albertans will not stand for reduced care for our elders."

The Bethany Care Society continues to insist on bargaining separately for its Cochrane facility and was not included in the mediator's recommendations. Earlier this month the Alberta Labour Relations Board asked the Society to go back to negotiations in good faith.

"We hope today's deal will pave the way to a speedy settlement with Bethany Care for its Cochrane location as well," Heather Smith said.

The long-term care facilities affected by the new agreement include most of those in Capital Care in Edmonton, the Bethany Care Society in Camrose and Calgary as well as St. Michael's and St. Joseph's in Edmonton and St. Michael's in Lethbridge. The Carewest Colonel Belcher in Calgary is also part of this Continuing Care Employers Bargaining Association (CCEBA) group.

The issue of Registered nurse in-charge of each unit was one of the sticking points in the negotiations. Some of the Locals involved had the nurse-in-charge clause guaranteeing that units with a nurse-in-charge of a unit as of 1997 would continue to have a nurse-in-charge. All of those Locals had completely changed buildings. No 1997 units were still covered. Other Locals did not have the nurse-in-charge clause. All the Locals will now be covered by Charge Designation Review Committee language that allows the Committee to issue binding recommendations.

The settlement with the mediator's recommendations includes:

- the provincial salary rates, retroactive to April 1, 2003
- a night shift premium of \$2.00/hour
- reciprocal language for portability of seniority
- severance for any employee who is laid off "to the street"
- the same drug benefits as the provincial agreement
- effective April 1, 2005, vision care will include one eye exam and up to \$600 for corrective lenses every two years
- The mediator has recommended identical "in charge" language for all CCEBA Locals which does not include a specific reference to a Registered nurse in-charge. All Locals will have the Charge Designation Review Committee which can make binding recommendations on who is in charge of a unit. ☺

### NURSES ALSO IN NEGOTIATIONS WITH OTHER PRIVATE LTC OPERATORS

Nurses working in some Central Park Lodge long-term care facilities are in negotiations now as well. Locals #107 and #137 have begun talks with the Employer who historically refuses to compare itself to other providers outside of the PRIVATE sector.

"We are still fighting for articles that were agreed to and settled in many other PREVIOUS contracts," reports Teresa Mahar from Local #210, the Bow Crest Care Center. Bow Crest is also owned by Central Park Lodges and is also beginning negotiations. ☺

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Editor: Keith Wiley • Production: Kelly de Jong

Contact Us

#### Provincial Office

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

#### Southern Alberta Regional Office

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

E-mail: nurses@una.ab.ca  
Web Site: www.una.ab.ca

#### Heather Smith, President

HM: 437-2477 • WK: 425-1025

#### Bev Dick, 1<sup>st</sup> Vice-President

HM: 430-7093 • WK: 425-1025

#### Jane Sustrik, 2<sup>nd</sup> Vice-President

HM: 461-3847 • WK: 425-1025

#### Karen Craik, Secretary/Treasurer

HM: 720-6690 • WK: 425-1025  
or 237-2377

#### North

Roxann Dreger Susan Gallivan

#### North Central

Alan Besecker Judith Moar  
Teresa Caldwell Beryl Scott  
Chandra Clarke Cari Smith  
Tim Grahn Heather Wayling

#### Central

Marilyn Coady Wanda Zimmerman  
Joan Davis

#### South Central

Jackie Capper Robert Reich-Sander  
Blanche Hitchcow Lois Taylor  
Denise Palmer Daphne Wallace

#### South

Sharon Gurr John Terry

Executive Board

Senior Staff

#### David Harrigan

Director of Labour Relations

#### Darlene Rathgeber

Director of Finance & Administrative Services

#### Florence Ross

Director of Information Systems

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UNITED NURSES OF ALBERTA  
900, 10611-98 AVENUE  
EDMONTON, AB T5K 2P7



# Over **600** nurses set UNA directions

## Delegates discussed a wide range of topics

Nurses voted to create a new occupational health and safety position at the annual general meeting in Edmonton October 26 to 28. They also geared up to pressure the government to reveal its real health care policy during the provincial election.

The meeting passed the union's annual budget and elected the provincial executive board for the next year. President Heather Smith and Secretary Treasurer Karen Craik whose positions were up for re-election this year were both acclaimed. Elections were held for executive board representatives for the five provincial districts.

The delegates also discussed the outcome of the provincial bargaining round and the fact that the nurses negotiating with the Continuing Care Employers Bargaining Association (CCEBA) still did not have a contract.

In her address to the delegates President Heather Smith said nurses can be effective in the provincial election. "Bullies can be beaten," she told the nurses. "Whether they are managers who coerce victims of workplace violence to be silent by saying "it's part of your job" or if it's heavy-handed politicians who view re-election as a mandate to do anything they want, they can be stopped," she said.

She specifically noted that the government is hiding its changes in long-term care.

"It's ironic that the government lavishly launched the Alberta Centennial, yet it wants to warehouse the very people who built this province and strip them of their remaining assets. Pay more for less care."

"Injure one, injure all. Disrespect seniors, caregivers, disrespect all," she said.

Guest speaker, Michael McBane from the Canadian Health Coalition, warned nurses about the federal government's failure to protect Medicare by not enforcing the Canada Health Act and about its plan to abandon the precautionary principle by scrapping the Food and Drug Act.

Delegates gave McBane a huge round of applause when he told them: "Don't let anybody take the Canada Health Act away and don't let anybody take the Food and Drug act away, your lives depend on it."


### Constitutional amendments and other business

After hearing that nurses are 80% sicker than any other occupation in Canada, the UNA delegates moved to create an occupational health and safety specialist position on the provincial staff. The members also discussed other aspects of union staffing and providing high-speed internet services for locals. After lengthy debate several of these decisions were referred to the new provincial Executive Board to consider.

The Legislative Committee put forward a motion to require all locals with satellite units to provide an opportunity for members in those units to vote in elections. After it was pointed out that other members may experience difficulty getting to a vote as well, the motion was referred back to the Legislative Committee by the assembly.

There was considerable debate on changing the UNA policy on loans, which can be made to other unions in times of strike or distress. A motion to broaden the policy so that loans could also be made to affiliated organizations was discussed at length, including the value of requiring security for a loan. Finally the delegates passed a new amended policy.

The meeting amended the constitution to include a new tolerance policy prohibiting harassment or discrimination within UNA. After some debate the motion was amended to include both gender and sex as two of the specific categories mentioned.

A motion from the floor to donate \$500 to the provincial election campaigns of each of the UNA members running in the election was defeated. 

# LIGHTEN UP FOR A HAPPY LIFE

## Dynamic speaker energizes delegates


The formula for a happy life, according to Cathy Fenwick is: "First thing in the morning before you do anything else... get out of bed... stand before the mirror naked, put your thumbs up and say WOW!" That kind of positive attitude is what it takes to take the poison out of the stressful lives and jobs we have, she told nurses at the UNA AGM. The former school teacher knows about survival. After being diagnosed with third stage breast cancer in 1990, Cathy Fenwick fought back to a new career as a humourist and as a speaker about what attitude can do for each one of us.

Nurses, she said, have to pay particular attention. "First take care of yourself than take care of each other... then take care of business... of your patients. Well not in an emergency, but day to day you will be better off and better able to take care of your patients if you take care of yourself, first." And she started right during her talk, getting everyone in the room up to practise belly laughing, an exercise she said has got to make anyone feel better. And she held a special standing ovation for the head table members, just to see how it felt for everyone to cheer, and for the head table people to be cheered.

"A positive attitude helps build a supportive workplace and produces healing chemicals in our body," she said. "Nurses have taught me the intensive care that only compassion can provide," she said and told the story of how during chemotherapy, she clung crying on to a nurse who had simply asked if everything was alright.

Full of anecdotes from her life and stories from many sources, Fenwick bounced back and forth across the stage playing with props and keeping everyone enthralled. She passed on some of her sources including one, a little book, published years ago by a doctor, called How to kill as few patients as possible... and 55 other hints on how to be the world's best doctor.

The doctor relates how he learned to respect nurses and their views and input. "A good nurse, like a good loaf of bread, is the staff of life and the crustier the better."

Cathy Fenwick is the author of three books of helpful hints on how to live a happy life and has lots more tips on her website: [www.healingwithhumour.com](http://www.healingwithhumour.com) 





**PROVINCIAL EXECUTIVE BOARD**

Elections were held for the provincial UNA Executive Board at the AGM. Heather Smith and Karen Craik had been acclaimed as President and Secretary-Treasurer. Some of the District Representative positions are continuing in their term but the following positions were acclaimed or elected at the meeting.

**NORTH DISTRICT**

Susan Gallivan - *Acclaimed*

**NORTH CENTRAL DISTRICT**

Alan Besecker - *Acclaimed*  
Chandra Clark - *Acclaimed*  
Tim Grahn - *Acclaimed*  
Heather Wayling - *Acclaimed*

**CENTRAL DISTRICT**

Marilyn Coady - *Elected*  
Wanda Zimmerman - *Elected*

**SOUTH CENTRAL DISTRICT**

Lois Taylor - *Elected*  
Jackie Capper - *Elected*  
Daphne Wallace - *Elected*

**SOUTH DISTRICT**

Barb Charles resigned just prior to the AGM  
Sharon Gurr - *Elected*

**PROVINCIAL TRIAL COMMITTEE**

The members of the Trial Committee are also elected at the AGM.

**NORTH DISTRICT**

Sarah Craigen - *Acclaimed*  
Val O'Connell - *Acclaimed*  
Sheila Dorsch - *Nominated from the Floor & Acclaimed*

**NORTH CENTRAL DISTRICT**

BettyAnn Emery - *Acclaimed*  
Terry Germane - *Elected*  
Jacquie Boisvert - *Elected*

**CENTRAL DISTRICT**

Jacquie Crooks - *Elected*  
Arlene Skinner - *Elected*  
Phyllis Footz - *Elected*

**SOUTH CENTRAL DISTRICT**

Diane Lantz - *Acclaimed*  
Marlene Nelson - *Acclaimed*  
Chris Larson - *Nominated from the Floor & Acclaimed*

**SOUTH DISTRICT**

Debbie Martin - *Nominated from the Floor & Acclaimed*  
Maxine Braun - *Nominated from the Floor & Acclaimed*  
Linda Williams - *Nominated from the Floor & Acclaimed*

“Nurses are guardians,” guest speaker Mike McBane said at the UNA annual meeting. “Alberta needs you, needs each and every single one of you to be the guardians of the health system in Alberta and the guardians of public health. Don’t let anyone come to talk to you about risk management... that’s not what nurses are trained for. Stand on guard, the health system has enough money.”

Risk management was a major topic for Mike McBane who works with the Canadian Health Coalition in Ottawa. He explained there is a major push on to move health and food safety from guardian roles in society to trader roles, where risk is managed not prevented.

The big push for change comes, he explained, with “code words and doublespeak”, a language designed to deceive with terms like: modernization, innovation, flexibility, and choice.

For example, he pointed out that former federal Health Minister Anne McLellan frequently asked: “Why would you care who owns your hospital?” McBane changed the question, “Why would you care who owns your life support system? Hello! There’s higher death rates [in for profit care] for one simple reason.”

He also noted that those who want to bring in commercialized health care sometimes say: “Let’s just experiment with this.” “But there’s no experiments allowed under the trade agreements. If you allow foreign investment in one hospital... then you have to allow it in all hospitals. It’s a one-way street. You can’t go back.”

“Don’t trust any politician who says it doesn’t matter who delivers your health care,” he said.

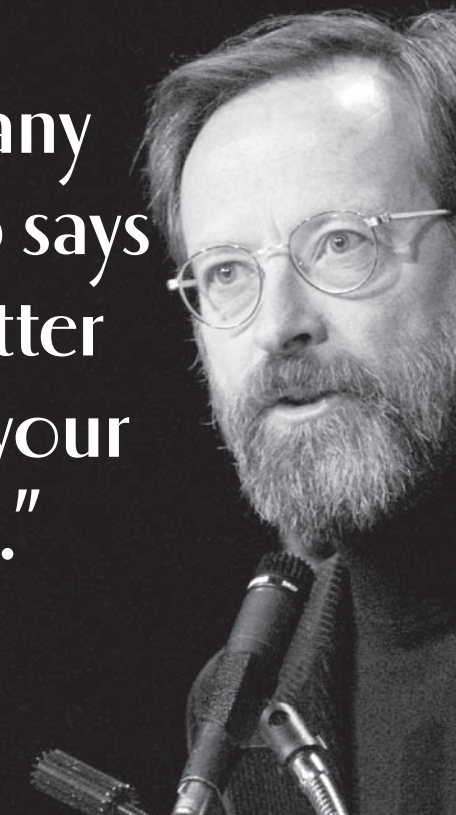
McBane also called for increasing government accountability for health

care dollars and pointed out that in federal reports on the Canada Health Act sections on Alberta’s compliance are often left blank because Alberta does not report. He reported on the legal challenge the Coalition had mounted to compel the federal government to enforce the Canada Health Act.

The federal government is also proposing to rewrite the Food and Drug Act. “The problem is that the health protection legislation they are proposing will undermine our ability to protect public health,” McBane said. The “Modernization” of the Food and Drug Act moves it more closely to talking about managing risk and cost benefit. But McBane said the precautionary principle, which applies under the Food and Drug Act, should remain. “How much do they value protecting our children, our environment and our health... Risk management puts a dollar value on human life,” he said.

“Don’t trust any politician who says it doesn’t matter who delivers your health care.”

– Michael McBane –



Illness or Crime?



Panel discusses how to handle addiction

How to approach a colleague who may have an addiction problem was one of the tough questions that a discussion panel on addiction had to answer at the AGM. “Be prepared for a strong reaction,” reported Bonnie Code, a labour relations officer with the British Columbia Nurses Union who specializes in helping addicted nurses. “Either they are extremely angry or they break into tears.”

Nearly one in nine nurses will have some type of substance abuse problem over the course of their careers Bonnie Code said. Many of them end up in trouble with their Employer, but in BC addiction is increasing treated like an illness rather than a crime, she said. Nurses are often sent for treatment

rather than punished and BCNU has a fund to help addicted nurses attend a special residential treatment centre geared to professionals.

Code was one of three guest panelists invited to discuss exactly that theme, Addiction, Illness or Crime? Crystal Cleland represented the Alberta Alcohol and Drug Abuse Commission and reported on their programs and how they approach the addiction problem. Certified Psychologist Ian Hay rounded out the panel and talked about treatment modalities for addictions.

Co-workers are often some of the first people to recognize a problem. Crystal Cleland pointed out the common indicators. Isolation from colleagues, mood swings, defensiveness and decreased

attention to hygiene all could be tell-tale signs. Changes in job performance may also be an indicator. For nurses, particularly, Bonnie Code pointed out that frequent wastage, incorrect drug counts, or patients reporting drugs not working show there is a problem.

The dilemma remains of how to help a nurse in trouble. “How do we help a colleague without reporting them and putting them into a disciplinary process either through the AARN or with the Employer?” asks Bonnie Code. Nurses can go to their doctor, go off work and into a rehab program voluntarily. AADAC is a good place to start.

Increasingly in BC, the nurses’ professional association works out agreements with nurses without a disciplinary hearing and the cases are resolved through

an alternative dispute process. “I’m privileged to say that I’ve been involved in over 300 of those cases,” Bonnie Code reports. Attitudes are changing, she says. “Addiction is an illness recognized by the American and Canadian medical professions.”

When recovering employees return to work there are often two or three separate agreements in place with the Employer and the professional body. Bonnie Code recommends narcotic addicted nurses not go directly to a critical care area where they would have to again work with the drugs, but if they do, they need a lot of support from co-workers. She often visits the ward where an addicted nurse will be returning. “They can face sometimes considerable resentment,” she says. YA

“Addicted doctors, it appears, are gently admonished or quietly sent off for a brief stint at a rehab facility. Addicted nurses are more likely to lose their dignity, their jobs, and their licenses.”

RN, April 1992 v55 n4 p36(6).



# NURSES in politics

## Eight nurses running in provincial election

A high number of Registered nurses and UNA members were out campaigning as candidates during the provincial election. A total of eight Registered nurses told UNA they were running, including five who are UNA members.

"Health care is one of the major issues and nurses have decided we need to get out there and put our money where our mouth is," says Jerry Macdonald, UNA Local President in Grande Prairie who ran for the New Democrats. "We don't feel this government has taken the right approach in health care."

While the Klein government was promising to "reform" health care, but not explain its plan to voters during the election, nurses and the opposition parties all pushed the Conservatives to come clean. With a record of promoting privatization, which continues to be highly unpopular, the Conservatives just were not saying much about health care.

All of the nurses ran for opposition parties. Four ran for the NDP, three for the Liberals and one for Social Credit.

Jerry Macdonald said that being an RN was a significant positive as a candidate. "I've run into people I've looked after who say they want to support me. It's an important factor that I'm an RN when we talk about health care," he said.

### The UNA members were:

**Anita Ashmore, RN**  
(Edmonton-Rutherford)

**Holly Heffernan, RN**  
(Calgary-Glenmore),

**Laurie Lang, RN, RPN**  
(Edmonton-Manning)

**Jerry MacDonald, RN**  
(Grande Prairie-Wapiti)

**Joyce Thomas, RN**  
(Livingstone-Macleod)

**Bridget Pastoor, RN**  
(Lethbridge East)

### The other RNs were:

**Louise Rogers, RN**  
(Sherwood Park)

**Donna Smith, RN**  
(Edmonton Whitemud) 



Laurie Lang, RN, RPN



Jerry MacDonald, RN



Bridget Pastoor, RN



Holly Heffernan, RN



Anita Ashmore, RN



Joyce Thomas, RN

## JUMP IN REPORTS OF NURSES OFF SICK WITH LOST-TIME CLAIMS

Alberta Human Resources and Employment has recently released the Lost-Time Claims and Claim Rates in Health Services Industries for 1999-2003. It is no surprise that the number of claims and the cost of those claims has gone up dramatically (see Chart). More striking, perhaps, is that while there are more people working in these industries, the number and severity of the claims has gone up at a much faster rate. Once again, those working in the Health Services industry, particularly in hospitals or long-term care centers, face a much higher risk of injury than those in other professions. Other notable statistics include:

- From 1999-2003, 86% of lost-time claims in the Health Ser-

vices have come from women.

- Traumatic injuries, including sprains, strains, cuts, bruises, fractures, and burns, make up nearly 91% of claims.
- Injuries to the back make up the highest number of claims, at 39% (2.2x the provincial average).
- Violence or assault by a third party (including co-workers, families, or patients) account for 38% of injuries where the source is external to the worker – 11.9x the provincial average.
- Assaults and violent acts by individuals make up only 5% of all claims, but the rate is still 7.1x the provincial average.

### PERCENTAGE CHANGE FROM 1999-2003 IN HEALTH SERVICES LOST-TIME CLAIMS


2003 numbers shown along with percentage change from 1999

HEALTH SERVICES INDUSTRIES	COST OF CLAIMS	PERSON-YEARS	DAYS LOST	LOST-TIME CLAIMS
Health Services Industries - All	157% (\$14,076,812)	19% (81,324)	36% (92,275)	29% (3,644)
Hospitals/Acute Care Centres	152% (\$8,099,431)	18% (50,672)	40% (48,717)	30% (2,024)
Long Term Care Facilities	109% (\$3,247,523)	20% (12,997)	19% (22,546)	19% (980)
Rehabilitation Services for Mentally or Physically Disadvantaged	230% (\$1,555,080)	25% (8,248)	48% (11,877)	46% (374)
Home Support Services	326% (\$732,845)	6% (2,986)	91% (6,745)	31% (127)
Health Units	188% (427,460)	14% (5,851)	20% (2,303)	52% (129)
Supply of Medical Personnel	-47% (\$14,472)	160% (570)	-85% (87)	-41% (10)

In the face of rising claims and lost-time injuries, in 2003 only a small number of employers in the Health Services industry hold Certificates of Recognition (CORs) that indicate that they have developed health and safety programs that meet established standards. The certificates are issued by Certifying Partners and are co-signed by Alberta Human Resources and Employment.

Only 50 of 1,296 Employers hold certificates, representing only 43.5%

of the person-years worked in Health Services. Unfortunately, 56% of workers do not have the assurance that their employers are maintaining established standards for health and safety in the workplace.

Source: Lost-Time Claims and Claim Rates: Health Services Industries: 1999-2003. Alberta Human Resources and Employment. Government of Alberta. 2004. <http://www3.gov.ab.ca/hre/whs/publications/statistics.asp> 



## IMAGINE A BANK ACCOUNT THAT DOUBLED YOUR MONEY

EMPLOYERS MATCHING RRSP  
CONTRIBUTIONS UP TO 2% OF  
ANNUAL EARNINGS

Nurses can contribute to a supplementary RRSP and the Employer matches your 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. Contact Human Resources to set up a deduction from your cheque. You are not allowed to contribute for previous months, however.

You do NOT have to leave the money in the RRSP. You can withdraw it (taxes are automatically withheld) to use as you like. Check with your local plan for details. You can withdraw double what you put in, because the Employer matches it. It's like a bank account that instantly doubles your money!

Most Health Regions are running a special RRSP plan and contributions must be made to their plan. If you would prefer to keep the money in your own plan with your own financial institution you may be able to transfer the funds to your own plan. At the very least you can withdraw the funds and redeposit them in your own plan.

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.



# Public Interest Alberta

NEW COALITION SETS OUT TO PROTECT THE PUBLIC INTEREST

## ELECTION CAMPAIGN FIRST EFFORT

A new lobbying and action coalition is setting out to protect the public services like education and schools that we all depend on. A whole range of organizations, including UNA, have come together to put together Public Interest Alberta as an active advocate in the province.

The first action of the coalition was to mount a special election effort aimed at highlighting important public issues.

"When it comes to our health, education, environment, childcare, rural communities and the support for our seniors and most vulnerable, PR spin and non-answers from politicians are completely unacceptable", says Bill Moore-Kilgannon, Executive Director of Public Interest Alberta. "Albertans want real answers from their candidates on how they intend to address the increasing stress on individuals, families and communities."

PIA set up a special website where anyone can email questions to their local candidates, even if you don't know the candidates names.

They are calling the campaign "A Fair Deal for Alberta Families" and it is based on a strong statement that outlines eight major public interest issues. These organizations are asking Albertans to go to the Public Interest Alberta web page to sign on and send this statement to their candidates.

Candidates are asked to respond if they agree with all eight aspects of the statement, and if not, they are to explain their position.

Beyond the election, PIA plans on-going work to foster an understanding of and commitment to the importance of public services, institutions and spaces.

Besides UNA, the Friends of Medicare, the Alberta Teachers Association, the Alberta Council of Social Workers, the Confederation of Alberta Faculty Associations, student organizations and others have all signed up with PIA. ☺

# A fairdeal!

## FOR ALBERTA FAMILIES

### Public Interest Alberta



# Parkland study

## DEBUNKS GOVERNMENT'S HEALTH CARE MYTHS



Public Remedies,  
Not Private Payments:  
Quality Health Care in Alberta

Public health spending in Alberta has been rising at the modest rate of an average 1.6 per cent, but you would never know it with all the Klein government's rhetoric about out-of-control costs. An authoritative new review of the numbers from the Parkland Institute punches a big hole in the government's puffed up health spending claims.

**"THE GOVERNMENT OF ALBERTA DESPERATELY WANTS US TO BELIEVE OUR HEALTH SYSTEM IS ON THE BRINK OF FISCAL COLLAPSE,"**

- HORNE AND ABELLS.

"Instead of the 10 per cent annual increases the Graydon report claims, health care spending increases in real dollars since Premier Klein took

power in 1992 have been modest averaging 1.6 per cent a year from 1992 to 2004," write researchers Tammy Horne and Susan Abells. Published just in time for the election their study, *Public Remedies, Not Private Payments: Quality Health Care in Alberta*, has all the ammunition anyone would need to debunk the government's myths and rationale for privatizing health care.

"The government of Alberta desperately wants us to believe our health system is on the brink of fiscal collapse," say Horne and Abells.

"This report argues that the government is misleading us - both about the fiscal problems facing our health care system and the solutions needed to fix it. It shows that the current system is sustainable, explains why private solutions are not the answer, and explores options for improving the public system - through better management of wait lists and drug costs, and a stronger focus on primary health care, health promotion and the social determinants of health."

There is a wealth of information in the study. Just one example is a small section comparing Alberta's drug plan against other provinces. Alberta does less in protecting citizens from "catastrophic" drug costs than most other provinces, and charges higher premiums as well.

For anyone looking for solid facts in Alberta's health care debate, Parkland has produced the ultimate resource.

The full report and an executive summary are available on the Parkland Institute's website at [www.ualberta.ca/parkland](http://www.ualberta.ca/parkland) ☺

## RNs & the Health Professions Act

The practice of the profession of registered nurses, as defined in the Health Professions Act (HPA) is explicit, broad in scope and clearly identifies the major roles of RNs in providing care. The Alberta Association of Registered Nurses is sponsoring a number of workshops on the HPA and its effect on RN practice.

### NORTHWEST REGION

Nov. 29, 2004.  
1300 - 1500  
Grande Prairie, Virene Building

Nov. 30, 2004.  
1000 - 1200  
Peace River

### CENTRAL REGION

Nov. 29, 2004.  
1000 - 1200; 1300 - 1430  
Via telehealth. Sites to be confirmed:

### EDMONTON/WEST REGION

Dec. 3, 2004.  
1215 - 1300  
Nursing Rounds - Auditorium  
Grey Nuns Hospital

Dec. 9, 2004.  
1900 - 2000.  
Capital Care Strathcona

### CALGARY/WEST REGION

Dec. 14, 2004.  
1200 - 1300  
Alberta Children's Hospital

### SOUTH REGION

Nov. 23, 2004.  
1400 - 1515  
Medicine Hat Regional Hospital

Further sessions are planned for 2005. For more information contact the AARN at 1-800-252-9392 or 451-0043. ☺



# & contract & LRO NOTES

## OVERPAYMENT RECOVERY Employers can only take money back with an Employee's agreement

New in the collective agreement is an Overpayment Recovery Notice for Employers who can send a notice if they discover they have overpaid an Employee. However they must have an Employee's agreement to deduct an alleged overpayment from a later cheque.

Nurses have no obligation to agree to any deduction and should take the issue up with their UNA Local or Labour Relations Officer.

The Employers can get either an oral or a written agreement from an Employee for an overpayment recovery. So nurses approached to agree should make sure they check with UNA before responding. If there is no agreement on the overpayment, the new agreement outlines a process for resolving the issue. ☺

## RETURN OF SERVICE AGREEMENTS ARE NOT VALID Nurses who leave do NOT have to repay incentives

Some Health Regions have been using special incentives to attract nurses but are requiring "return of service" agreements. These agreements are not valid and violate the collective agreement which does not allow Employers to make special agreements with individual nurses. Employers who want money back when a nurse leaves a position that has a return of service commitment cannot legally ask for the money back.

Employers who are trying to make nurses repay special incentives almost always back down when they are challenged by UNA. ☺

The return of service agreements are usually set out in return for incentives like covering moving costs or cash or other benefits when a nurse is recruited to a position. They require the nurse to agree to stay in the position and work for a certain period, usually two years.

Under the Collective Agreement, Employers cannot legally make outside agreements with Employees.

## DIAGNOSIS IS CONFIDENTIAL... Employers cannot refuse you sick leave

Some health Employers, including Capital Health, are continuing to insist that some Employees sign medical information release forms. Nurses are best advised not to sign any such release.

Any nurse who is experiencing harassment about releasing their personal medical information should contact their UNA Local immediately. Allowing your doctor to release personal health information not only violates your privacy it can give the Employer grounds for challenging perfectly legitimate use of sick leave.

Nurses need to provide a note from a doctor indicating whether or not they are able to work and how long they are expected to be off on sick leave. They cannot be required to provide the diagnosis or other personal medical information.

Under the Employers' "attendance management" plans nurses taking sick leave are often called into meet with an Occupational Health and Safety officer. Often they are telling nurses that their sick leave claims will not be paid unless they sign releases allowing the Employer to ask for their personal health information from their doctor. In other words they are trying to coerce a freely given consent. UNA regards this as highly unprofessional conduct.

If an Employer demands more personal medical information, a nurse should contact her UNA Local or Labour Relations Officer. ☺

## My UNA Journey

By Judith Russell, RN



The radio and television burst forth "Nurses Threaten Strike". The newspapers with their black and white bold print splash the same news to the public. My blood boils. The message is lacking, as usual, background information.

This scene has played out in Alberta and across the nation too many times during my thirty-three years as a registered nurse.

But wait. I smile to myself. I know I wouldn't have done anything differently. Who would have guessed that a girl from a small Saskatchewan farm with Menonite upbringing would be walking the picket line, challenging the boss with PRCs, on the local executive and not backing down on the rights of the nurse which in turn includes rights of the patients.

My first taste of UNA came in April, 1980 when at the Royal Alex we cleared the building and "walked the line" for seven days. Child in stroller, I couldn't "not" walk for better working conditions. It was about the future, not just about then, because right then I certainly couldn't afford it.

I was hooked! Nursing life now included rights, contracts, AGMs, workshops, getting involved in my union. Making the voice of nursing heard!

March, 1988 and the doorbell rings at 2300 hrs. A subpoena to appear in court is delivered. Right on! Just watch me! This was about a contract and not personal. Three weeks ended with little progress, but I always felt good about not backing down. They knew we would do it again. This organization of mostly women would take a stand.

Representing UNA always made me feel equal to management and empowered at the meeting tables. UNA versus Administration. Equal.

The first PRC submitted at the Charles Camshell caused a hurricane at level five. I wrote a PRC citing a Dopamine drip on a medical unit, down the hall, unmonitored, as unsafe. Management classified this as high treason. Waiting for the axe to fall, we stood our ground and came out with all our heads intact and the patient included in the winnings.

So I challenge all members to be strong advocates for our profession through UNA. And yes, you have the time. Don't let a few people carry the torch with you only occasionally warming your hands at the flame. Strength in unity. It works.

As I submitted my resignation from our local executive, I pressed the rewind button. There were fun times, frustrating times, but there was always learning and a steady enhancement of my life skills and career. Who would want to miss out?

As I plan for retirement, I'm thankful to everyone for contributing to my journey. I'm not at my destination yet, just a station stop and a change of tracks. ☺



## Nurses' planner

The annual Nurses' Planner, the handy pocket calendar with information about UNA is being delivered with this issue of the NewsBulletin. Thanks to Lethbridge nurses Kevin and Paula Reedyk for appearing on the front cover and on the back Cross Cancer Institute nurse Nina Padjen along with model patient Carson de Jong.

## Ontario nurses in negotiations

Ontario Nurses are in negotiations for a new contract for about 40,000 hospital nurses and, in the same round, for nurses in 116 nursing homes. The ONA contract, which had the highest salary rates up until UNA's new contract took effect, expired on March 31. ONA uses interest-based bargaining with the Ontario Hospitals' Association. The negotiations are closed to the media, and no specific bargaining dates are released. The negotiators scheduled mediation for mid-November and arbitration "if necessary" for next January.

## Manitoba nurses fight pension cuts

Manitoba nurses are also in negotiations where they are fighting a cut in pension benefits that has been announced by the provincial government. The government says that because the pension fund is low early retirement benefits could be reduced and retire-

is severe and results in heavy overtime loads for nurses. The Health Region has already negotiated special terms to attract more nurses to the Region but high costs, especially housing costs in Fort McMurray, make it difficult to recruit staff.

According to reports in the Fort MacMurray Today newspaper, the doctors are not confident a medical staff association and Health Region Board committee will take the nursing problem seriously. Dr. Brian Dufresne president of the medical staff association told the paper the committee would be useless if the Board doesn't recognize the severity of the problem.

ment before the age of 55 cut completely. The Manitoba Nurses Union (MNU) says they are willing to increase contributions, but not cut benefits. "We're not going to compromise - it's huge for our nurses," says MNU President Maureen Hancharyk. "We will not settle our collective agreement without the pension issue being settled."

## Fort McMurray doctors protest nursing shortage

Doctors in Fort McMurray say nurse understaffing hurts their confidence in quality of care but the Health Region says "Patient safety is uppermost in our minds at all times."

Donna House UNA Local President said understaffing

## Allyson Pollock publishes book on U.K. privatization

Allyson Pollock, the U.K. doctor who has become an expert on privatization in the British health system recently published a new book *NHS plc*. Pollock was a guest speaker at the UNA AGM two years ago.

## Trojan horse symbolizes hospital privatization

In an innovative strategy, the Ontario Health Coalition and the Ontario Council of Hospital Unions over the last year sponsored the Trojan Horse Tour. The Giant Trojan Horse over 14 feet tall symbolized the false gift of hospital privatization. The horse visited 85 communities across Ontario. The Tour spokespeople demanded that Ontario Premier McGuinty honour his election promise to stop private P3 hospitals.

## What do you lose with Assisted Living?

On-site Registered nursing care is important to the security of residents in nursing homes, but the switch of some long-term care facilities to the new assisted living category drops on site care. The Good Samaritan Society provided a great illustration of what is happening in long-term care

CHANGING TO "DESIGNATED ASSISTED LIVING"		
	CURRENT	FUTURE (Starting January 2005)
Recreation	A recreation aide provides planning and programming for recreation activities.	No change.
Oxygen	Supplied by the Centre.	Residents receive through Alberta Aids to Daily Living (AADL) Program as per AADL criteria.
Physician	Residents cared for by their Physician at the facility.	Residents cared for by their Physician.
Dressing Supplies & Incontinent Supplies	Supplied by the Centre.	Supplies obtained through AADL. Centres stock some supplies for short term or unanticipated needs.
Staffing	Care is provided by Registered Nurses and Nursing Attendants.	Care is provided by Licensed Practical Nurses and Nursing Attendants. A Registered Nurse will provide care coordination.
After Hours RN Care (evenings, weekends)	GSS provides RN care.	24 hour access to RN on-call is provided by Aspen Health Region.
Telecare 24 hour emergency support	Continuing care has nurse call system.	Main floor nurse call system will remain in place. Second floor, GSS will cover the cost of TeleCare, including the equipment for future DAL clients.
Professional Services	Provided by GSS.	RN and rehabilitation services will be provided by Aspen Health Region.
Medically required Transportation	Supplied by GSS.	Resident responsibility. Ambulance costs will be paid by residents Blue Cross coverage. Co-payment will be the responsibility of the residents.
Medications	Medications are paid for by GSS with funding from Aspen Health Region.	Medications will be the responsibility of the resident with Blue Cross paying the largest portion. Residents will be responsible for the co-payment.

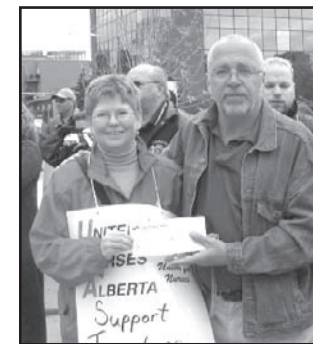
The Good Samaritan Society's helpful chart of what will change when their Hinton facility switches to "assisted living".

when it announced last month that its Hinton facility is moving to designated assisted living. The Society was especially helpful by providing a chart that showed what exactly would happen to a whole range of services. Oxygen, for example, was supplied by the Society at no charge to residents before, but starting in January residents would have to go through Alberta Aids to Daily Living to have it paid for. Medically required transportation was paid for by the Society before but after the change each resident would be responsible to pay for their own. Drugs too are changing over; the Health Region had covered the drug costs, which now become the responsibility of the resident, with subsidy from Blue Cross.

The chart is very clear that RN care is being dropped as well and the Health Region will provide telephone access to an RN on call.

## After 13 weeks Teamsters accept last offer

About 300 Teamsters members working for the Federated Co-op distribution outlet in Calgary voted to accept the Employers' last offer on November 12 after nearly 13 weeks on the picket line. Two-thirds of the employees voted to ratify the last offer in a Labour Relations Board supervised vote



UNA Secretary-Treasurer Karen Craik presents a UNA contribution to the Teamsters during the strike.

that Federated had asked for. The strikers had been looking for a three-year agreement, down from four, but in the end accepted a six-year contract with wage increases of about 1% a year. The Employers dropped demands for a two-tier wage system and to hire the scabs who had worked during the strike.

Local people said that even if they did not achieve what they wanted, the strike did get their message across to the Employer and likely the next negotiations would go more easily.

The strike had involved the Calgary Co-op stores, who partially own the Federated distribution system and the Teamsters had called for a boycott of all Federated affiliated Co-ops in Alberta.

## Wainwright ambulance workers thrown out after reaching contract agreement

Ambulance workers are taking the Wainwright Ambulance Society to court for disbanding itself shortly after the Society's employees unionized. The area's ambulance service is due to be taken over by the Health Region on April 1, 2005.

The ambulance employees are members of the Health Sciences Association of Alberta (HSAA) and negotiated a first contract with the ambulance society earlier this year. Then the government announced that Health Regions would take over provision of ambulance services next year.

In what appears to be a move to break the workers' contract and prevent their unionized positions from continuing with the Health Region as the successor employer, the Society decided to disband.

"The ambulance society is not only turning its back on its employees, but on the entire community. The society is

showing an appalling lack of responsibility by shutting down ambulance service without any plan to continue this vital function," said HSAA president Elisabeth Ballermann.

"The society knew that the health regions will assume responsibility of ambulance service next April and the responsible course of action would have been to work with East Central Health to facilitate a smooth transition of services."

## World Masters Games looking for health care volunteers



Edmonton is hosting the 2005 WORLD MASTERS GAMES July 22-31, 2005.

They are looking for Registered Nurses to help volunteer with the medical team. Your role would be working sideline sports first aid dealing mostly with acute sports injuries. To find out more go to [www.2005worldmasters.com](http://www.2005worldmasters.com) or e-mail the Medical Coordinator, Heather Callahan at [heather.callahan@edmonton.ca](mailto:heather.callahan@edmonton.ca) or phone 780-822-2132.

## Making a sustainable health care system: reasonable work loads

The federal government has published a new report that examined a huge body of research on the work-life balance of Canadians. The overall conclusion is that there is a tremendous cost with working Employees into the ground.

"It would appear that for every Canadian whose personal or family circumstances are inter-

fering with performance at work, there are five Canadians whose work and work circumstances are interfering with their family and their life," say the authors.

Conflict between work demands or family and life demands is a tremendous stressor for many Canadians and the report, entitled "Voices of Canadians" made some strong recommendations including:

- increasing the number of supportive managers within the organization;
- providing flexibility around work;
- increasing employees' sense of control; and
- focussing on creating a more supportive work environment.

The Report also says Employers should give employees the right to refuse overtime work and needs to keep track of unrealistic expectations of Employees.

## Paging Dr. Black

Do nurses call a "code pink" to ask for support when a violent or abusive incident breaks out? At some facilities nurses do, according to a recent discussion on UNA Net, the email conference network.

"We page Dr. Black if someone is in trouble or feeling threatened and who ever can go, does," reports one Local.

Another nurse reported that their "OR nurses used code pink on a nasty surgeon we once had. They just surrounded him in a circle and no one said anything just looked at him. After a few minutes he became very uncomfortable and left. It worked very well for them."

Other Locals report they have "panic buttons" that you clip on and press if you have a crisis. But not all panic button systems give the location of the nurse, which makes them much less useful.





**United Nurses of Alberta**  
[www.una.ab.ca](http://www.una.ab.ca)

# Protect your privacy

**Don't let yourself  
be pressured to  
sign a release of  
health information  
from your doctor!**



**Employers  
threaten to  
refuse nurses  
sick leave**

**See page 12**

