

News Bulletin

CFNU gives Heather Smith Bread & Roses Award

*Canadian Federation of Nurses Unions Secretary Treasurer,
Pauline Worsfold, and President Linda Silas presented Heather
Smith with the Award at the Biennium in Regina.*

- More about the CFNU on Page 4



**PRIVATIZING
HEALTH CARE**

What the Supreme
Court really said.

See page 6.



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Message from the President

Heather Smith

What a month June has been. The Canadian Federation of Nurses Unions (CFNU) Biennial convention was a great success. One hundred and nine UNA members attended the two days of education and two days of business in Regina. Linda Silas was re-elected President and Pauline Worsfold, UNA

member from the University Hospital Local #301, was re-elected Secretary Treasurer.

An outstanding roster of guest speakers Arnold Relman, Maria Angel, and Michael Enright brought some very informative perspectives to the event.

Later in June one hundred and seventy nurses from across Canada attended the Canadian Labour Congress (CLC) triennial convention in Montreal. There were 20 of us from Alberta. This was the third CLC convention with CFNU as an affiliate and it's clear that nurses are having an impact in the national body.

Rumours abound that Alberta is already poised to act with a new sleight-of-hand. The predictions are that the government will announce the elimination of health care premiums, a good thing, but introduce a new voluntary private insurance scheme, to cover privately purchased services, which are not "medically necessary". It is not surprising that David Tuer, the appointed Chair of the Calgary Health Region, has openly suggested that cataract and hip surgeries should fall into the not medically necessary category.

This summer while Albertans celebrate the hundred years of our achievements and rise to prosperity, the reality of the disregard for individual workers in Alberta cannot be ignored. A rally in Fort McMurray July 5th attested to the manipulation of legislation for the interests of corporate profits (see page 7). I recall the Alberta Federation of Labour convention in May and the description of third world working conditions for employees at the Lakeside meat packing plant in Brooks. Those employees have since conducted a strike vote where ninety percent of the workers voted in support of strike action.

At the end of June, away from the scrutiny of the Legislative Assembly, the Alberta government changed regulations to permit twelve-year-olds to work. While the government has publicly espoused the need to invest in our children's future with things like the special education grants for any child born in 2005, we now expose this generation of children to greater risks and exploitation. You cannot dismiss the likelihood that even more children of parents on welfare (predominately women) will be "encouraged" to augment their family income. This new regulation takes effect immediately, but the increase in the minimum wage will not come until September.

Undoubtedly Deputy Ministers will be awarded the immediate 24% salary increase recommended by a government committee. The justification is that salaries need to be competitive. The same logic is not applied to Licensed Practical Nurses (LPN's) who have been in contract talks for over a year. They are the lowest paid LPNs in the country and they are only being offered 2% in each year of a four year contract.

The June 27 announcement of a task force to gather "input" on continuing care standards falls far short of what advocates expected after the Auditor General's scathing report on the crisis. The task force commenced meetings to review proposed draft standards on June 29, but not with the public. Particular emphasis is placed on consultation with facility operators and regional health authorities, the same "stakeholders" credited with assisting in the development of the proposed standards. Albertans only have until July 31st to respond to the electronic discussion guide posted on the government web site www.continuingcare.gov.ab.ca.

While oil prices have soared to \$60 a barrel – with predictions it may rise to \$100 a barrel – the interests of some people are being addressed, but they aren't those of the "severely normal Albertans". ■

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Nurses a strong force at CLC



Twenty UNA members attended the 24th Convention of the Canadian Labour Congress in Montreal in June. They joined over 2500 delegates from unions, federations of labour and labour councils from every part of Canada.

Speakers, ranging from Gilles Duceppe to Stephen Lewis, brought fresh perspectives to the Convention floor. The delegates also considered several important policy positions and examined the CLCs national political action plan.

Ken Georgetti was re-elected president, winning a third term as head of Canada's largest labour organization. Also re-elected, by acclamation, were secretary-treasurer, Hassan Yussuff, and executive vice-presidents Barbara Byers and Marie Clarke Walker.



CLC gives rousing reception to sacked Wal-Mart workers

Delegates gave an emotional and sustained ovation Wednesday in support of Quebec workers sacked by Wal-Mart for exercising their fundamental human right to freedom of association.

They voted unanimously to continue the fight against Wal-Mart's appalling lack of respect for Canadian law and for the rights of workers.

When employees at the Jonquiere, Quebec, Wal-Mart voted to join the United Food and Commercial Workers (UFCW Canada), the Arkansas-based retail giant 'discovered' that profits weren't adequate and closed the outlet down.

A total of 180 people lost their jobs. They are among the lowest paid workers in the country. Seven of those employees visited the CLC's triennial policy convention this week. ■

Statement on P3s

Delegates at the Convention adopted a strong statement on Public Private Partnerships, which said in part: "Over the last 2 decades, the federal and many provincial governments reduced the role of government in the economy through downsizing, privatization, and contracting-out public sector work. In doing so, elected politicians relinquished their social responsibility for the well-being of citizens.

"P3s transfer public control over services or infrastructure to private hands. Even ownership can be transferred. In all cases, democratic accountability is lost. Any public service is fair game, including health care, water, education, transportation, and a wide array of municipal and social services."

Public health care a national priority

Delegates voted to make Canada's public health care system, and the women and men who operate it, a national priority for the labour movement.

They called for action on international trade and investment agreements that threaten Canada's publicly funded and delivered system, and committed to press the government to include community and home based health care in the Canada Health Act.

Delegates also called on the federal government to introduce a national pharmacare program to make necessary medications available to all Canadians, and to address what is far and away the biggest cost pressure in the current system – pharmaceuticals.

Continue campaign for national child care system

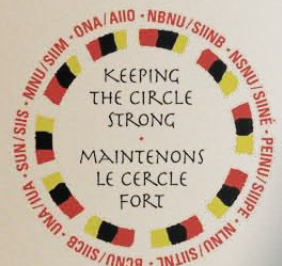
Delegates also unanimously supported a resolution calling on the CLC to continue its campaign and lobbying efforts to make a national public child care system a reality. ■

Make a difference in

The UNA delegation at the CLC Convention



A young dancer is very intent on her performance as part of an aboriginal dance presentation at the CFNU.



Canadian Federation of Nurses Unions (CFNU)

June 3 - 6, 2005 Regina, Saskatchewan

Heather Smith

presented with
Bread and Roses Award
at CFNU



UNA President Heather Smith was caught totally by surprise when the prestigious Bread and Roses Award was presented to her at the Canadian Federation of Nurses Unions (CFNU) Biennium in Regina.

“It was one of my proudest moments,” CFNU President Linda Silas said about presenting the award to Heather Smith. “Heather has been a mentor, all my activist career. I struck it lucky that when I became president, the first Bread and Roses Award I get to present is to Heather.”

“She’s a model for every woman in Canada, not only for nurses. There’s not one national meeting, or international meeting for that matter, that I have been to where they haven’t heard about Heather Smith and the United Nurses of Alberta.”

The CFNU presents its national award at each Biennium. It is for outstanding nurse union members who contribute to policy and decision-making, enhancing public awareness, participating in positive media and other public events, lobbying governments and educating members and the public. ■

Pauline Worsfold re-elected CFNU Treasurer

Pauline Worsfold from Local #301 and former UNA Transitional Officer was re-elected to the position of CFNU national Secretary-Treasurer. The position was contested by a Manitoba Nurses Union member, however Pauline won the vote. It is Pauline’s third term in the office.

Pauline said her priorities for CFNU, besides continued financial stability, include, advocating for nurses’ quality of work life and protecting and enhancing health care for Canadians. ■

Poll shows Canadians put a priority on ending nurse shortage

The Canadian Federation of Nurses Unions (CFNU) released a poll showing that Canadians see ending the nursing shortage as a top priority at the opening of the national Biennium in Regina on June 3.

Large majorities of Canadians believe that retaining experienced nurses and recruiting new ones should be financed “using any available surplus revenues” (73%) and through “raising taxes on the top 10% of wage earners” (67%).

“We are on the cusp of the greatest wave of nurse retirements Canada has ever seen,” said CFNU President Linda Silas. “Every government leader from coast to coast promises to cut waiting times. Waiting times cannot be cut without retaining our experienced nurses and recruiting new ones. Yet, we have yet to see strong comprehensive plans for doing this. Now with this poll, it’s clear that the public is firmly behind strong measures to tackle the problem,” said Silas.

Among the poll’s highlight are:

- 93% agree with hiring more nurses to reduce waiting times.
- 91% agree with providing government programs for the most experienced nurses to mentor new nurses,
- 88% agree with making grants and loans more available to all nursing students who demonstrate the financial need,
- 84% agree with providing incentives for staying on the job to the most experienced nurses,
- 80% agree with providing government programs to allow nurses to phase-in their retirement, and
- 50% agree with eliminating tuition for nursing school, with governments paying the amount.

Canadians also favour tackling the problems of prescription drugs costs and coverage by creating a national Pharmacare system. Large majorities agree with each of the three possibilities measured:

- 80% agree with centralizing prescription drug purchasing nationally if it would save taxpayers money,
- 71% agree with developing a Canada-wide government financed Pharmacare program, and
- 62% agree with increasing personal taxes by about fifty dollars a year to eliminate for everyone up-front costs for prescription drugs and to provide prescription drug coverage to everyone. ■

12th Biennium

Chaoulli v. Attorney General of Quebec: What the Supreme Court Really Said

By Steven Shrybman, Sack Goldblatt Mitchell

On June 9th, by a narrow majority, the Supreme Court of Canada found that Quebec's ban on private insurance for insured health services violated the Quebec Charter of Human Rights and Freedoms.

The ruling is certainly a victory for the advocates of privatization and two-tiered health care, but it is far less significant than these forces claim. If their challenge represented a full frontal assault on the principles of Canada's health care system, the Supreme Court's decision has dealt Medicare only a glancing blow. The following Q and A attempts to shed some light on what the Court really decided.

Did the Supreme Court challenge the validity of the Canada Health Act? NO. While the pro-privatization lobby has pounced on the decision as spelling the death of Medicare, in fact all of the Supreme Court Justices acknowledged the importance and validity of the Canada Health Act. Moreover, the legal effect of the Court's decision is limited to Quebec. For that reason it has no legal bearing on either the Canada Health Act or any other provincial health care insurance plan, including those that also ban private insurance.

Can provinces continue to maintain single tier health care systems? YES. And this is true for Quebec as well. As Mme. Justice Deschamps (one of the four judges who ruled in favour of Chaoulli), states: In this regard, when my colleagues ask whether Quebec has the power under the Constitution to discourage the establishment of a parallel health care system, I can only agree with them that it does. Justice Deschamps also points out that the provinces have several tools at their disposal to prevent the establishment of two-tiered health care, including the right to regulate what physicians may charge for their services.

Do Canadians now have the right to purchase health care services outside the public system? NO. As noted, the Supreme Court ruling has no legal effect in or for other provinces. Moreover, even Quebec may maintain a ban on private insurance if it can demonstrate that Quebec residents have access to the health care services they need within a reasonable time frame. This is because, as acknowledged by the majority judgment, a ban on private insurance "might be constitutional in

circumstances where health care services are reasonable as to both quality and timeliness ..."

It is important, therefore, to appreciate that Chaoulli's application arose from the circumstances of Quebec's health care system as it was in 1997 - before Romanow, Kirby and several federal-provincial health accords focused on the problem of reducing wait times. It is arguable that Quebec has already satisfied "reasonable" expectations about the delivery of timely care.

Will court challenges now be brought in other provinces? Possibly - but there are good reasons to doubt whether these would succeed. As noted, many governments have now taken significant steps to reduce wait times. In addition, the Court was evenly split 3-3 on the question of whether a ban on private insurance offended the Canadian, as opposed to the Quebec, Charter of Rights and Freedoms. Powerful dissenting reasons given by Justices Binnie, Lebel, and Fish present a sharp and compelling critique of the majority's treatment of the issues and evidence. These Justices take their colleagues to task for not only failing to define a "manageable constitutional standard" for judging questions of health care services in the context of Charter rights, but also for showing little regard for the evidence or findings of fact made by the Quebec Courts or for well-established norms of constitutional law.

Does that mean I don't have to worry about the Chaoulli decision? Unfortunately, No. While the case may have few legal consequences, the more immediate challenge is a political one, as pro-privatization forces pressure other provinces to abandon single-tier care.

While the majority of the Supreme Court appears to believe that private insurance and public health care can co-exist without any adverse effects on the public system, there simply isn't any meaningful evidence to support that view. While the majority relies on evidence gathered by Senator Kirby, it ignores the fact that the Senator rejected the notion of two-tiered care to resolve wait list problems, stating:

The solution to this problem is not, as some have suggested, to allow wealthy Canadians to pay for services in a private health care institution. Such a solution would violate the principle of equity of access.

As the minority justices point out:

.... the Kirby Report states flatly that "allowing a private parallel system will ... make the public waiting lines worse", a conclusion strongly supported by the Romanow Report: "[P]rivate facilities may improve waiting times for the select few ... but ... worse[n] them for the many]", and by virtually all of the evidence adduced before the Quebec courts. ■

Lawyer Steven Shrybman wrote this explanation for the Ontario Health Coalition

Drs. Arnold Relman and Marcia Angel, both from Harvard and both former editors of the New England Journal of Medicine were guest speakers at the CFNU Biennium. Relman told the nurses: "The failure of our privatized system should also be a clear warning to Canadians not to believe the self-serving claims of the business people who want to convince you that they can somehow add value to your health system by providing insurance and medical services more cheaply and efficiently than your public sector. This is simply not true."



Battleground Fort McMurray

With the boom in oilsands development in the Fort McMurray area, Alberta's economic focus has moved north. But while the boom has brought jobs and prosperity, the news hasn't been all good. In particular, employers and the provincial government seem to be cooperating on a strategy aimed at shrinking the slice that workers are able to take from the Fort McMurray's growing economic pie.

The attack has come on three fronts. First, the provincial government has used its labour code to tip the playing field against unions trying to negotiate a deal for the Horizon Project, Fort McMurray's latest mega-development. Second, employers and the government continue to make it easier for the Christian Labour Association of Canada (CLAC) to sign agreements at the expense of traditional trade unions. And third, the government is putting pressure on unions by making it easier for some employers to import temporary foreign workers.

Horizon: Government lets company write the contract

The Alberta government has invoked a little-used section of the provincial Labour Code to give Canadian Natural Resources Ltd. (CNRL) of Calgary an unfair advantage at the bargaining table. Under special provisions outlined in Division 8 of the Code, CNRL now has the right to negotiate an agreement with one bargaining agent (i.e. a union or contractor of its choosing) that would apply to all trades people working on the construction of the company's \$10 billion Horizon Oil Sands project near Ft. McMurray.

In essence, the government is giving CNRL special privileges that undermine any incentive the company might have to actually negotiate with building trades unions. Instead of a negotiated agreement, the estimated 6,000 trades people who end up working on the Horizon project will likely work under an agreement that - for intents and purposes - has been imposed on them by CNRL and the government.

The government says it's just trying to facilitate negotiations and ensure that an important project gets off the ground. But, invoking Division 8 of the Labour Code won't really help move negotiation along. In fact, it removes all incentive

for CNRL to actually negotiate. With the deck stacked against workers and their unions, CNRL can now just say "take it or leave it." That's not negotiating, that's bullying.

"Shortage" is a pretext for bringing in cheaper workers

So far, the "labour shortage" lobbyists have been successful in the campaign to convince policy makers to bring in cheaper workers. Both the provincial and federal governments are now allowing employers to import temporary foreign workers to work in northern Alberta.

But in fact, Alberta currently has a 6.1 percent unemployment rate in the construction trades. Over the last year and a half, that rate has sometimes gone as high as 9.4 percent - but it has never dropped below 4 percent.

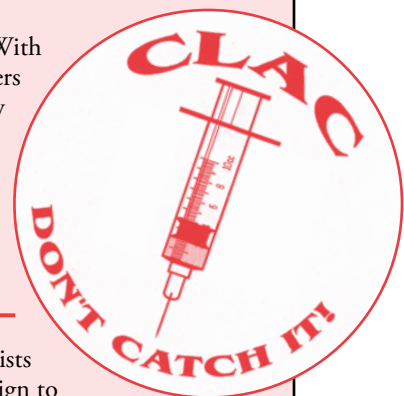
By the government's own definitions, there is no labour shortage. The sky is not falling.

Just as importantly, the rates of unemployment for construction workers are even higher in other provinces. Unemployment among aboriginal Albertans (especially those in the Fort McMurray area) is also higher.

Only a handful of employers are asking for permission to bring in temporary workers from abroad - and they all happen to be company's that have contracts with Christian Labour Association of Canada (CLAC).

Ledcor Industries an oilpatch construction company has a long history of working with CLAC to undermine support for traditional building trade unions. In April, Ledcor was given permission to bring 680 foreign workers into the country for terms of up to three years. Flint Construction - another CLAC contractor - is also in the process of applying for permission to import foreign temporary workers.

--From the Alberta Federation of Labour ■



UNA Vice President Bev Dick was one of more than 4,000 people at the huge union rally in Fort McMurray on July 5.

How well do nurses understand the single greatest link to illness?

A recently released study showed that most student nurses had little concept of the scale of poverty in Canada and of how important poverty is as a determinant of health.

The investigation into the understanding of poverty issues was conducted by the University of Alberta and McMaster and Dalhousie Universities.

"Many people do not really understand the societal factors that contribute to the causes and effects of poverty," said Dr. Linda Reutter, a professor of nursing at the University of Alberta, and one of the lead authors on the study.

"It is not uncommon to encounter negative attitudes toward the poor, even in our classes. There are a lot of myths and stereotypes. Nurses--and other health care workers--may blame the poor for their situations. They may say that poor people do not spend their money wisely, when they don't understand that some behaviours, such as smoking for example, might be coping strategies to manage the stress experienced by the poor in their daily lives," Dr. Reutter said.

Misconceptions about poverty that lead to insensitive care may prevent the poor from seeking the help they require from front-line health-care workers, according to Reutter and her fellow researchers. "They don't feel the worker really understands where they are coming from."

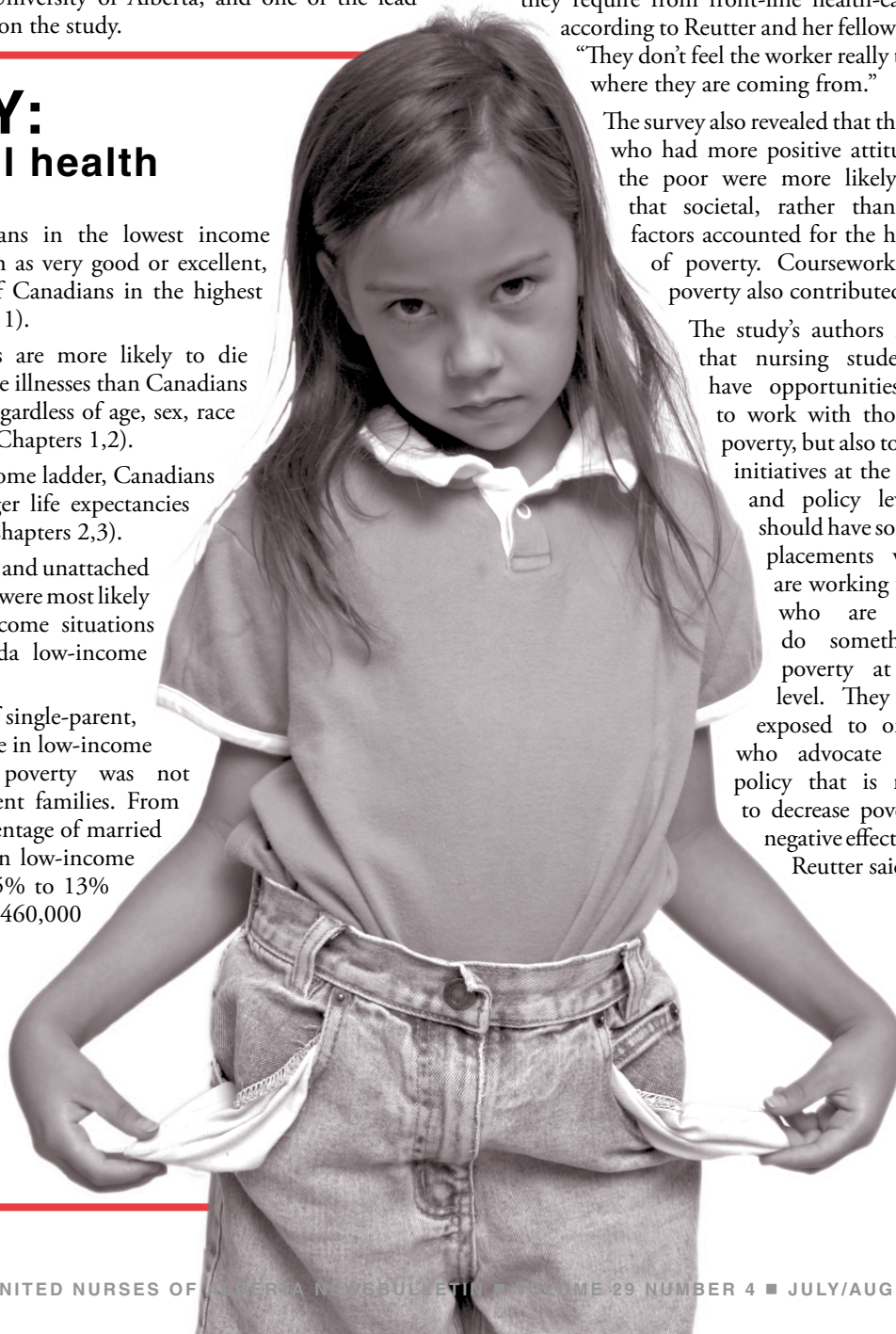
The survey also revealed that those students who had more positive attitudes toward the poor were more likely to believe that societal, rather than individual factors accounted for the health effects of poverty. Coursework related to poverty also contributed.

The study's authors recommend that nursing students should have opportunities not only to work with those living in poverty, but also to take part in initiatives at the community and policy levels. "They should have some practical placements where they are working with people who are trying to do something about poverty at a societal level. They should be exposed to organizations who advocate for public policy that is more likely to decrease poverty and its negative effects on health," Reutter said. ■

POVERTY: #1 cause of ill health

- * Only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared with 73% of Canadians in the highest income group (Chapter 1).
- * Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence (Chapters 1,2).
- * At each rung up the income ladder, Canadians have less sickness, longer life expectancies and improved health (Chapters 2,3).
- * In 1995, children, youth and unattached seniors (mostly women) were most likely to be living in low-income situations (below Statistics Canada low-income cut-off) (Chapters 2,3).
- * In 1995, almost 50% of single-parent, mother-led families were in low-income situations. However, poverty was not restricted to single-parent families. From 1990 to 1995, the percentage of married couples with children in low-income situations rose from 9.5% to 13% (a total of almost 460,000 families) (Chapter 2).

— From *Toward a Healthy Future: Second Report on the Health of Canadians*, published by the Federal, Provincial and Territorial Advisory Committee on Population Health (ACPH), Health Canada, Statistics Canada, the Canadian Institute for Health Information. ■



Report exposures to blood or body fluid

It can be frightening for a nurse to be exposed to blood or body fluid and the serious consequences of an exposure may not show up for months or years. That's why it is important to report instances of exposure to the Employer.

In many instances there is a lengthy latency period (the time between exposure and the development of symptoms) associated with occupational disease. An example is Hepatitis C Virus. The average time between exposure and the development of symptoms is ten years.

It is very important that you document the exposure and report it to your employer. If you need to file a WCB claim down the road then that initial report will assist in getting your claim processed and accepted.

Under the Occupational Health & Safety Act and Code you are required to report all workplace illness or injury to your employer.

Under the Occupational Health & Safety Act and Code you are required to report all workplace illness or injury to your employer. If you sustain a needlestick injury you should be filing out an incident report or noting the injury in the "First Aid Book". In addition, it is useful to fill out a UNA OH&S form so that your representatives on the OH&S committee are aware of the injury.

You are required to fill out a WCB Workers Report of Illness or Injury if you have lost time from work or if you have incurred any medical costs related to the injury.

You need to file a claim with WCB as soon as reasonably practicable or within one year. There are exceptions to that rule particularly when dealing with Occupational Disease claims. ■

Nurses have to jump hurdles to report injuries

In the Calgary and Capital Health Regions, UNA members have raised concerns about access to reporting forms and barriers to reporting injuries or illnesses. In both Regions report forms are not readily available and Employees who need to report a workplace illness or injury must phone a specific number. In Calgary the call goes to an answering service which forwards the call to Telus OH&S services. In Capital Health Employees are to call the OH&S department. In both regions calls are often put on hold for long periods of time, 20 minutes or more. As a result some employees are not bothering to file reports.

Workplace Health and Safety advises that the reporting forms are considered to be part of the first aid services, equipment and supplies under the OH&S Code. The Employer must ensure that these services, equipment and supplies are "located at or near the work site they are intended to serve, and available and accessible during working hours".

If your Employer's reporting process is in any way discouraging workers from reporting workplace illness and injury, the local OH&S representatives should file a complaint to your OH&S committee. ■



One nurse's experience of a needle stick

Unfortunately, I recently received a needle stick injury. I went to the ER Department right after the injury and documentation and forms were done there. Testing immediately followed the needle stick and then 3 months later and then again 3 months after that. In my case, the patient also agreed to the testing after my injury. I received a letter to notify me that WCB had been made aware of my injury. ■





Telus trying to break its union

ANOTHER WRONG NUMBER CAMPAIGN



The Telecommunications Workers Union is in its fifth year without a collective agreement with Telus. While Telus CEO, Darren Entwistle made \$6.55 million last year, nearly 12,000 Telus workers have gone five years without a raise.

Telus has huge customer service problems, but it still wants to lock out its employees. The TWU says that will make service even worse. As of June 16 TWU is initiating an escalating action plan that begins with

an immediate ban on overtime as well as a ban on relieving management.

“We’re trying to enlist members of the public in an effort to pressure Telus into acting responsibly. We’re asking them to access our campaign web site, www.anotherwrongnumber.com, to sign and to contact the federal Minister of Labour, Joe Fontana,” Telecommunications Workers Union President Bruce Bell said. “Our goal is to put pressure on Telus to come to their senses and bargain a new collective agreement,” he said.

In the event Telus locks out employees, the union has have called on supporters to be ready to provide tangible support by taking one or more of the following steps:

- 1 Cancel one or more of the special calling features (call waiting, call forwarding, voice mail, smart ring, call alert call display).
- 2 Cancel automatic bill payment and requesting a printed copy of the bill.
- 3 Consider moving long distance service to an alternate service provider for the duration of the dispute.

“We all have an interest in getting this thing settled,” Bell concluded.

More about the campaign at:
<http://www.anotherwrongnumber.com/> ■

Health Regions can't make “return of service” commitments stick

Health Employers are often violating collective agreements with special recruitment incentives and with “return of service commitments”. Because these arrangements are in violation of the contract, UNA maintains they cannot be enforced, particularly these “commitments.”

Nearly all the Health Regions use incentives in their efforts to recruit nurses and some of the incentives are substantial, like covering moving costs for example. The Employers often demand a “return of service commitment” that “binds” the Employee to remain in the position or with the Employer for a certain period, usually months or even years. For some Employees who decided to leave, Employers have demanded their incentive costs back.

But, under the UNA Collective Agreement, the Regions are supposed to negotiate any type of special recruitment initiatives with UNA. UNA takes the position, therefore, that Return of Service commitments that have not been properly negotiated violate the collective agreement and cannot be valid.

The contracts are clear. The special Letter of Understanding on Recruitment and Retention says specifically: “Any initiatives that affect the terms and conditions of employment shall require mutual agreement between the Union and the Employer.” ■

Telus gets it wrong in Calgary

The same Telus phone company that is actively trying to break its own union, is the corporation that now handles payroll and some Human Resource management for the Calgary Health Region. Unfortunately, Telus hasn't had a good record in the payroll department there. According to some reports nearly every nurse's pay has been wrong to date. There are nurses who say they have never had a single correct pay cheque since Telus took over payroll. ■



Spotlight on your contract

It's not always easy keeping up with every detail in the collective agreement. To help keep nurses aware of issues they should know about and their rights UNA publishes "Spotlight" posters. Spotlights are quick one page guides to particular contract topics. Often UNA publishes them when a number of Employees are confronting a particular problem and it is important to clarify what the collective agreement says.

For example, Spotlights contained brief explanations of the 2003-2007 provincial agreement's provisions on mobility, portable seniority and Employees who had held multiple positions.

Most Spotlights apply to the provincial collective agreement, and other agreements that share much of the same language. Some of the posters refer to agreements. For many of the Spotlights the titles alone tell the story, for example, Employers cannot pay out vacation.

Available on UNA*Net and the website

The posters are available in the electronic PDF file format on the UNA website, www.una.ab.ca, in the Members Area, and in "Conferences" on UNA*Net, UNA's First Class system. ■

SPOTLIGHTS AVAILABLE

Sick Leave is your right! Beware health info releases!

All Part-time and temporary Employees get most benefits.

Only nurses can ask to change their FTE

Returning Employees can choose their site

Health benefits temporarily extended (#301, #196)

Designated Days of Rest

Mobility Provisions

All prescriptions covered

Multiple Positions

Portable seniority

Overtime - Employers MUST pay out accumulated Overtime hours

Vacation - Employers cannot pay out vacation

Sick Leave - Employers must pay costs if they require proof of illness

Fairness in Vacation

Float Orientation

Grievance Timelines

In-Service Education

On-Call Pay

Peer Evaluation

Permanent Nights and Evenings

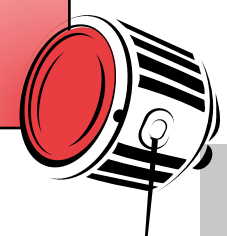
Preceptor Allowance

Professional Development

Schedule Change Penalty

Shift Cancellation

Sick Leave



LATEX
HAZARD

Ashley Price's close call with latex

"I heard the anaesthetist's voice, I knew him and recognized his voice, he was saying, she's gone in to cardiac arrest, we're losing her."

Ashley Price's memory is very clear of the day an anaphylactic reaction to latex nearly killed her. Today she tells her story to alert others to the possible hazard of latex.

Ashley did not know how allergic she was to latex when she went to work at the Penticton Hospital after completing her nursing degree. "I had mild eczema," she says, and she was avoiding latex gloves when she could. Now she knows that eczema is often a telltale warning sign of a latex allergy. But on that day she was catheterizing a patient and the latex gloves for the sterile procedure were all that were available.

"After I'd done, I snapped off the gloves and almost immediately began to feel a bit woozy. I was flushed and began to go in to a hot sweat. I sat down to shake it off... then a colleague said I didn't look well, and I'd better go down to emergency."

Ashley walked herself down to emergency, where they took one look and began working on her immediately. By then she was having trouble breathing, and a huge rash had come up, a red ring all around her neck and shoulders. About 45 minutes after she'd taken the gloves off, her throat had swollen so much that her airway was completely cut off. But she remembers the nurses pushing the button and calling the code.

They pulled Ashley through. She says she just fought hard for her life. After she was stabilized Ashley told her colleagues she'd be back to work the next day. But it took a year-and-a-half before she could get back to her new career. Almost immediately after the attack she developed severe asthma and other allergies as well. She saw specialist allergists and had to do a lot of research. At the time, Ashley said she was one of only about six people in Canada who had experienced anaphylactic reaction to latex, but the number of people developing the allergy is growing steadily.

Vinyl gloves

an unsafe alternative to latex

When the nurse saw blood pooling inside her glove she thought she had injured herself. But it turned out to be blood from the patient that had seeped in through a small tear in a vinyl glove. One Health Region recently supplied a large number of vinyl gloves to its facilities. The new gloves came with no notice and were the same brand name as the latex gloves used previously, so many people did not notice the difference.

The employer has removed the vinyl gloves and substituted low protein latex gloves.

But not all gloves are the same. The U.S. Center for Disease Control and Prevention (CDC) reports that vinyl gloves can be subject to tears and do not provide a safe barrier to infectious agents.

Nitrile gloves and other alternatives have proven to be completely safe alternatives to latex. ■



WAL-MART:

Is it in the public interest?

By Alan Besecker

I am on the Human Rights and International Solidarity Committee of the Alberta Federation of Labour. Last fall we worked with two community partners, The Parkland Institute and Change for Children, to present two workshops on Wal-Mart and the effects the huge chain has on the communities where it operates.

What we learned about the world's largest retail chain was amazing.

Wal-Mart sales are greater than the Gross Domestic Product of 161 nations.

The chain is the largest employer in the world. But the average Wal-Mart worker makes a few thousand dollars less than the poverty line.

The fact is that Wal-Mart is leading the race to the bottom as other retailers layoff staff and decrease service in an attempt to compete.

Wal-Mart comes to town offering one stop family shopping, everyday low prices, 35 departments to serve all consumers' needs as well as the promise of jobs, jobs, jobs. The actual facts paint a different picture. Wal-Mart workers

average only 28 hours per week. In the US, 60 per cent of workers have health care insurance but only 38 per cent of Wal-Mart's workers do. Most of the Wal-Mart's pension plan is in Wal-Mart stocks with no security.

Wal-Mart creates jobs, but for every two jobs created in a community, three jobs are lost as many small businesses that often paid a fair wage go out of business. In the state of Iowa alone 7,326 small town businesses have closed since the Wal-Mart invasion.

Wal-Mart was founded in 1962, expanded into 5 states in 1971, developed the Wal-Mart Cheer in 1975, started the people greeters program in 1985 and by 1985 had 882 stores with \$8.4 Billion in sales. In 1991 the first international store was opened in Mexico, in 1994 first Canadian store opened, and by

allergy



Today, Ashley works in the NICU at the Royal Alexandra Hospital in Edmonton, but it has been a long road back from that day in the Penticton Hospital.

To return to her career as a nurse, Ashley has had to learn how to get around latex and usually has good cooperation in her work environment. Her NICU unit is now almost completely latex-free, something that is good for the babies anyway, but Ashley says it would be just about the only place in the hospital where she can safely work.

Latex is everywhere in health care and Ashley has been researching it. "It's going to be a problem," she says. "And it is going to change." Many American hospitals have switched over from latex gloves and equipment to alternatives and more and more in Canada are as well. The Interior Health region in BC where Ashley was working as a graduate nurse when she experienced the reaction has since gone latex-free.

There are a whole range of plants related to rubber that Ashley is also allergic to, kiwi fruit, bananas and more. Any plant that has a milky sap has the DNA to make the proteins that she has allergies to. Stretchy latex is the worst, she says. She can play squash with a rubber ball, but she keeps well away from balloons and other stretchy latex products.

"People told me to go back to school and get in to another profession, but I am a nurse, and I am nursing," she says. ■

Capital Health Board says no switch from latex

UNA says evidence of hazard is clear

Following an Occupational Health and Safety presentation from nurses, the Capital Health Board said they will not switch from latex. Nurses had told the Board that on-going exposure to latex proteins was cumulatively producing allergic sensitivities in both nurses and in patients.

"We're not serving the public well and not keeping them safe from latex allergy and not assisting those who already do have latex sensitivities," said Sherry Stone, President of Local #85, who had participated in the OH&S presentation. "I really thought they were listening to us. I'm very disappointed," she said.

In its written response to the nurses, Capital Health said it is looking at the "feasibility" of a latex-safe room on each site and establishing a regional policy on managing latex allergies in patients. They also said Employees will have access to non-latex gloves and respiratory equipment. But they said evidence "does not justify a complete ban."

UNA's Occupational Health and Safety Officer Janice Peterson says the costs of moving to latex alternatives are not high and evidence does show that sensitivity to latex is a growing and cumulative problem.

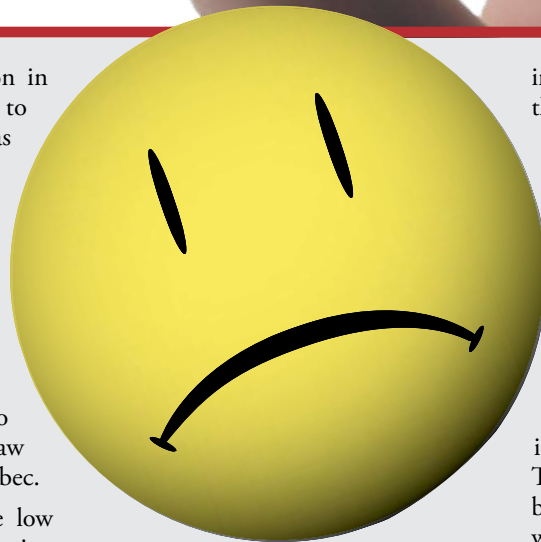
The powder used to dust gloves continues to be a concern as it gets into people's lungs, causing coughs and asthma symptoms. Eczema, particularly of the hands, and even anaphylactic shock are the other main symptoms.

"We will continue acting as patient and staff advocates by educating our members and our public regarding latex sensitivity and allergy," Sherry Stone said. ■

1995, Wal-Mart had \$96.3 billion in sales. The company continues to aggressively grow although it has met resistance in some European countries.

Wal-Mart mirrors the trends we are fighting in the global economy. There is an assault on workers who are now forced to work part-time, with poor – if any – benefits. Everywhere owners fight unionization and stores that do organize may just be closed as we saw recently with the Wal-Mart in Quebec.

People shop at the stores for the low prices, but look at the cost of paying less. Although Wal-Mart claims to buy local, it is the largest importer of Chinese goods and imports 10 per cent of all Chinese goods. In 2000, Master Lock lost 250 union jobs when Wal-Mart started buying locks off shore. The



company not only has put many North American workers out of work with its buy at the lowest possible cost policy but is now pitting poor countries against each other. Wal-Mart has closed factories

in Honduras and other countries because they could buy cheaper elsewhere. They do not allow independent unannounced inspections of their contractors' facilities and they do allow forced overtime, locked bathrooms, starvation wages, pregnancy tests and frequent firings in agreements with foreign contractors.

Wal-Mart and the global strategy of free trade threaten the wages, health-care benefits and workers' lives not only in Canada but also around the world. Their race to the bottom for wages and benefits flaunts any laws, suppresses workers' rights and stomps on our sense of fairness. This is a fight of values. ■

Alan Besecker, a nurse with the Alberta Cancer Board, is a North Central District Representative on the UNA Executive Board.



Nursing News



Museum of Civilization exhibit on Canadian nursing

The Canadian Museum of Civilization in Ottawa is running a major exhibit on nursing from June 17 to September 4. The exhibit, which includes photos of nursing union history contributed by UNA, is called A Caring Profession: Centuries of Nursing in Canada.

Information on the exhibit is available on the Museum's website at: www.civilization.ca.

"From life's start to life's end, there is always a nurse," says Dr. Victor Rabinovitch, President and Chief Executive Officer of the Canadian Museum of Civilization. "Nurses are everywhere — on hospital wards, on board air ambulances, within our schools, in war zones and in our homes."

Hundreds of artifacts (from stethoscopes to nursing uniforms), vintage films and historic photos tell the story of nursing in Canada: its beginnings in 17th-century New France, the hardships and isolation that nurses experienced, the increasing modernization and professionalization of health care, contemporary issues and concerns about the future.

A book, *On all Frontiers: Four Centuries of Canadian Nursing*, is being published in English and French and will be launched at the exhibition opening.

The Museum has also created the Canadian Nursing History Collection Online, a database of over 2000 artifacts related to civilian and military nursing. The database can be accessed at <http://www.civilization.ca/tresors/nursing/ncint01e.htm>.

National report released on nursing shortage

The "Phase One" report of yet another study on the nursing shortage in Canada has recently been released. It comes from the project "Building the Future: an integrated strategy for nursing human resources in Canada". The project on the nursing shortage has been the Health Canada/Ministers of Health consortium brain trust with a range of stakeholders.

The report's findings will come as little surprise to most health workers.

"Nurses from both hospital and non-hospital settings report workloads that are too heavy for the number of staff resulting in undue time constraints, decreased quality of care and lack of job satisfaction. Furthermore, the detrimental effects of poor working conditions on recruitment and retention are reportedly contributing to high rates of turnover that in turn, lead to decreased morale and further deterioration in the work environment."

The report includes a number of recommendations including:

- "Implement effective and efficient mechanisms to address workload issues and improve patient, nurse, and systems outcomes."
- "Improve and maintain the health and safety of nurses."

There is also a series of 13 Technical reports, including Nurse Union Activists Report of Focus Groups.

The full report is available on the project website www.buildingthefuture.ca

Education workers in Quebec, members of CUPE/SCFP recently held a demonstration to bring attention to the importance of the work that they do. They developed a campaign that was a knock off of the movie "The Incredibles." Wearing superhero uniforms, the members became "Les Indispensables" and made their point.

Health Regions run virtual job fair

Alberta's Health Regions have a website with a "virtual job fair" that is a permanent recruiting tool in the province. A recent check showed over 100 RN positions posted. The website, www.healthjobs.ab.ca is run by Health Boards of Alberta Services (HBAS) and includes all nursing and nursing assistant type jobs as well as all allied health professions, technicians and more. A quick review of the site showed just one clinic dietician position, and no Registered Psychiatric Nurse positions, one nurse practitioner (an infection control practitioner). It also had 32 nursing attendant jobs and 14 LPN positions. A number of Regions, including Calgary and Capital Health did not have any positions posted on the site. ■

The Alberta Association of Registered Nurses President-Elect Sheila MacKay visited nurses at Canmore Hospital, Local #119. Thanks to Leslie Reid for the photo.



American nurses report U.S. health care in crisis

In their statement on health care, the American Nurses Association report "The U.S. health care system remains in a state of crisis. Despite incremental efforts at reform, the number of uninsured continues to grow; the cost of care continues to rise; and the safety and quality of care is questioned. The overwhelming problems of the health care system require significant attention on the part of health professionals, policy makers and the public."

"ANA believes that access to health care is a basic human right that should be guaranteed to everyone in our nation," Blakeney said. "But our current health care system is ailing, and ANA's Health Care Agenda - 2005 offers a remedy."

The report advises reshaping and redirecting the nation's health care system away from the overuse of expensive, technology-driven, acute, hospital-based services to a new model in which a balance is struck between high-tech treatment and community-based services that focus primarily on prevention.

"The solution is to invert the health care pyramid and focus more on primary care instead of more costly secondary and tertiary care," Blakeney said. ■

California Nurses keep pressure on Schwarzenegger, donors Patient Health not Corporate Wealth

The California Nurses Association has launched www.StopArnold.us to help organize opposition to Arnold Schwarzenegger's special election and let concerned consumers know what corporations are bankrolling Schwar-

zenegger. The campaign's tag line is "Patient Health not Corporate Wealth," which refers to the distorting influence of healthcare corporations on Schwarzenegger and this special election.

"The pharmaceutical industry alone has threatened to raise \$100 million to support Schwarzenegger's anti-patient and anti-nurse policies, so www.StopArnold.us focuses on them first. Consumers need to know that the money they spend on Pfizer's Listerine or Johnson & Johnson's Mylanta is being used against them," said Deborah Burger, RN, President of the California Nurses Association. ■

Calgary Health Region survey shows nurses still concerned about workload

The Calgary Health Region says its nursing worklife survey shows a slight improvement in the morale of the Region's nurses. The 2004 survey showed an increase in the level of satisfaction related to Professional Status and Pay and Autonomy ratings are holding.

The Health Region began the survey in 1997 and repeated it in 2000 and 2002.

The Region notes that "There is still significant stress in nurses' day to day work lives, which is evidenced in the slightly lower satisfaction (although not statistically significant) with Autonomy and Task Requirements. Nurses would appreciate more input into administrative and policy decision-making and feel they require more time to spend on direct patient/client care." ■

Fully 35% of the RNs and RPNs reported they "have too much responsibility and not enough authority" which has dropped slightly since the previous surveys. At the same time more nurses (30%) are reporting that "The supervisors in my area make all the decisions. I have little direct control over my own work."

The workload concern continues to rise, now 72% of nurses agreed that "I think I could do a better job if I did not have so much to do all the time."

One number that has dropped significantly since 1997 is nurses who report "I am sometimes required to do things on my job that are against my better professional nursing judgment." The number is still an unacceptable 27.9%, but that is a good deal lower than the 40% reported in 1997. ■

Ontario's nursing home nurses fear a recent arbitrator's award will hurt retention and recruitment efforts

The Ontario Nurses Association says a recent arbitrator's award that still denies nursing home nurses wage parity with their hospital counterparts will hurt recruitment in the sector. Ontario is the only province that pays hospital and nursing home nurses different rates. The Award did provide a wage increase of 3% in the first year and 2.5% in the second year. Further compounding the wage gap are disparities in shift and weekend premiums and a long-term disability plan. ■

Public Interest Alberta (PIA) had some help delivering a whole long string of postcards on childcare to the government. Tessa and Jack McGowan helped their Dad, Gil McGowan, president of the Alberta Federation of Labour, hold up part of the string of postcards. The string of thousands of postcards from Albertans encircled the entire fountain in front of the Legislative Assembly. The postcards urge the Alberta government to commit to the high quality national childcare plan. PIA is still accepting more postcards and will be taking them all to the government.





"If the Supreme Court has found that governments' failure to deal with problems of waiting lists threatens Canadians' life and security rights, the solution must be to fix the system for ALL Canadians not simply those with the ability to purchase private care."

– Canadian Health Coalition

Your country has wisely decided that health care is a public responsibility and a right of all your citizens. I cannot imagine, therefore, why you would want to privatize any essential part of it. Privatization benefits only the private owners and investors, not the public."

– Dr. Arnold Relman, Professor Emeritus, Harvard University, former Editor, New England Journal of Medicine, speaking at the CFNU Biennium in Regina, June 2005.

SUPREME COURT DECISION CHALLENGES MEDICARE WITH PRIVATIZATION

"The evidence indicates that a parallel private system will not reduce, and may worsen, the public waiting lists and will likely result in a decrease in government funding for the public system."

– Supreme Court justices
Justices Binnie, LeBel and Fish in
their dissenting minority opinion