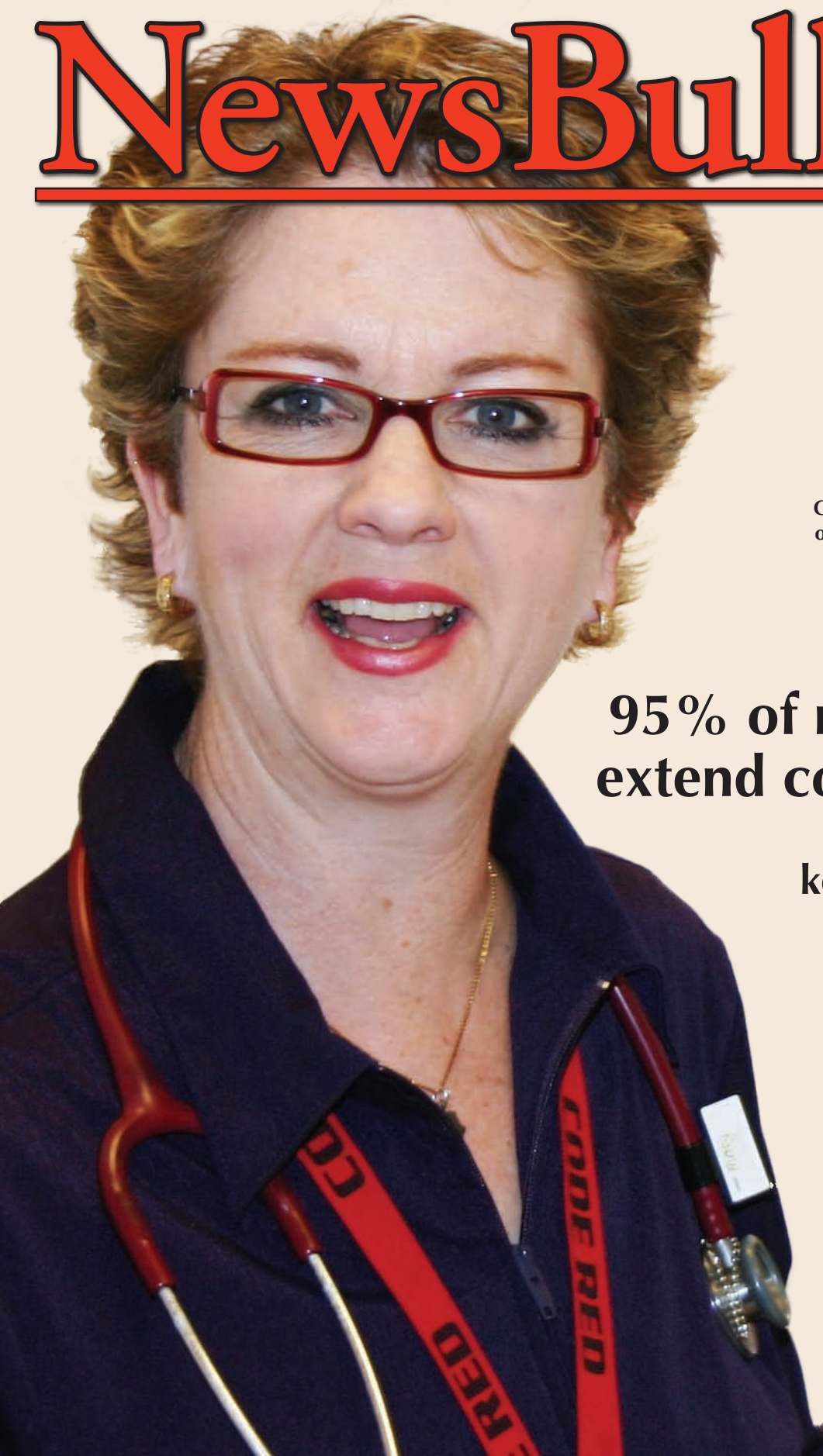


News Bulletin



Shirley Douglas, spokesperson for the Canadian Health Coalition and daughter of Tommy Douglas was also on hand to greet Minister Ujjal Dosanjh.

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3% wage increase keeps Alberta's rates highest in Canada

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Marg Callbeck from Local #211, Calgary Community casts her ballot.



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**Message from
the President**

Heather Smith

Busy, busy, busy. A lot has happened this spring and much more is yet to come.

The very positive ratification vote of our one-year contract extension gives us more time to prepare our position for the next round of negotiations. It gives us a chance to work out some conflicts with the joint committee, and, of course, it keeps us with the highest provincial wage rates in the country.

Since the last NewsBulletin, we've had the Friends of Medicare "Weighing the Evidence" conference followed two days later by the provincial government's international symposium on health care. (See coverage on page 4 and 5).

Shirley Douglas gave a great dinner speech at the conference and took on Premier Klein particularly. The Premier had recently referred to the Canada Health Act as "a dusty, old rule book". "Just because a book is old, doesn't make it irrelevant," she said. "I can think of other old books – like the Bible – that that are still in use today. Just dust it off, Mr. Klein."

Both conferences had a common message – for-profit delivery costs more and delivers less, particularly in the area of quality. In light of Health and Wellness Minister, Iris Evans' post-conference comments, the government will be extremely hard pressed to justify privatization initiatives.

The Alberta Federation of Labour (AFL) convention (May 12-15) included a number of dynamic speakers resulting in very thought provoking discussions. Close to fifty UNA members attended the four-day event in Edmonton. I believe the entire assembly was shocked by the description of working conditions at Lakeside Packers in Brooks. And we heard how Fort McMurray could be turning into the "labour camp" of this millennium.

Perhaps most importantly, the "secret" of conditions in long-term care has finally gotten the attention it deserves. Now it is up to us to pressure the government to act on the Auditor General's clear report and get more Registered nurses actually nursing the residents.

And Nursing Week this year brought us yet more reports about the worsening shortage of nurses. It's up to us to make sure governments do something about this as well, or in the near future retirement will cause major problems in our health system.

Like all nursing, there is so much more to do.



Marg Callbeck gives me a tour of the Eighth and Eighth Health Centre in Calgary on May 4th, our voting day.



At the Medicare conference, Shirley Douglas with Mary Clarke (left, from Newfoundland) and Kathleen Connors, who is now the Chairperson of the Canadian Health Coalition.



Dorothy Paquette, the Plumbers & Pipefitters 488 was greeted by hundreds when she arrived at the Legislature in Edmonton after walking all the way from Ft. McMurray to protest "temporary foreign replacement workers".

Provincial Office

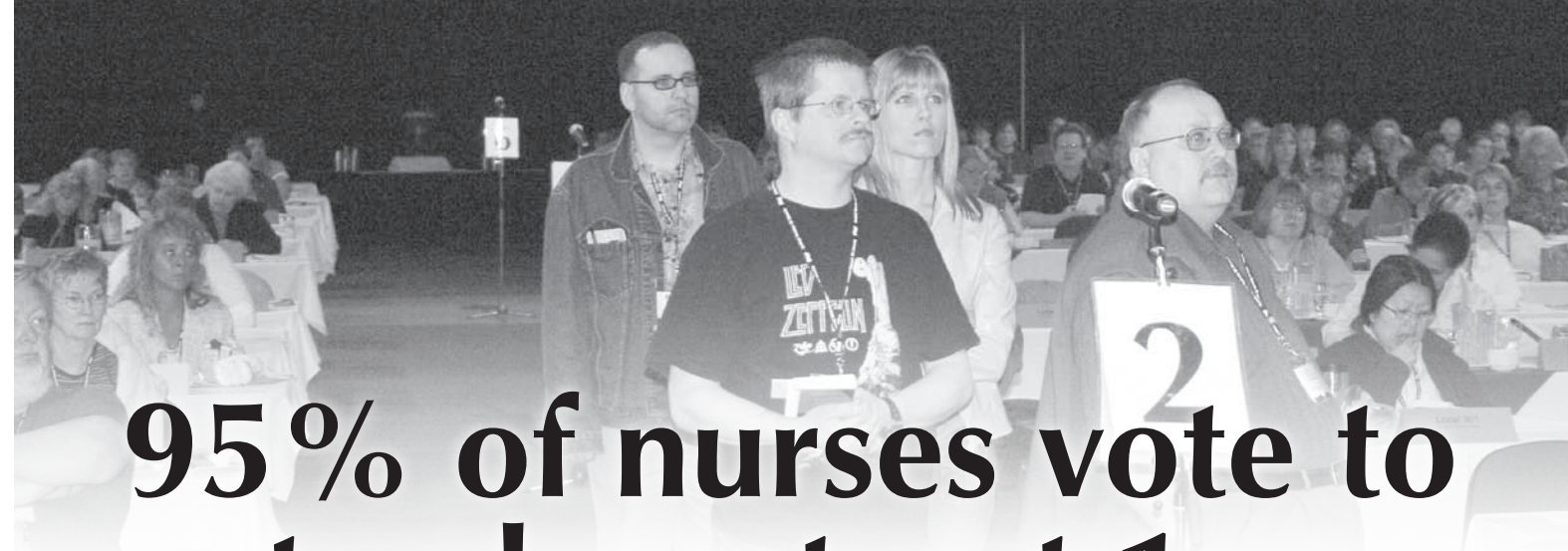
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**95% of nurses vote to
extend contract 1 year**

In the May 4 provincial ratification ballot 95% of nurses voted in favour of the one-year contract extension with a 3% salary increase. The vote was passed by all of the Locals, which included all Locals involved in provincial bargaining, the Health Regions and associated voluntary organizations, many long-term care Locals and the Alberta Cancer Board.

The vote also included the nurses at the Good Samaritan Society, although the Society is the one Employer who has so far indicated they will not be joining in on the extension.

"Stabilizing and improving work settings is increasingly important to the retention of nurses in Alberta," Heather Smith said. "This extension gives both parties an opportunity to address workplace issues, such as workload, and occupational health and safety." On-going talks in a special joint committee between representatives from UNA and the health regions are continuing in an effort to work out problem areas including benefits and travel compensation.

The extension puts the contract expiry date to March 31, 2007 for: all Locals covered by the provincial agreement, including Health Regions, Caritas and other voluntary organizations, Alberta Cancer Board, Bethany Care Society (Calgary and Cochrane), Bethany Group (Camrose), Capital Care CareWest, Colonel Belcher Millwoods, Shepherds Care St. Michael's Lethbridge, St. Michael's Edmonton, St. Joseph's Edmonton, Youville Home St. Albert.

**Joint committee working
to resolve contract issues**

The special Joint Committee with the Health Region Employers is continuing to meet and is working with mediators to resolve a number of outstanding interpretation issues with the provincial agreement. The Committee originally came into being with the 2001 agreement and successfully settled education allowances, including what clinical courses would

be eligible for the allowances. It also agreed to give nurses the ability to retroactively contribute to the voluntary RRSP plan and sorted out issues in the \$100 reimbursement of professional fees.

Now the committee is working with mediator Wes Pangras to settle which medications are eligible for full coverage under the "all prescribed medications" benefit coverage.

Pangras has also been called in to help resolve another

Delegates line up at the microphones to have their say during debate on extending the contract at the Special General Meeting in Edmonton on April 19. The delegates voted to recommend the members accept the extension.

"This extension gives both parties an opportunity to address workplace issues, such as workload, and occupational health and safety."

-Heather Smith

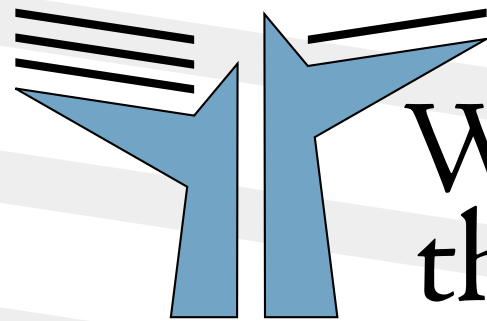
benefits question, bringing the different benefit plans to the same standard as the "Health Organizations Benefit Plan (HOBP) or equivalent".

Many grievances have been filed on these issues and they are being directed through this process. If mediation is unable to resolve them they will go to an already set-up arbitration.

The Joint Committee has other contract interpretation issues coming on its agenda as well, and will be looking at the new transportation allowance of \$130 a month and when "mileage" must be paid as well as issues around Designated Days of Rest and the new Mobility contract terms.

UNA is represented on the joint committee by Heather Smith, David Harrigan, LRO Mark Cowan and past Negotiating Committee co-chair Pauline Worsfold. ■

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Weighing the evidence

International Experience with Health Care Reform

Friends of Medicare conference presents experts in health care debate

Nearly 300 citizens, and a good number of nurses, came out to hear experts from across the continent and other countries at the Friends of Medicare's conference on Medicare held in Calgary April 30 and May 1. Friends of Medicare brought in experts to talk about the issues for the alternative conference immediately before the provincial government's symposium on health care "innovation".

Canadian Medicare works and is the envy of the world, Federal Health Minister Ujjal Dosanjh told the Weighing the Evidence conference. Dosanjh's comments on the effectiveness of the universal Canadian system summed up quite a bit of evidence presented by the international list of speakers at the conference.

The participants gave a standing ovation to Claudia Fegan, a doctor from Chicago and past president of Physicians for a National Health Plan, when she concluded: "Don't you dare close your eyes, turn your back or look the other way and let for-profit health care providers come north and destroy your Medicare."

Friends of Medicare coordinator Harvey Voogd said they were holding the conference to give Albertans more international evidence on health care. The citizens' organization wants to counter balance the massaged messaging from the government. The provincial government's symposium May 3 to 5 will be carefully controlled to "manufacture consent" among Albertans for further privatization of the health system, he said.

Representatives from citizens' coalitions for Medicare from across Canada came to the conference. Representatives from citizens' coalitions for Medicare from across Canada came to the conference. They all acknowledge the key role Alberta plays in resisting the drive to destroy public Medicare.

More information about the evidence presented by the speakers will be made available on the conference website: www.weighingtheevidence.ca. Some short excerpts appear below:

Ownership matters in Long-term Care

Researcher Marcy Cohen from the Health Employees Union of BC presented information on long-term care to the conference. Besides reviewing the trends in LTC in Canada she presented research on several topics. Evidence from the US shows, she explained, that there are more violations of standards in for-profit care. There is higher staff turnover in for-profit care due to lower wages and benefits and that has a direct effect on residents. There are studies in Manitoba and BC linking higher hospital admission rates to for-profit run LTC.



Shirley Douglas, spokesperson for the Canadian Health Coalition and daughter of Tommy Douglas was also on hand to greet Minister Ujjal Dosanjh.



Federal Health Minister Ujjal Dosanjh decided to make a major national statement on the Canada Health Act and medicare at the Weighing the Evidence conference. Here he is greeted by Heather Smith and Linda Silas, President of the Canadian Federation of Nurses Unions.

Claudia Fegan, immediate Past President of the Physicians for a National Health Plan in the U.S. speaks with well-wishers at the Friends of Medicare conference in Calgary. Fegan was given a standing ovation by delegates when she gave an impassioned plea to Canadians not to let medicare be eroded and destroyed.



For-profit care shows worse outcomes

Dr. P.J. Devereaux reported on several studies involving reviews of data on millions of patients that showed that for-profit medical services have worse outcomes. The study of for-profit and not-for-profit dialysis centres in the U.S., for example, showed an 8% increased risk of death in the for-profit centres. "Therefore it is likely there are 2,500 excessive premature deaths annually in US for-profit dialysis centres." Dr. Devereaux said.

When it comes to considering what is best for health services, "Evidence trumps ideology every time," Devereaux said.

Alberta can afford Medicare

Researcher Tammy Horne with the Parkland Institute provided information on health spending, and affordability in Alberta. Her review of the data showed that health spending had not gone up a great deal in the province, and certainly was not out of control or "unsustainable" as has been claimed by some. She also presented research on user fees, health care deductibles and some of the other payment mechanisms the provincial government has floated. Compared to other provinces who pay for health costs only through income taxes, she pointed out that: "Albertans could soon pay three types of tax for health care – general income tax, health premiums and a new deductible."

Real improvements can make our public system even better

Both economist Armine Yalnizyan and doctor Michael Rachlis pointed out that a great deal of progress is being made and can be made to improve the public system Canada has.

"The public health care system is riddled with numerous costly inefficiencies," Yalnizyan said. "The inefficiencies are used as a key excuse to increase the commercialization of publicly insured services. But increased commercialization itself poses a serious risk to the sustainability of publicly financed health care. This occurs in one of three ways: raising costs, reducing access or eroding quality of care."

An important part of protecting Canada's public system, she said, is to push for changes that improve it.

Rachlis had a similar message and pointed out numerous "best practice" examples of current innovation within the public system that is producing great outcomes and efficiencies.

Bringing in private hospitals cost Australians

Jim Maher, head of a small public health Board in New South Wales Australia explained how recent privatization in that country has ended up costing Australians billions of dollars. The Australian health system was modeled on Canadian Medicare, but over the past few years private insurance and private hospitals were allowed to run in a parallel system. "With increased privatization, Australia's expenditure on health care has increased," he warned. In fact the Auditor General of New South Wales had estimated that money directed into private care would have paid for four to twelve times as much care in the public system, he reported. ■

Experts at government's Symposium also support public health services

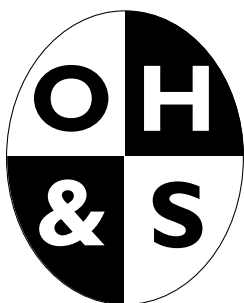
"Couldn't they find any experts in the world to support their push for private health services?" asked one observer after the government's \$1.3 million Symposium held at the Westin in Calgary May 3 to 5.

UNA President Heather Smith, who attended the conference, also commented that the experts overwhelmingly pointed to the efficiency and higher quality of publicly-delivered health services. "It's as though the Friends of Medicare conference just continued for 3 more days," she said. "The evidence clearly does not support the government's push to for-profit delivery, or its message that public services are 'unsustainable'," she said.

Alberta NDP Leader Brian Mason who was also at the meeting said most of the 28 experts at the three-day forum suggested user fees and a greater reliance on for-profit services will just drive up health-care costs.

Health and Wellness Minister Iris Evans agreed that the consensus was against privatization of services. "Most of the speakers who shared their perspective said it would cost more," she said. ■

Caring for the caregivers



Despite the fact that Registered Nurses and Registered Psychiatric Nurses suffer from one of the highest rates of injury and illness of any occupation in Canada, nurses continue to be notoriously better at taking care of others – often at the cost of their own health and will being.

Nursing and nurses have come a long way in improving their conditions of employment. However, nurses continue to be told by their instructors, professional licensing bodies and their Employers that their commitment to patient care must take precedence over all other interests.

Nurses do have a professional and legal obligation to provide safe, competent care and to advocate for their patients. This obligation was recognized with the introduction of Professional Responsibility language in Collective Agreements. Our members and their UNA representatives have done a great job in raising patient care issues.

Many Occupational Health and Safety committee members continue to struggle to have their concerns addressed for a variety of reasons. Some committees are dominated by management who develop terms of reference that are contrary to the provisions of the collective agreement. They try to limit the number of UNA representatives and employer representatives have, in some cases, flatly refused to allow UNA committee members to raise concerns and add them to the meeting agenda.

Many employers fail to follow through with commitments and constantly argue lack of funds in order to side step their legal obligations. Committee members report that they feel intimidated by the committee process and are reluctant to proceed to the Regional Health Board.

UNA Collective Agreements have an agreed upon process for dealing with health and safety concerns. In addition, effective April 30, 2004 Alberta has new and improved health and safety legislation. However, as with all legislation and collective agreement language it is only effective in protecting our members' health if it is enforced.

The Alberta government has maintained a "compliance model" rather than directly enforcing OH&S legislation. When the new revised legislation was passed, Labour received assurances that the government would be moving toward more enforcement. In the mean time OH&S committees continue to be forced to act as the "workplace police" in dealing with health and safety issues.

What can UNA do to help?

1. Getting our members involved.

One of the main barriers to participation is the perception that nurses should put patients first, before their own health and safety. Risk of injury and illness is seen as an acceptable part of the job. Indeed not all hazards in the workplace can be eliminated but they can be controlled.

A nurse who becomes ill or injured as a result of their work cannot provide care for their patients. In addition, every day nurses report to work when they are in pain and/or ill because of guilt and/or pressure from their Employer – these are the walking wounded. In some instances these nurses may be providing substandard care to their patients.

It is important that we get the message out to our members - Being an advocate for their own health and safety is part and parcel of being an advocate for patient care.

A recent survey conducted by Local 79 showed that a significant number of their members were not aware that there was a UNA OH&S report form or they did not fill out the form because they did not think that the injury was serious.

Over the last decade our members have endured staffing and bed cuts and have kept our beleaguered health care system afloat. Now it is time to take "Care of the Caregivers". We need to let our members know that their OH&S committee is there to help them.

2. Communication & Education

We have developed several new posters, and information bulletins entitled "Alerts". OH&S Alerts are one-page documents that provide information on workplace hazards and what our members can do about these hazards. They can be distributed to your members or posted on your UNA bulletin board. Check out the OH&S conference (in the conference section) in First Class for new Alerts.

The occupational health and safety committee workshop includes the following:

- You and your workplace
- Health and Safety Hazards
- OH&S Process
- Hazard Elimination and Control
- OH&S Legislation (including the new Code)
- Collective Bargaining
- Roles and Responsibilities of the OH&S committee
- Strategies for Change

All OH&S committee members should attend this one-day workshop. Participants are fully funded to attend. Check the UNA*Net Education Conference or ask your Local Executive for dates of upcoming workshops.

We are currently working on an advanced workshop aimed at providing OH&S committee members with information and experience in dealing with issues and concerns at the committee and board level. The workshop will assist the participants in gaining the confidence to pursue OH&S issues in their workplace.

Information regarding workplace hazards and their effect on our members is essential to increase participation of our members. Local representatives can contact me to arrange short presentations on OH&S issues as part of their local or district meetings.

3. Research.

Local OH&S committees who need assistance in obtaining information to support their efforts at the committee and Health Region board level. We also provide assistance in preparing and presenting presentations to the Regional board.

4. Working with other health care unions.

Labour has fought long and hard to achieve rights through OH&S legislation. We have achieved the right to know, the right to refuse work and the right to participate. Unfortunately some of these have over time have turned out to be the proverbial double-edged sword.

Governments have seen the establishment of Joint Health and Safety Committees as justification for abdicating their responsibility to enforce legislation. We now have the right to know what hazards exist in our workplaces however elimination and control of these hazards has not always been as effective.

Workers need to develop strategies based on the their strengths – the strength of the collective. Local committees that work with other unions in their workplaces can achieve the common goal of safe and healthy workplaces. ■

“Tell Us Where It Hurts”

On March 16 Local # 79 held a “body mapping” exercise that gave nurses a chance to show “where it hurts”. One hundred and seventy-one nurses (over 60% of the nurses on shift) took a few minutes out of their day to place sticker dots on large body outlines, maps, to show where they had been injured or hurt at the end of their shift. The results showed something about the number and type of workplace injuries and illness affecting nurses working on the various units and departments at the Grey Nuns Hospital.

The completed body maps showed back and shoulder injury/pain was reported in 22 of 23 areas (95.7%), followed closely by neck injury/pain on 21 of 23 areas (91.3%) and foot injury/pain on 18 of 23 areas (78.3%). Knee and wrist injury/pain and gastrointestinal symptoms were reported in nearly 2/3 of all areas (65.2%).

A total of 129 dots were placed on the head - 11.6% of all reported injuries or symptoms. While some participants specified headache, insomnia, and stress/anxiety as a concern, the majority of dots were unspecified (89%). These unspecified head dots most likely refer to stress related symptoms. Combined with the gastrointestinal complaints, there seems to be a strong stress-related component to the symptoms indicated on the body maps.

The overall indication from the body mapping exercise is that nurses clearly have a number of symptoms and ailments that they attribute to their work environment. ■



Nurses put dots to mark the spots their bodies hurt after a shift during an OH&S “mapping” day organized by Local #79 at the Grey Nuns in Edmonton.

Auditor General slams lack of standards, nurses, in long-term care

“We are most concerned that the facilities did not meet the care standards for:

- providing medication to residents,
- maintaining medical records, particularly the application and recording of physical and chemical restraints, and
- developing, implementing and monitoring resident care plans.”

The quote from Page One of Auditor General Fred Dunn’s report on long-term care sums up many of the problems in Alberta’s long-term care system.

“It takes Registered nurses to provide the care that Fred Dunn says is seriously missing in our long-term care facilities,” responded UNA President Heather Smith. “Inadequate overall staffing, and particularly a lack of professional nurses, leads to the kind of grievous oversights in the care of the vulnerable residents that we have heard so much about.”

Heather Smith told news media that the worsening conditions in long-term care have been a serious concern for the nurses who work in the sector.

“More and more nurses have been laid-off from long-term care facilities. The remaining nurses are under tremendous stress to provide care for all their residents. They are concerned about the conditions the residents have to live in,” she said.

LTC hunger striker dies

Marie Geddes, an 86 year old LTC resident passed away May 16 just a few weeks after she went on a much publicized hunger strike about conditions for long-term care residents. Understaffing was her major concern.

“I’ve got lots of everything but nurses and care workers,” Marie Geddes had told news media. Two workers had to look after 17 people in her facility, said the Bethany Care Group Camrose resident. “They don’t have time to do anything. It’s terrible, the running they have to do.”

She was admitted to hospital three times after her hunger strike. Official spokespeople said she had never fully regained her strength after the hunger strike. ■

“It’s a shame that it took the appeal to the Auditor General to have this looked at,” Heather Smith said. “We have been raising the alarm for years about deteriorating levels of staffing with increasing acuity. This is part of the reason we have attempted through negotiation to keep at least the minimal level of staffing with the nurse-in-charge.”

“It takes Registered nurses to provide the care that Fred Dunn says is seriously missing in our long-term care facilities.”

UNA President Heather Smith.

The Auditor General’s report cited a failure by the provincial government to maintain and police adequate up-to-date standards for long-term care. And he said, “We have identified that there are no standards for the care and housing services provided in assisted living...”

Heather Smith said that the province has effectively abandoned standards for adequate staffing in long-term care facilities by moving to the “supportive housing” model.

“The minimal staffing levels under the Nursing Home Act are little protection for adequate nursing care as we’ve seen in the Auditor General’s report,” says UNA President Heather Smith. “But there are NO nursing standards at all for supportive housing, which the province has been pushing in the last few years.”

“The government avoided any public discussion of cutting the nursing home standards by simply giving the new facilities a new name – supportive housing,” she said.

“We see vulnerable patients who are discharged from hospital going directly into some kind of “supportive housing” where there is minimal or no nursing care,” Heather Smith says. “Intentionally putting individuals into an inadequate support environment and waiting until they fail there, before moving them up to better care, creates tremendous suffering. It amounts to torture.”

Eliminating the requirement for qualified nursing care lowers costs for long-term care operators. In the last few years most new operators are investor-owned businesses.

Almost all of the new long-term beds being created in Alberta are being run by private and for-profit companies who hold contracts with Health Regions. Since 2002, for example Capital Health Region has contracted for 811 new beds through “public-private partnerships.”

One example of the reduced staffing problem appeared in February when the Bethany Group in Camrose cut over a third of its Registered Nurses. The total number of residents had gone up from 188 to 208. But the nursing staff was cut from 15.2 positions to 9.4 positions. Bethany says that’s because 78 of the residents are now considered to be living in supportive housing, and no longer require nursing home staffing.

“Many RNs in long-term care now find they are in charge of an entire wing or facility, with 80, 100 or more residents. They are extremely concerned that they cannot safely oversee the care for so many people,” Heather Smith points out.

“It’s no surprise that the Auditor General found there is little regulation of medications, or resident care management planning,” Heather Smith said. ■

Long-term care conditions become hot news topic in Alberta

A flurry of media coverage of inadequate staffing and standards in long-term care began in April when Lynda Jonson presented a 4800 signature petition from residents and their families on inadequate care to the Legislature. Jonson’s petition, which the NDP tabled in the Legislature, called for a standard of at least one caregiver per five residents. That brought a speedy response from Premier Ralph Klein saying that the spring budget put an additional \$10 million into long term care.

The Alberta Long-Term Care Association went on the offensive saying that inadequate funding produced skeleton level staffing in long-term care. They noted that \$10 million spread over long-term care in the province would pay for only a tiny increase in care per resident per day. The Association said it had pushed for \$86 million more in funding, enough to provide 40 minutes more per resident per day. ■

What to do when you are asked to work for free

Many care managers ask nurses to work overtime at straight rates. They are asking them to volunteer time, to “help out”.

But anyone who is working beyond regular hours is going to be less safe in their work. Working unexpected hours can mean working more fatigued. It can leave nurses resentful or worried about how they have to adjust their family’s life – daycare, even getting dinner ready.

Nursing managers must be encouraged to schedule adequate staffing and be prepared for reasonably predictable absences. If they don’t do it, then the Employers should pay the costs, not nurses and their families.

UNA Collective agreements specifically prohibit “sweetheart deals” or special arrangements between the Employer and individual Employees. Article 3.02 in the Provincial Agreement ensures that terms of employment must be negotiated through the union. That protects individual nurses from being pressured into working more, working cheaper or working in a less safe environment.

This solidarity protects nurses from being played off against each other. For example, it helps prevent a manager from saying, “if you don’t want the extra hours at straight time, someone else will.”

If no one works for free, managers can’t say this.

What do you say, when a manager asks you to work for free? It’s simple: No! ■

What do you say, when a manager asks you to work for free? It’s simple: No!

Nurses have until June 30, 2005 to apply for reimbursement for vision care claims up to \$600 for the first half of 2004.

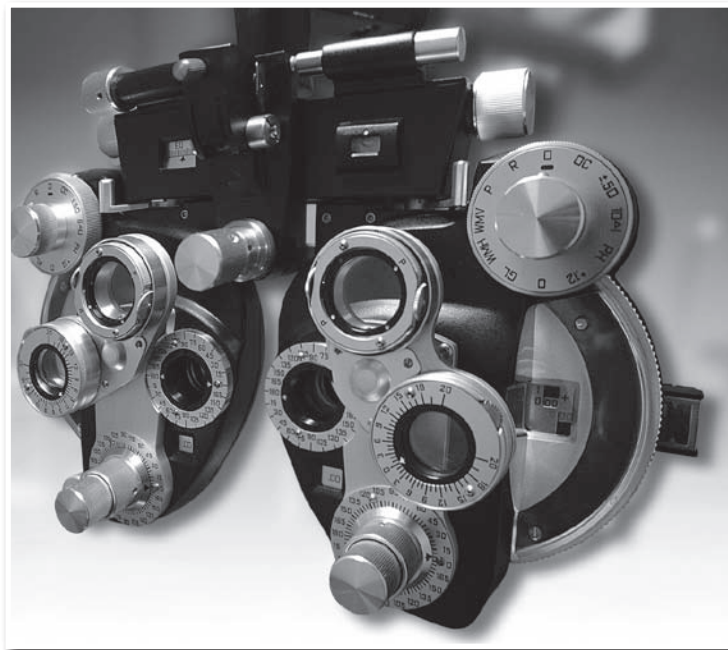
\$600 vision care benefit every two calendar years

The benefit for vision care in the provincial collective agreements covers \$600 for corrective lenses, glasses or contacts, every two calendar years. This is over and above coverage of the costs of eye exams, which is covered once each year.

The \$600 benefit runs over two calendar years. Two examples:

An Employee who claimed up to \$600 for lenses in 2005 will be eligible for another \$600 in corrective lense expenses beginning January 1, 2007.

An Employee who claims for \$450 in 2005, and a further \$150 in 2006, is again eligible for \$600 benefit starting January 1, 2007. It is the first claim that starts the two calendar year countdown. ■



Retroactive vision care benefit for the first half of 2004

Nurses have to June 30, 2006 to resubmit vision expenses that may have been denied for first half of 2004

After a recently reached settlement with Health Boards of Alberta Services (HBA) nurses who may have had vision care expenses over \$300 in the first half of 2004 can now submit them for reimbursement.

Nurses have until June 30, 2005 to apply for reimbursement for vision care claims up to \$600 for the first half of 2004.

With the new provincial agreement vision care benefits increased from \$300 to \$600 every two years. The new higher benefit took effect as of July 1, 2004, but nurses who spent over \$300 for lenses earlier in 2004 can now resubmit their claim. ■

Have you had two positions combined?

You could be being underpaid.

Some Employers may have miscalculated the step on the salary scale for nurses who have had two positions combined.

Most Employers have simply put nurses who had two positions combined at the higher increment of the two positions. The combined years of experience from the two positions could be higher, however, and should put nurses at a higher increment.

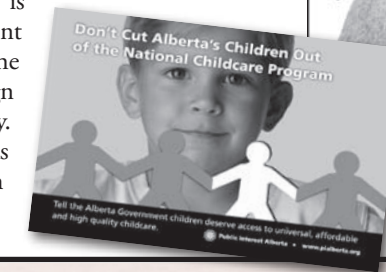
If you have had two positions combined, all your hours worked in both positions should count in the calculation of experience for salary scale increment purposes. For example, a nurse who had two positions combined, one at Year 3 on the increment scale and one at Year 4, could deserve to be at Year 5 or higher when the total hours worked are combined.

Nurses who believe they may have been put at the wrong salary step after combining positions should contact their Local or a UNA office. ■

HAVE YOUR SAY ON CHILDCARE

Send in the Postcard today!

Public Interest Alberta (PIA) is pressuring the Alberta government to join in and receive the benefits of the National Childcare program. The campaign began with newspaper ads on Mother's Day. PIA plans to deliver as many postcards as possible on Father's Day, June 19. **Send in your Postcard today.** ■



When it comes to quality childcare in Alberta, many families have no real choice. Quality Childcare is often not affordable or available.

Alberta families are tired of waiting. Some provinces have already agreed to build a new Canadian childcare system, but the Alberta government may not sign on.

Tell your MLA that you want the Alberta government to commit to an accountable, national childcare system that is high-quality, affordable and accessible.

Act now so Alberta's children are not cut out of a national childcare system!

Visit www.pialberta.org to send an e-mail to your MLA and the Minister or call toll free to 310-0000 and ask to speak to your MLA.

Public Interest Alberta
435 9912 - 106 Street
Edmonton, Alberta T5K 1C5
(780) 420-0471

A Bigger LAPP Pension?

Facts don't support claims of Alberta Society of Pension Reform

Many UNA members have seen recent advertisements by the Alberta Society for Pension Reform and have asked UNA for more information. The Society has filed a statement of claim against the Government and Employers for greater Local Authorities Pension Plan (LAPP) benefits. Filing a lawsuit does not necessarily indicate the claim has merit or any chance of winning. LAPP has a solid legal case and the lawsuit will in all likelihood be dismissed.

The Society argues that members were promised a 2% plan and that LAPP doesn't provide that. The LAPP did start out in 1962 as a "2%" plan. The pension promised was 2% X the years of pensionable service (maximum 35 years) X the average of the highest 5 consecutive years of a full-timer's salary.

When the Canada Pension Plan commenced in 1966, the LAPP was legally changed to complement the Canada Pension Plan. The LAPP reduced the 2% rate to 1.4% to allow for the amount of salary that is covered by CPP.

The formula that began in 1966 used 1.4% of salary up to the YMPE (CPP term: Years Maximum Pensionable Earnings) and then 2% above the YMPE.

When the pension promise was reduced to 1.4% in 1966 there was a corresponding reduction in contribution rates for Employees, from 5% to 3.5% of salary up to the YMPE.

The LAPP plan was properly and legally changed in 1966, with full notice to all contributors at the time.

What the Society chooses not to highlight is the cost of operating a "2%" plan. Pension plans must set their contribution rates to match their pension liabilities.

The point is that LAPP contributors have not paid for a 2% plan.

The combined rates of Employees' and Employers' contributions in the LAPP plan are a total of 15% of current salary.

Costs would be much higher for a 2% plan. For example, the Management Employees' Pension Plan (open to managers within the Alberta Government) provides benefits of 2% on all salary. But the combined contribution rate for Employees and Employers in the Management Plan is 22.6%. That is half as much again as the LAPP contribution rate.

LAPP has had significant discussions on moving to a 2% plan, but the costs are high. The LAPP Actuary advised that the forward cost of providing a 2% plan would cause LAPP total contribution rates to exceed 18%. That is for future costs only and would not cover the cost of paying a 2% benefit retroactively.

LAPP sets its pension contribution rates annually to meet the costs of LAPP members as a whole, not the particular cost of any individual's pension benefit. It is the LAPP Board's view that the Pension Society's claim, would in effect, modify the existing plan rules to maximize the pensions of certain members. To pay for any such increase in pension benefits, current and future LAPP members would have to pay significantly higher contributions.

United Nurses of Alberta is confident that the LAPP Board is compliant with the pension rules and is funding the plan appropriately.

Many UNA members would like to enhance their pension benefits. The supplemental RRSP benefit that UNA gained in the 2001 provincial contract does significantly enhance benefits. Members who voluntarily choose to contribute 2% of their regular earnings will receive a matching 2% contribution by the Employer, all into a redeemable RRSP. ■



Nicaraguan visitor thanks UNA for assistance

“The young women are constantly breathing the fabric dust,” she said. “Rashes on their skin and hands could be from chemicals on the textiles they work with.”

“We show the link between the working conditions and the women’s short and long-term health,” Ramos said.



Sandra Ramos visited with nurses at the UNA offices in Edmonton recently. She spoke about her efforts to support women working the factories in the free trade zones of Managua Nicaragua. She said her organization would be helpless without international assistance including the contributions from UNA through CoDevelopment Canada.

Women working in the “maquillas”, free trade factories, in Managua, Nicaragua often work 13 to 16 hours a day, sometimes seven days a week. Sitting at sewing machines in dust-filled sweatshop plants, the young women have no idea about the long-term effects on their health. But a special women’s organization is working with them to win safer conditions and to train specialist workers’ health doctors to monitor the conditions.

UNA is helping these women to stand up for themselves and fight for better working conditions. UNA is a sustaining contributor to CoDevelopment Canada which is supporting workers in special projects in several different countries including Nicaragua.

In April, Sandra Ramos from Nicaragua visited UNA’s offices in Edmonton and gave a short talk about the progress her organization, Maria Elena Cuarto (MEC), is making with the 4,000 women working in the maquillas. Health and working conditions are a key way to involve the women, she said.

“The young women are constantly breathing the fabric dust,” she said. “Rashes on their skin and hands could be from chemicals on the textiles they work with.”

“We show the link between the working conditions and the women’s short and long-term health,” Ramos said.

MEC has had numerous small victories, including a recent settlement for 30 pregnant women who were laid off when one company pulled its factory out of Nicaragua. Companies coming and going happens quite frequently, Ramos noted. “How can Nicaragua compete with the U.S. and other countries?” she asked.

MEC has also been lobbying with the international corporations and with the Nicaraguan government on working conditions and for training more doctors who specialize in working conditions. MEC also is doing a great deal of education, training 1600 workers in protecting their basic rights in the work place and they have been publishing free booklets for the maquila workers, one on AIDs and STDs, and a manual for worker rights, that have been distributed free at the factory gates.

Ramos said the support from CoDev and the Canadian partners like Alberta nurses is greatly appreciated. “We could not organize ourselves and fight back without your support,” she said. ■

CoDevelopment Canada Celebrating 20 Years of International Solidarity

By Fiona Sheehan

It began with a stirring photo on the pages of a daily newspaper — a crowd of women raising their arms in protest against a bank of riot police.

Julia Goulden, a special education teacher in Burnaby, B.C. at the time, decided she wanted to do something. The women in the photo were teachers, too. “It was such a powerful photograph and I thought ‘I’m going to go there and help these women.’ They were really up against it.”

With that idea, CoDevelopment Canada’s first project was born 20 years ago. Two teachers from the Lower Mainland set off with Mario Lee as a translator to meet their counterparts in Peru where the union had been decertified and its offices demolished by the government. The crime? Peruvian teachers stood accused of promoting union rights for its members.

The B.C. Teachers Federation had just decided it wanted to fund international solidarity, particularly with a view to women’s rights, and needed a separate agency to carry out that work. CoDevelopment Canada was founded in 1985 to take up the task and has continued ever since, now administering a variety of projects in Latin America — from working to maintain publicly funded education to promoting human and labour rights for factory workers

That first trip opened everyone’s eyes.

Goulden found that although the Peruvian teachers at the front lines of protests were women, the union leadership representing them was entirely male.

“Eighty per cent of the teachers were women, but the union leaders were all men.... The women were always put at the front of the protests because the thinking was that the police would be less likely to beat them up.”

“They [the union leadership] had never considered that there might be union issues with women.”

After much discussion, the national teachers union of Peru — known by its Spanish acronym of SUTEP — brought forward women to meet the tiny CoDev delegation. Women activists were often given the worst teaching assignments in dangerous neighbourhoods of the capital city of Lima, left to work at night while their families were at home.

“Many had concerns, primarily that men were running the show,” said Goulden, who is now retired but still a CoDev board member.

CoDev helped SUTEP set up a program of empowerment for women that continues today. A central teacher coordinator ran conferences in which sex discrimination in education was discussed.

CoDev’s program director for education, Steve Stewart, recently travelled to Peru’s Amazon basin region for a



similar meeting of about 50 women teachers. “Some women travelled for three days on the river to attend the seminar because they said there’s nothing else for them.”

Non-sexist, inclusive teaching is perceived as radical in highly traditional Latin American societies. This allows CoDev to be part of work that challenges all sorts of discrimination and inequality in society.

“We’re creating an opening for teachers to be part of a system with a more transformative perspective,” Stewart said.

Non-sexist pedagogy messages are being spread to other parts of Latin America via Central America and Ecuador and even though the number of women on the national executive of the teachers union is still low — three out of 19 positions — participation at the local level has increased more significantly, said Stewart.

And even the men who at first questioned why women needed a voice in the union have now come around, said Goulden.

“They came to see that having women strong was important.”

CoDev has diversified its programming to include other community groups working in labour rights and gender equity. This work often includes bringing up members of these groups, and in the winter of 2002, a Nicaraguan labour activist named Sandra Ramos visited the United Nurses of Alberta. Members of the labour movement from all over Alberta were impressed by her passion and dedication, and in 2003, the UNA began to support her project (The María Elena Cuadra Women’s Movement-MEC) through CoDevelopment Canada. The very next year, the UNA doubled their contribution, and is planning creative ways to strengthen the relationship. This steady commitment to international solidarity shown by the UNA helps give MEC a real foundation for the organisation to build on. Muchas gracias! ■

Above: Canadians visit the police-destroyed national offices of SUTEP, the Peruvian national teachers’ union.

Below: Photo of protesting Peruvian teachers inspired Canadian teacher to begin sending support to colleagues in other countries.



Fiona Sheehan is a CoDev volunteer. For more information on CoDevelopment Canada contact : 604-708-1495 or visit: www.codev.org



Nursing News

Gil McGowan elected President at AFL Convention

Long-time Medicare activist Gil McGowan was elected new President of the Alberta Federation of Labour at the annual convention in Edmonton May 5-8. "Gil has been a long time co-worker in the Medicare campaigns," says UNA President Heather Smith. "Through the Bill 37 and Bill 11 campaigns, Gil has been a major force in strategizing and organizing." Gil McGowan had been the Communications Director of the Federation before leaving his position to run for the Presidency. He ran for the top job unopposed at the Convention. Kerry Barrett who had been Acting



President was acclaimed to return to her position as Secretary Treasurer.

Fort MacMurray and Brooks scene of coming struggles

The Convention also heard from a number of eloquent speakers about emerging battles for unionized workers. In Fort MacMurray, company moves to non-unionized work places and to bringing in foreign guest workers are both attempts to break unions and cut the pay and conditions for the thousands of Employees building the huge expansion plants. Workers at Lakeside Packers in Brooks have finally decided to unionize in the face of fierce intimidation and resistance from the Employer. The workforce at the plant is largely new Canadians, including many African refugees, and their treatment has reportedly been unfair and tremendously exploitative. But the American company will not likely agree easily to a first contract for the packing plant and a major struggle is expected. ■

Report says nurse shortage will worsen

Nursing Week kicked off this year with a report out of Ottawa on May 9 saying that Canadian nursing schools are being forced to cut spaces even though there is a critical shortage of nurses across the country.

The report comes out of the Building the Future joint intergovernmental project, described as the most comprehensive ever done on Canada's nursing workforce. It says the nursing shortage is affecting quality, especially in long-term care.

But it says many nursing schools aren't getting enough money from the provinces to adequately train the students they already have.

The study says wealthy provinces can attract nurses by recruiting from poorer provinces and countries, but that's not ethical or sustainable. ■

For Nursing Week UNA placed ads in a selection of Alberta newspapers pointing out the importance of nursing care in our health system.

Holy Cross opens up books to UNA Negotiations for a first contract continue

UNA will have access to the financial records of Enterprise Universal Inc., the owner of the Holy Cross Long Term Care, as a result of a settlement conference held with the Alberta Labour Relations Board (LRB) on April 20. UNA had filed a complaint of bargaining in bad faith with the LRB after Holy Cross said that its "business plan" would not allow it to meet the demands of nurses in negotiations.

UNA Director of Labour Relations David Harrigan says UNA will be examining the books of the Holy Cross and its parent company, Enterprise Universal Inc. in the near future.

Negotiations with the Holy Cross continue, with the assistance of a mediator, and more bargaining dates have been tentatively set for mid-May. The Holy Cross also agreed to full days of bargaining at the LRB, although Dr. Ian Huang had said he only wanted to bargain afternoons and evenings as he does surgery in the mornings.

The Holy Cross will also be writing an apology letter to all their nurses as a result of a second complaint UNA filed with the LRB. On April 18, the Holy Cross had distributed an "employee agreement" for their employees to sign. One UNA nurse had been given the "agreement" but all the nurses are going to receive the apology. ■

Britain hiding nursing shortage with "poaching"

British nurses' leaders warned of a looming staffing crisis in Britain's hospitals that is being masked by unsustainable levels of international recruitment.

At the start of the Royal College of Nursing's annual conference, Beverly Malone, its general secretary, said that the training of home-grown nurses would have to double by 2014 if the NHS were to avoid staffing shortages on the wards.

For the last few years, this recruitment gap has been filled by an influx of nurses trained abroad, mainly in the Philippines, South Africa and India.

But the RCN forecast that overseas recruitment would not be enough to meet future needs. Nearly a quarter of the profession is due to retire over the next 10 years and the supply of mobile international nurses is likely to be diverted to the US, which has embarked on a drive to recruit a million extra nurses. ■

Telus cuts vacation, sick leave and days off in pressure tactic Trying to break their union, workers charge

In April Telus announced it was employing illegal pressure tactics in its on-going contract talks with the Telecommunications Workers Union. Telus said it would cancel all grievance and joint committee meetings, freeze vacation entitlements, defer wage progression increases, suspend pay for first day off sick, and suspend use of personal and accumulated days off.

At the same time Telus started directly undermining the union with "pop-up" messages and offers to its Employees on computer screens.

Telecommunications Workers Union President Bruce Bell said TELUS CEO Darren Entwistle is trying to sabotage negotiations by emailing the misleading contract offer directly to employees instead of negotiating with the Union at federally-mediated bargaining sessions continuing today in Vancouver. TELUS' negotiators even said yesterday they were open to Union counter-proposals at the same time the company was secretly emailing its offer to members, Bell added.

Reports on Telus CEO Darren Entwistle's compensation show that while talks with the union have been stalled by the company since 2000, his own compensation has been rising fast: 2002 - \$3.14 million, 2003 - \$4.25 million (35% increase) and in 2004 - \$6.55 million (54% increase). ■

New U of A study shows better nurse staffing can save lives

A massive study by researchers at the University of Alberta showed that nurse staffing policies make a significant difference in outcomes and mortality for

hospital patients. "We are concerned that some patients die unnecessarily in Alberta hospitals when continuity of care processes are disrupted," said Dr. Carole Estabrooks, lead author of the article. Information for the study was collected over a one-year period beginning in April 1998.

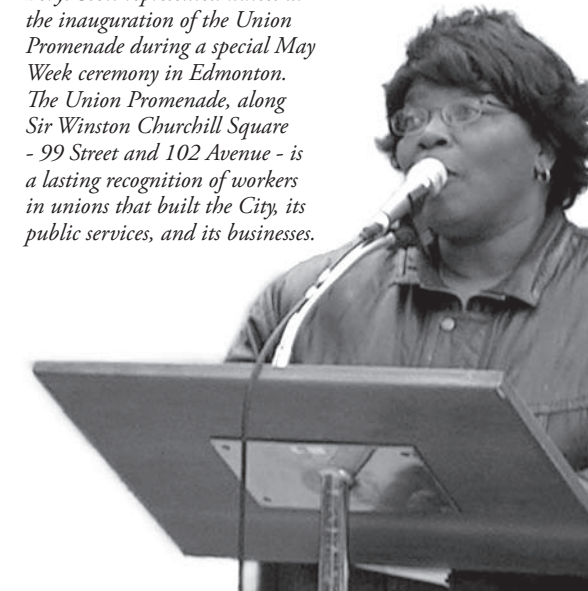
Among a larger number of factors that contributed to mortality, the investigators found that four hospital nursing characteristics were significantly associated with lower mortality rates:

- Employment status: hospitals with a higher proportion of permanent staff compared to temporary and/or casual staff
- Education: hospitals with a higher proportion of baccalaureate-prepared registered nurses versus diploma prepared registered nurses
- Skill mix: hospitals with a richer skill mix (a higher proportion of registered nurses to all other nursing personnel), and
- Nurse/physician relationships: hospitals where nurses report better communication and teamwork between nurses and physicians

The highest variations in deaths are related to continuity of care variables such as the proportion of permanent to casual and temporary staff, Estabrooks said.

The research is published in the March 2005 issue of the journal, Nursing Research. ■

UNA Executive Board member Beryl Scott represented nurses at the inauguration of the Union Promenade during a special May Week ceremony in Edmonton. The Union Promenade, along Sir Winston Churchill Square - 99 Street and 102 Avenue - is a lasting recognition of workers in unions that built the City, its public services, and its businesses.



National Nursing Week is about Nursing care when Albertans need it



Registered nurses want to be there, providing care for Albertans.

- in hospitals,
- in long-term care, AND assisted living
- in community and

public health care

We need enough nurses





Caring for the caregivers

Registered nurses suffer from one of the highest rates of injury and illness of any occupation in Canada.

A nurse who is ill or hurt cannot provide care for patients.

Keeping our work places as safe and healthy as possible — protecting our health — is important for nurses and for our patients.

If work hurts, if something is making you sick or injured, contacting your Local Health and Safety Committee is the place to start.



United Nurses of Alberta