

News Bulletin

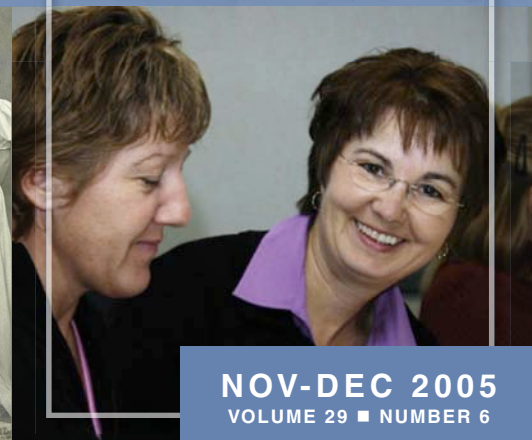
Lakeside strikers talk at AGM about conditions at Brooks plant just a week before winning contract.



Nurses campaign against "granny-in-a-box" in Lethbridge. [Page 5.](#)

UNA and Saskatchewan nurses start 100 years of nursing history project. [Page 12.](#)

Learning more at UNA workshops. [Page 13.](#)





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six times a year for our members

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Message from the President

Heather Smith



This is the final NewsBulletin of 2005, which means the Nurses Planner is once again delivered to each UNA member. There is an important change in scheduled dates that affects the majority of UNA members. In November the UNA Executive Board approved the timelines for 2007 Provincial Negotiations (the Provincial Contract will expire March 31, 2007).

In the timelines the Provincial Demand Setting Meeting has been shifted from September to November 28, 29, 30 2006. Locals will not be required to submit Local contract proposals until the new deadline of September 22. We hope that proposals developed closer to the expiry of the agreement will more accurately reflect membership expectations, rather than proposals developed almost a year in advance of the end of the contract. Details of the timelines and when you as a member need to inform you Local Executive of changes you want to propose will be included in a future NewBulletin.

By the time this NewsBulletin reaches you, we are very likely to have a Federal election underway. I expect all parties will acknowledge health care is a significant issue for all Canadians, especially since provincial governments in Alberta, Quebec and British Columbia are openly promoting private insurance schemes, even for medically necessary services. UNA will be circulating questions that nurses (all Canadians) should consider when evaluating which political party is most deserving of your vote. Watch for information from your Local Executive, or check the UNA website (una.ab.ca) for information during the election campaign.

Here in Alberta, the “Third Way” is unfolding as the “old way”, when individuals bore financial responsibility for securing coverage for health care. The changes in long-term care illustrate the kind of future Albertans face. In long-term care the threshold for publicly paid services has been raised again and again, resulting in more and more costs shifting to individual seniors or their families. Instead of a system based on need and equity, the type of services available to you and when you receive those services will be determined by your ability to purchase them (with cash or privately insured coverage). UNA, with Friends of Medicare and health care advocates across Canada, are taking on the profiteers, those who have a vision of replacing the principles of “Medicare for all” with “health care for the economically advantaged”. It’s all about the kind of society Albertans and Canadians want now and in the future. That is why “All Aboard” is so important. This is a struggle that can’t be left to those who are already politically active. Average, everyday nurses and citizens have to step up to the plate, get aboard, and tell politicians at every level of government that their vision is not our vision, before it is too late.

As covered in articles in this edition of the NewBulletin the strike at Lakeside is over and Telus workers have ratified a new agreement. But others, like the International Association of Machinists at Finning continue to struggle against disrespectful anti-union employers. We know what that feels like. Despite our collective achievements at some bargaining tables, the reality of how begrudgingly employers grant improvements in wages, job security or working conditions is something we share with all workers in Alberta. Our members working in the long-term care portion of at the Holy Cross hospital are in negotiations for their first contract. They are certainly not being respected by owner s including Doctors Ian and Peter Huang. In addition to proposing inferior compensation and provisions in a multitude of contract articles, these owners do not want to recognize the previous experience of current employees working in the for-profit private nursing home. While the Employer will consider recognizing experience for future employees, they have indicated they will therefore only hire new graduates. It speaks volumes about the value of workers in this prosperous province.

All indications are that 2006 is going to be a very busy year, with a Federal election, a nation-wide Medicare campaign and the ongoing efforts to advocate for workers and quality work environments. Hopefully this time next year we can look back and say we have made a difference.

But as I write this we are enjoying the warmest fall weather in years and looking forward to the coming festive season. I want to wish you and all UNA members a safe and wonderful holiday season. ■

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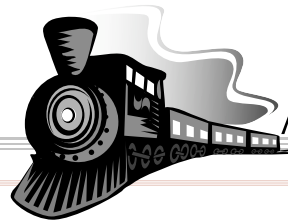
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600 nurses get “on board” at AGM

Over 600 UNA members listened, debated and made decisions at the three days of the Annual General Meeting held in Edmonton October 25 to 27.

“We’ve been laying the tracks – preparing for 2007 negotiations, potential organizational changes, developing plans to mobilize against private insurance,” President Heather Smith told the assembly. “We have a destination – better workplaces, a better Alberta, ultimately a better world.”

The biggest single agenda item at the meeting was the plan and process for adapting UNA’s structure following the creation of multi-local bargaining units mandated by Bill 27.

Delegates got a big dose of information about health care issues in the province. A panel of experts on long-term care talked about the crisis in the province, and the politics around the government’s response.

Striking workers from the Lakeside plant in Brooks gave a stirring account of the conditions they work under and why they desperately need the protection of a collective agreement.

Canadian Federation of Nurses Unions President Linda Silas brought a message of hope for national action on retention and recruitment. The new Alberta Federation of Labour President Gil McGowan talked about the flurry of labour conflicts in the province. The central issue behind much of it, he said, is an attack on the basic right to unionize and bargain collectively.

Delegates amend constitution and consider reorganization

Delegates at the AGM considered recommendations from consultant David Fairey, on adapting the organization’s structure. Among other things, Fairey recommended UNA set up councils of all the Locals of nurses employed by each Health Region.

Fairey also recommended new minimum sizes of Locals, 25 members in rural settings and 100 in cities. The recommendations were discussed at the meeting, but final decisions will be made after consultation over the next year.

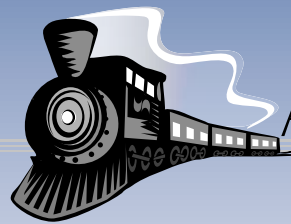
He also suggested the UNA Provincial organization hold the individual bargaining certificates. Delegates agreed to hold a Special Meeting to consider a small constitutional change that had missed the regular deadline. In the debate it was pointed out the change would have virtually no impact on how UNA runs. After discussion, the delegates passed the change. ■

Recommendations to adapt UNA’s organizational Structure

1. The nine multi-Local collective bargaining certificates held jointly by all RHA Locals within each health region be transferred to the UNA Provincial Union, and consideration be given to the adoption of a general policy that in future all bargaining unit certificates, currently held in the name of individual Locals, be held by the Provincial Union.
2. A new collective agreement administrative structure be established in each of the nine health regions to which all RHA Locals would automatically be affiliated or have membership. These regional delegate bodies would be established constitutionally as non-governmental bodies, chartered by the UNA Provincial Union. They could be named as either Regional Councils or Regional Divisions. Their purpose would be to establish and administer joint RHA Local rules, policies and procedures for collective bargaining and collective agreement administration on a regional basis, and for coordination on a regional and provincial basis. They would meet regularly to discuss, decide, strategize, form regional collective agreement committees (grievance, PRC, OH&S, etc.), and coordinate RHA labour relations issues and actions.

This new RHA Local regional structure should be established whether or not joint RHA collective bargaining certificates are transferred to the Provincial Union. If bargaining certificates are not transferred to the Provincial Union they should be transferred to the new regional bodies.
3. Where there is more than one UNA Local with members at a common work site, base of operations, area of community service, or group of proximate work sites of a regional health authority employer, there should be only one UNA Local. To achieve this objective RHA members in Locals with partially overlapping jurisdictions should be transferred to the predominant Local, or RHA Locals should be merged.
4. Except in exceptional circumstances of remoteness or lack of a local area membership base, the minimum size of Locals in rural communities should be 25 members, and in urban centres 100 members. Rural Locals with less than 25 members should be merged with other Locals to form geographic area Locals and/or common employer Locals within the boundaries of a county or municipal district. Urban centre Locals with less than 100 members should be merged on the basis of closest proximity and/or common employer.

These four primary recommendations are from consultant David Fairey. ■



Nurses hear from UFCW strikers at AGM

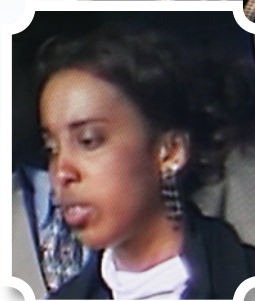
The striking Lakeside packing plant workers have won a first collective agreement in a stunning victory for the United Food and Commercial Workers Union.

Just weeks ago three of the strikers were telling their story in front of over 600 nurses at the UNA Annual General Meeting. "If you get sick, you can be fired. If you are injured you get fired," said a young woman from Edmonton who told her story of suffering a dislocated shoulder at the huge meat packing plant in Brooks.

"Tyson was surprised by the ability of the strikers to shut down the plant and by the strong support from the public," says Alberta Federation of Labour President Gil McGowan. Tyson Foods of Arkansas, the world's largest meat processor, owns the Brooks plant. The Federation was in the process of launching a major campaign including rallies and a walk from Brooks to Edmonton, when news came that Tyson was prepared to deal. "There was a public outcry," Gil McGowan said. "All the calls and emails MLAs received made a difference."

Many members were visibly moved by the dramatic story of conditions in the Lakeside packing plant. UNA invited the UFCW workers to come speak and to receive a contribution of \$20,000 along with \$2,000 in cash donations collected at the meeting.

"It's shameful that in this province people have to go into such a bitter strike to try to get their basic working rights protected," said UNA President Heather Smith. ■



Lakeside worker Peter Jany holds up a newspaper picture of the two strikers who died in a car crash while heading home from the picket line. He asked for a minute of silence and a prayer at the meeting.

Edil Hassan, originally from Somalia, completed high school in Edmonton, talked about how she was treated when she dislocated her shoulder while working at Lakeside Packers.

President Heather Smith presents the visiting Lakeside workers with a major contribution toward the strike fund.



A nurse's visit to the Lakeside picket line

Lisa O'Brien, President UNA Local #137 Medicine Hat.



Lisa O'Brien, President of the Local #137 in Medicine Hat, went out to show support on the picket line with the Lakeside strikers.

I was out at the picket line at Lakeside Packers in Brooks and emotions ran high numerous times during my visit. The maximum number of strikers allowed on the actual line that blocks traffic into the plant was 50 at a time, which we tried to adhere to. The couple of hundred people behind the line had to be strongly persuaded to stay "behind the yellow tape" by "Amir"- the controlling, often verbally flavorful but very respected voice of his people. This man sleeps seldom and is always there to stop cattle liners, buses with workers, or cars with plant managers and non-union RNs (that one stuck in my craw).

I found myself carrying my homemade picket sign with our union red and "UNA supports this STRIKE" right beside this man. I have never met any of these people but I felt I was welcomed as part of their fight - for human rights. They have families, aspirations and a life to live and they are being treated like the cattle they slaughter!

The example that gets my goat the most is of a man on the line who was not allowed to go to the washroom. He was incontinent. I would have been totally humiliated. I heard tell this fellow was dealing with throat cancer. Radiation therapy had killed his salivary glands and he needs to drink lots of water. And then he wasn't allowed to use the bathroom!

"These people are dedicated and will stay to the end. They are staying so this will not happen to the next guy. What an Albertan thing to do. I'm grateful for the opportunity to show UNA's support."

Lisa O'Brien
said about the strikers.

In broken English another elderly striker told me that pregnant women were in the same predicament. They weren't allowed to use the washroom until their next break time.

Tyson Foods/Lakeside Packers, in my opinion, think if they offer the workers more money the other union benefits such as dignity, respect, appropriate working conditions, seniority do not matter.

On the line we heard a lot of honking horns of the supportive people passing by

in cars. The appreciation of the strikers was abundantly apparent.

When I was on the line, I tried to speak to all of the vehicles we stopped. We had three minutes before we had to let them cross but a lot can be said in those three minutes. My basic message was human rights are the basic building blocks of a fair life. Treat people with respect and most often it will be returned. Have empathy and discover how the other person feels. Put yourself in their shoes. Then I would appropriately explain the example of the incontinence. This seemed to hit home. Just looking them in the eye was very effective. Not one maintained eye contact. I especially noted this with the cattle haulers who, for the most part, did show signs of empathy -verbally and non-verbally.

The RCMP are professional in their approach, they have to stay neutral. At one point, people crossing the line tried to leave the plant on foot, which you can't do. We all joined arms and blocked the exit. Both sides were very upset. The RCMP quickly placed themselves in a line between the groups, and kept things calm.

These people are dedicated and will stay to the end. They are staying so this will not happen to the next guy. What an Albertan thing to do. I'm grateful for the opportunity to show UNA's support. ■

UNA releases survey results at start of provincial nurses' meeting

The shortage of nurses and heavy workloads remain major issues facing Registered Nurses according to a phone survey of UNA members. Results also showed nurses continue to have concerns about quality of care in an understaffed environment, but also that most nurses are happy with their career and are prepared to recommend it to young people looking for an occupation.

"That's a change," said UNA President, Heather Smith. "Just a few years ago, nurses were telling their children and friends not to go into the profession, but our survey showed that now over 80% of nurses would recommend nursing to others."

UNA released selected survey results at the opening of the provincial AGM.

The survey of over 1,000 members was conducted for UNA in August by Viewpoints Research from Winnipeg. The survey also examined satisfaction with UNA and UNA services.

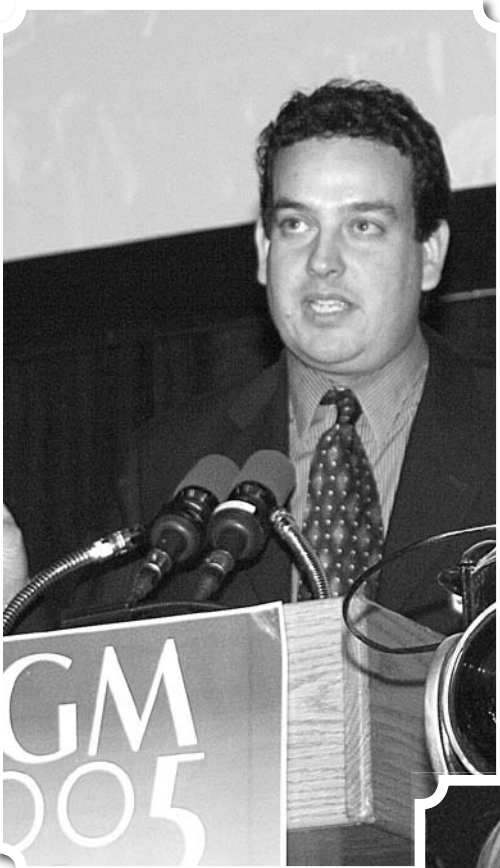
The survey showed more nurses believe the quality of care is declining rather than improving and many nurses expect care quality to erode further.

It also indicates about 5,000 nurses will be retiring or leaving the profession over the next five years. "That's 20% of our entire nursing workforce," Heather Smith points out. "The Health Regions face a daunting recruitment challenge to open the hundreds of hospital beds that they have announced," she said.

"Inadequate staffing is a legacy of the destruction in the 1990s," Heather Smith said. "Building new beds alone will not address wait times or concerns about patient safety. We need more nurses. We will not have truly sustainable retention and recruitment until nurses can be assured they will be working in an environment which does not compromise ethical, quality patient care."

The survey also showed nurses are highly satisfied with the performance of their union. Over 80% reported they were very satisfied or satisfied being a part of UNA.

"We are doing our best to make sure Registered nursing is a profession of choice for young Albertans. Our province needs to attract thousands of nurses and we have a part to play in that," Heather Smith said. ■



The Alberta Federation of Labour's new President Gil McGowan talked about the attack on all unionists in the province.

Younger nurses got up to take part in the AGM debate on encouraging younger members to take an active role in UNA.



The panel on long-term care talked about the crisis in the province. Left to right, family member, Carol Wodak, Lethbridge East MLA Bridget Pastoor, Friends of Medicare coordinator Harvey Voogd and researcher and consumer advocate Wendy Armstrong.



Where is the Government of Alberta's long-term care action plan?

“Where is the Government of Alberta's long term action plan?” asked Harvey Voogd, Coordinator for Friends of Medicare when the government's own deadline for action arrived. “November 9 was the 6 month anniversary of the May 9th release of the Auditor General's scathing indictment of long term care in Alberta. Health Minister Iris Evans and Seniors Minister Yvonne Fritz accepted all the Auditor's recommendations and promised to have an action plan in place within six months.”

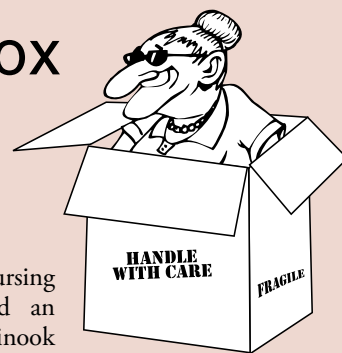
Government spokesman Howard May said the response is targeted for the New Year, but would not review details and would only say improvements will be made.

“The only response to date has been the report of the MLA long term care committee,” Harvey Voogd said. “Though the MLAs made some excellent recommendations such as staffing, their work has not been formally accepted as government policy. The staffing recommendation included funding to restore personal care services, nursing, rehabilitation and recreation therapy. The MLAs also called for better wages, benefits and more full-time work for staff. FOM supports these recommendations because they should lead to much better continuity of care.” ■

Grannie-in-a-box

Protest against Chinook Health Region's closure of long-term care facilities

Nurses from Extencicare Lethbridge, nursing students and other supporters held an overnight vigil “in-a-box” outside the Chinook Health Region's offices on Friday, October 21, 2005. They were protesting the planned closure of Extencicare Lethbridge and the end of nursing home care at St. Michaels Health Centre.



“This will be the end of almost all full service nursing home beds in the city. Are we going to end up just keeping Grannie in a box?” asked Dolly Deringer, President of the United Nurses of Alberta Local at Extencicare. “Chinook Health Region is moving fast to completely close the full-service nursing home beds in Lethbridge. With plans like this, it is no wonder we have a crisis in care in the province,” she said.

Dolly Deringer said the nurses want to let Lethbridge residents know what the planned closures will mean. “We think the people of Lethbridge need to know that they cannot expect to be well taken care of if they become too infirm to care for themselves. The Region is not telling the people of this city what the real implications are of closing these facilities,” she said.

The Health Region says it will move the full-service nursing home residents to assisted living facilities. “It's a plan to warehouse these people, not provide care for them,” Dolly Deringer says. “Moving to assisted living is one of the main reasons all these provincial reports say care levels are completely inadequate. Assisted living was designed for people who need a low level of support, not for people who require nursing home services.”

The nurses pointed out that the Alberta Auditor General's report on Long-term care in the province said standards and staffing need to be improved in the province's facilities. “The Auditor General specifically said that facilities are not meeting standards for delivering medications, for assessing and planning for resident care, or for charting the essential records on residents. These are all nursing jobs that Chinook says it's going to do with almost no nurses on staff in assisted living,” Dolly Deringer said.

Chinook Region nurses are making plans to continue pressure on their Region to commit to quality care. ■

In Memoriam Phil Coleman

On September 22, 2005 Philip Coleman, UNA Network Analyst passed away peacefully. Many UNA members knew Phil as the kind, patient and knowledgeable person on the phone who helped troubleshoot problems with their computer. Phil had been fighting cancer when he began work with UNA in 2000 but enjoyed several productive and happy years working for the organization.

Many nurses and co-workers at UNA were close with Phil and in fact many nurses who are members of UNA provided care to Phil during his illness. The family wished to convey special thanks to those of you at Westview Health Center, Cross Cancer Institute and the Grey Nun's Hospital and especially to Jacquie Boisvert for her skillful support to the family and compassionate treatment of Phil. ■



know more about **PENSIONS**

Defined benefit versus defined contribution plans

Many pension plans in North America are in trouble and do not have enough money to cover all their present and future pensions. Some Employers are pushing to convert pensions from “defined benefit” plans to “defined contribution” pension plans in order to limit their liability. But that would also limit the benefits to pensioners and is considered a “bad deal” by Employees.

What are these two types of pension plan, and what is the difference?

Defined Contribution Plan:

A defined contribution plan provides an individual account for each participant. The benefits are based on the amount contributed and are also affected by income, expenses, gains and losses.

Defined Benefit Plan:

A defined benefit plan promises the participant a specific monthly benefit at retirement. This may be stated as an exact dollar amount or could be calculated through a formula that considers a participant’s salary and service.

More generally, with a defined contribution plan, you get what you put in plus interest, less the costs of running the plan. With the defined benefit plan you get what the plan defines, and it is up to the management of the plan to set the contribution rates and plan the investments to cover the pensions.

The “cost” of a defined benefit plan is not easily calculated, and requires actuarial calculations. However, even with the best of tools, the cost of a defined benefit plan will always be an estimate based on economic and financial assumptions. These assumptions include the average retirement age and life span of the employees, and the returns earned by the pension plan’s investments.

Most experts agree that defined benefit pension plans still provide the best benefit to retired workers and to workers planning their retirement. Defined benefit plans are not only better for employees, but are also better for employers, and are simply better public policy.

The biggest attack on a defined benefit plan has been in California. The California Public Employees’ Retirement System has resisted. It says that in a typical defined plan, 80 cents of each \$1 is spent on members who retire, but in defined contribution plans the number is more like 50 cents of each \$1.

Most UNA members are in the Local Authorities Pension Plan (LAPP), which is a defined benefit plan.

What is the defined benefit in LAPP

The benefit is defined as 1.4% of salary up to the Year’s Maximum Pensionable Earnings (YMPE - \$41,100 for 2005, defined each year for the Canada Pension Plan) and a 2% benefit on salary over the YMPE up to the maximum allowed under the Income Tax Act. Generally, the pension is based on the percentage of your highest income years multiplied by the number of years you were contributing in the plan (your pensionable service).

That is most easily made clear with an example. Suppose you retire at age 65 under the following circumstances:

Retirement date:

January 1, 2005

Highest average salary:

\$45,000

Pensionable service:

20 years

Estimated Average YMPE for the same years as your highest average salary:

\$41,100

Difference between highest average salary and YMPE:

$\$45,000 - \$41,100 = \$3,900$

The Calculation Formula is:

1.4% part:

$\$41,100 \times 1.4\% \times 20 \text{ years} = \$11,508$

2% part:

$\$3,900 \times 2\% \times 20 \text{ years} = \$1,560$

Annual Pension = \$13,068

For more information you
can see the website:
www.lapp.ab.ca

The site where you can get information
about your own pension status is
www.mypensionplan.ca

plan for your future

Health Professions Act changes discipline system for RNs

The new Health Professions Act significantly changes the discipline procedure for nurses. Much of the process becomes public, a change which means, among other things, that prospective Employers could check any individual nurse's "record".

UNA members have been told that proclamation into law of The Health Professions Act, as it applies to RNs and RPNs, was imminent as of early November. It may have been made official law by the time you read this.

The law changes many aspects of the Alberta Association of Registered Nurses (AARN) discipline process, and even changes the name to CARNA, the College and Association of Registered Nurses of Alberta.



New discipline process for unskilled practice or professional misconduct

The new process has several important differences, including the fact that discipline hearings must be public and there is now no time limit for lodging a complaint about a registered nurse.

The new Complaints Director must first encourage the complainant and the investigated person to communicate with each other and resolve the complaint. But the Director can also refer a complaint to the Alternative Complaint Resolution process, initiate an investigation or even dismiss a complaint they consider groundless.

The Complaints Director must report within 30 days on what action they take on the complaint and give their reasons if they dismiss it.



Alternative Complaint Resolution process

The Complaints Director may decide to refer a complaint to the Alternative Complaint Resolution (ACR) process. If both the Complainant and the member agree to go to ACR, a College mediator brings them together to reach a proposed settlement in a private process. The settlement must be ratified by the Complaint Review Committee. The complaint and settlement may be publicly revealed, if the settlement terms allow it.

ACR is a confidential process and information obtained cannot be used in subsequent matters without the consent of the parties. If an issue cannot be resolved by ACR, the Complaints Director may order an investigation, refer it to a hearing, or dismiss the complaint.

The College can make its own bylaws on whether to publish results of a Complaint or of the Alternative Complaint Resolution Process.



Changes in investigations

There are several changes in the investigation process as well. For example, the investigator may now investigate other matters that are related to professional misconduct that are not in the original complaint. The investigator can compel the production of documents and can require any person to answer questions under oath. Consents from witnesses at the investigation stage must indicate that their information may become public if there is a hearing. There will likely be a greater emphasis on signed statements from witnesses.



Full hearing

After an investigation, the full disciplinary hearing has several differences from the former AARN process. In a change from current process, the investigated person must attend hearing and can be compelled to testify. The hearings are open to the public, which could include news media.

If the Hearing Tribunal believes an investigated person has committed a criminal offence it must send its decision and record to the Minister of Justice and the Attorney General. This is also new.

Anytime after a complaint has been made, but before a hearing tribunal has made its decision, an investigated person may submit a written admission of unprofessional conduct to the hearings director.

Another significant new feature is the public nature of the results of a CARNA hearing. For five years, CARNA must make the results available to the investigated person, the complainant, and any member of the public who asks and pays a fee. They only need to know the name of the nurse they want information on.

The Registrar must also provide information on any suspension/conditions on a practice permit to:

- Anyone who employs the regulated member
- A hospital where a member works
- Other college if the person also a member of that college
- RN colleges in other provinces

The Draft regulations on nurses for the Health Professions Act are available on the AARN website at <http://www.nurses.ab.ca/issues/hpa2.html>. ■

SOME NURSES GETTING BOOSTED UP SALARY SCALE

January 31 deadline to combine hours for salary increments

DEADLINE OF JANUARY 31, 2006 TO APPLY WITH PROOF OF HOURS

The Joint Committee of UNA and the Health Boards of Alberta Services (HBAS) has reached an agreement on how to calculate the sick leave banks and salary increments for nurses who previously held more than one position with a Health Region.

When the current provincial Collective Agreement came into effect in 2004 nurses who had more than one position had the jobs combined. They can each have only one “employment relationship”. The 2003 Agreement stipulated that vacation bank was to be combined when two or more positions were combined, but it did not discuss sick leave banks or salary increments. Nurses were placed on the highest salary step that they were on in their positions. However, there was also a “grace” time when they continued effectively working in more than one position to allow time to combine positions smoothly. How these interim hours are handled to calculate yearly increments and sick leave banks is addressed by this new settlement.

Nurses who have combined positions have until January 31, 2006 to present proof of hours from different positions to add to their hours toward the next yearly increment.

From the statement on the Joint Committee’s agreement:

1. Sick Leave Banks

The hours in each of the employee’s sick leave banks are to be added together to create a single sick leave bank. If the two sick leave banks added together total more than the 120 day or 930 hour maximum, then the maximum is applied and the new sick leave bank is capped at 120 days, or 930 hours. As this is how the sick leave banks have already been implemented by all Health Regions, no further adjustments are required.

2. Salary Increments

(a) General Principles

- Administration - The onus is on the Employee identify their situation to the

Employer and to provide satisfactory proof of hours worked in position(s) other than the highest salary increment position. Employees have until January 31, 2006 to provide such proof.

- No double counting – If hours worked in a position were recognized as previous experience for one of the other positions, they cannot be counted again.
- Consistency – Only those hours that would normally be recognized for increment accrual are to be recognized (i.e. include regular hours actually worked, Union leave, leaves of less than 30 days, sick leave and WCB, exclude overtime)
- Only hours worked up to full-time hours are to be recognized.
- No retroactivity – Payment of additional salary resulting from this additional experience recognition is effective from December 1, 2005.
- Single, region-wide employer and bargaining unit – Hours worked in multiple positions prior to April 1, 2003 are not included. Only hours worked with a single Health Region within the UNA Locals included in the region-wide bargaining unit since April 1, 2003 are to be counted.
 - (a) Multiple Regular Positions - Increment for the single, combined position to be adjusted to recognize all hours worked between April 1, 2003 and June 9, 2005.
 - (b) Regular Position(s) plus Casual Status - Increment for the single, regular position to be adjusted to recognize all hours worked between April 1, 2003 and September 1, 2004.
 - (c) Multiple Casual Statuses - Increment for the single, casual employment relationship to be adjusted to recognize all hours worked between April 1, 2003 and September 1, 2004. ■

100 years of Nursing on the prairies

COURT RULING: Employers cannot unilaterally withhold wages for any reason

A recent decision in the Court of Appeal for BC has ruled that an employer cannot withhold an employee's wages for any reason. If for example, an overpayment is made on your pay cheque by the employer, the employer cannot unilaterally withhold payment of that amount on the next pay cheque.

In December 2002 an arbitrator ruled in favour of the British Columbia Nurses Union (BCNU) on a overpayment grievance. The employer appealed the decision at the Court of Appeal and this year the arbitrator's decision was upheld unanimously in favour of the union.

UNA Agreement says Employers need permission to deduct for overpayment

The 2003-2007 UNA Provincial Agreement has new language that outlines specifically what Employers must do if they made an error and overpaid an Employee. They need an Employee's consent to deduct the money from pay and if it is more than \$200 the consent has to be in writing. There is even a specific form. If there is no agreement on whether there is an overpayment the question can be sent to arbitration. If there is no agreement on how to repay an amount, the Employer can only deduct a maximum of \$25 for each \$200 of pay for each cheque. ■

Are you getting fully paid?

Check your pay record!

Employers' payroll departments frequently make errors in calculating regular pay, overtime pay, charge pay, vacation accrual and other components.

Check your pay record and make sure you are receiving your full payment and entitlement. Under the Collective Agreement you have 10 days from receiving your pay record to file a grievance on an error.

To have a mistake corrected you need to bring it to your Employer's attention within ten days (supervisor, or payroll). If they do not agree to correct the error you should advise them you will file a written grievance on it and contact your Local or your Labour Relations Officer. ■

Joint project gathers nursing history in Saskatchewan and Alberta

UNA and the Saskatchewan Union of Nurses have received a Heritage Canada Centennial grant to produce a multimedia history of "100 Years of Nursing on the Prairies". Over the next few months the project will assemble stories, photos and video clips to put together a DVD and a website celebrating the stories.

The first nurses began practicing in the prairie provinces just about the time Saskatchewan and Alberta became provinces. The profession, and the number of nurses, has grown steadily as the provinces themselves have grown.

The project is now in a research stage gathering material, photos, videos and stories from the last one hundred years of nursing.

Anyone who knows about an interesting piece of nursing history, be it a personal anecdote, a source of documents, photos or movies, can please contact UNA Communications Officer, Keith Wiley at provincial office. ■





“They owed their children’s lives to Gwen Derry”

Valiant work of the “district health nurse”

By Jo-ann Korosi

My parents had 4 children by the time Gwen came to Craigmyle, Alberta, my older brother and 3 sisters. My father had had a terrible experience with his smallpox vaccination when he was a boy so he did not allow his children to be vaccinated. As a result, they all came down with whooping cough at the same time. They ranged from two years to five years of age. All of the children were very ill and my parents had moved the children from their bedrooms to the living/dining room so they were never out of my parents’ sight.

Whooping Cough in the late forties was very serious and could kill. When my siblings went in to their coughing fits my parents had to rush to their sides to sit them up and pound their backs to loosen the phlegm as they were too weak to cough without sitting up. Our District Health Nurse, Gwen Derry came and stayed with my parents - only leaving when she had to. Along with my parents, she nursed these children day and night.

Gwendolyn Mary White was born and raised in Edmonton. She graduated from the University of Alberta Hospital with a Bachelor of Science in 1939 and became a nurse with the Victorian Order of Nurses. In the early years of World War II she joined the Royal Canadian Air Force as a nursing sister. Gwen White came to Craigmyle after the war to serve as the District Health Nurse. These nurses cared for the whole community during a time when there was no public health care insurance. Visits to the doctor were rare because of the expense. It was the District Health Nurse you went to if you were sick. She would decide if you needed to see a doctor. While serving as the District Health Nurse, Gwen met and married Jack Derry and they raised their two sons.

So it was that Gwen Derry was there when my siblings were so dreadfully sick. One night things reached the crisis and she told my mother she had done all she could and that they would know by midnight how things were going to go. Gwen stayed with them all and around midnight the older children had started to breath easier. The two-year-old was very frail. My Dad was holding her up in the rocking chair. She had coughed so hard that when she was sat up to get rid of the phlegm, the blood ran out of her mouth. My parents were sure they would lose her but a little later, with Gwen by her side, she let out a big sigh and started to breath more easily. They all survived and are still alive today.

Every year after that my father bought Gwen Derry a dozen red roses at Christmas. That was no small feat in the winter in Craigmyle during the 40’s, 50’s and even the 60’s. No words were ever spoken of debt but my parents knew very well they owed their children’s lives to Gwen Derry. And all of the children were given their dreaded “shots” after that.

This story in itself would be an inspiration but it continues. Gwen Derry cared for her whole community and was probably it’s most important citizen. She didn’t even stop when her job was cut. She was always available for nursing advice.

When I was in grade nine and having trouble in science she tutored me. I passed my grade nine departmental exam. That was in 1968 and during her lessons she told me I should go into computers, as this was the wave of the future. (How smart she was.) I forgot that advice, finished high school, got married and had 2 children. When I traveled to Hanna (where Gwen had moved) the first time after my children were born, I had to go and show her my babies. When I walked in the door, she took them from my arms, laid them on the dining room table, stripped their clothes off and did a full assessment, pronounced them sound and wrapped them up and gave them back to me. Then came the questions to make sure I knew what the heck I was doing.

Years later when Gwen passed away my family was all there to say good bye (even though my brother and sisters had scattered across North America). It was standing room only at the funeral and her casket was so covered with a blanket of red roses that you could barely see it. She is buried in the Field of Honour in the Hanna Cemetery. Gwen Derry embodied everything that nursing is and hopefully ever will be. She was an intelligent, skilled practitioner who cared deeply about her patients and her community and never stepped back from a challenge. She did not ask for praise or recognition - she just did what good nurses do every day. This story is a tribute to her so that nurses can know they come from a very powerful and important tradition and to be a NURSE is no small thing.

Footnote: When I called one of Gwen’s sons to get as many facts as I could for this story, he told me she had never spoken of all the nursing care she gave and never knew why my Dad bought his Mom roses every year for Christmas. ■

GIVING MEMBERS THE TOOLS



Nurses Joanne Steedsman and Jeanne Kallal taking part in a UNA workshop.

UNA's education workshops

Any member wanting to get more active in UNA can get a good head start through one of the UNA provincial education workshops. Run by UNA's Education Officer, Tim Gough, the full-day workshops provide a wealth of information and hands on experience with some of the practical skills.

"It's a lot of fun getting nurses from several different Locals together to talk and learn about different aspects of running the union," Tim says.

The workshops cover several topics including:

- How to Run a Local (for new Local Executive members)
- Professional Responsibility Committee (PRC) (for new PRC Committee members)
- Occupational Health and Safety (OH&S) (for new OH&S Committee members)
- Grievance (for new Grievance Committee members)
- Ward/Office Rep (for new Ward or Office Reps)

Any UNA member can sign up and attend. To be eligible for provincial funding, members must be on the Local Executive (How to Run a Local) or the applicable Committee (PRC, OH&S and Grievance) or be a Ward/Office/Area Representative. The Local President is ex officio on all committees.

Funding includes salary replacement, accommodation and meals (as required) and mileage for out-of-town participants. ■

UPCOMING WORKSHOPS

Members must register at least one week in advance to attend a workshop.

Contact Provincial Office (780) 425-1025 or 1-800-252-9394 and ask to register in an education workshop.

Ward/Office Rep Workshop

December 8, 2005 • 0900 – 1630 hours

Ramada Hotel Downtown, Calgary • 708 - 8th Avenue SW

DEADLINE FOR REGISTRATION: December 1, 2005

Ward/Office Rep Workshop (Local #33)

December 9, 2005 • 0900 – 1630 hours

Alberta Teachers' Association, Edmonton • 11010 - 142 Street

DEADLINE FOR REGISTRATION: December 2, 2005

(2-day) How to Run a Local Workshop

(Day 2: Treasurer's Workshop)

December 15 & 16, 2005 • 0900 – 1630 hours

UNA Provincial Office, Edmonton • 900, 10611 – 98 Avenue

DEADLINE FOR REGISTRATION: December 8, 2005

Maximum registration = 14

Ward/Office Rep Workshop

December 21, 2005 • 0900 – 1630 hours

Alberta Teachers' Association, Edmonton • 11010 - 142 Street

DEADLINE FOR REGISTRATION: December 14, 2005

Watch for the Spring Workshop Schedule coming out on UNA*Net and on the website, www.una.ab.ca.



UNA's Education Officer, Tim Gough in a How to Run a Local Workshop



Nursing News



UNA Executive Board Left to right: John Terry, Roxanne Dreger, Wanda Zimmerman, Tim Grahm, Joan Davis (front) Bruce Chatterton, Sue Gallivan, Daphne Wallace, Chandra Clarke, Denise Palmer (front), Teresa Caldwell, (back) Beryl Scott (front), Alan Besecker (back), Heather Wayling, Cari Smith (back), Jacki Capper (front), Marilyn Coady, Judith Moar. SEATED: Bev Dick 1st Vice President, Heather Smith, President, Jane Sustrik, 2nd Vice President, Karen Craik, Secretary Treasurer.

Daphne Wallace and Denise Palmer were returned. Robert Reich-Sander has left the Board after several terms representing South Central District. ■

Saskatchewan nurses get an agreement

After 7 months of bargaining, the 7,700 registered nurses and registered psychiatric nurses, represented by the Saskatchewan Union of Nurses, have a tentative agreement with the Saskatchewan Association of Health Organizations (SAHO).

The agreement was announced October 28. SUN said it is confident the agreement meets the needs of their members. In the fall of 2004, SUN members made it clear that their next agreement needed to address retention and recruitment of RNs and RPNs in the province through enhanced working conditions, maintaining extended health benefits, and competitive salaries.

- Provisions to employer's to hire new nursing graduates in supernumerary full-time positions for up to 1 year;
- A 12% increase in Northern Allowances over the lifetime of the agreement;
- Signed Letter of Understanding to explore research opportunities for Nurse-to-Patient ratios
- Funding of Extended Health Benefits and maintenance of benefits throughout the lifetime of the agreement;
- 7.5% in wages and retention allowances over 3 years ■

Welcome to new members

A welcome to nurses at Extencicare Vulcan who have joined UNA. Some 20 nurses have become members who are off to negotiations for a first contract.

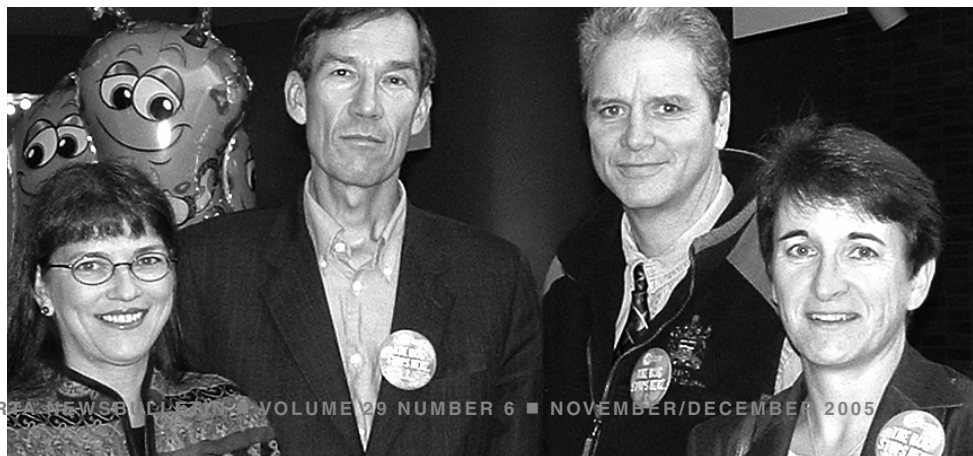
And the first LPN members

And welcome to the new members at Beverly Long-term Care in Midnapore, where a majority of RNs and LPNs applied for a certificate for all employees in direct nursing care. The Labour Relations Board ruled that all LPNs and RNs would be included in the bargaining unit and UNA's first Local including LPNs became official. ■

AGM elections

Most of the positions up for election on UNA's Provincial Executive Board were acclaimed at the Annual General Meeting. Vice President Bev Dick and 2nd Vice President Jane Sustrik were returned to office unopposed and most of the other positions were as well. Maxine Braun, President of Local #102 in the Crowsnest Pass was acclaimed as a new representative from South District. Sharon Gurr had left that position. In the Calgary region, South Central District, there was an election for three of the six positions. Bruce Chatterton was newly elected and

President Heather Smith joined in and rolled up her sleeve at a Capital Health promo for flu vaccination. Also on hand were Dr. Gerry Preddy Capital's Chief Medical Officer, Dan MacLennan, President of the Alberta Union of Provincial Employees and Elizabeth Ballerman, President of the Health Sciences Association of Alberta.



UNA Secretary Treasurer Karen Craik was out showing support, and making a contribution on the picket line with Telus workers in Calgary during the lengthy lock out.

UNA poll shows Albertans oppose private insurance

“The government is hiring AON, one of the world’s largest insurance corporations, to help them sell Albertans something we do NOT want,” says UNA President Heather Smith. “We need a Request for Proposals (RFP) for a government that actually listens to what their citizens want.”

Over 59% of Albertans oppose the Alberta government’s proposals to move to more private insurance coverage of health care services, according to a survey of Albertans commissioned by UNA.

Fully 78% of Albertans agreed that “Private insurance companies are more concerned about making profits than about paying for the medical services people need. That’s a good reason for me to oppose the Alberta government’s plan,” according to the survey of 400 people, which was conducted in October by Viewpoints Research Ltd. from Winnipeg. ■

The women behind Arnold’s defeat

In November elections in California, every one of Governor Arnold Schwarzenegger’s pet initiatives were defeated and observers are crediting the California Nurses Association. The initiatives are special laws voted on during the general election and four of those pushed by Schwarzenegger, including one weakening unions, were defeated. Schwarzenegger had suspended key portions of the nurse-to-patient ratios that California nurses had pushed into law. But Schwarzenegger added insult to the injury when he was addressing a convention of 10,000 women. Several nurses unfurled a banner that read “Hands Off Patient Ratios”. Schwarzenegger quipped: “Pay no attention.... To the special interests. I am always kicking their butts.” That angered nurses all over the state and the Nurses Association mounted a campaign that dogged the governor at public events with protests and banners like “Don’t be a Big Business Bully.” The nurses attracted a great deal of media attention



and public sympathy. By last March, Schwarzenegger’s popularity dropped to 55 percent, and a California court ruled that the governor had indeed broken the law by suspending the state’s nurse-ratio regulation. At one point 5,000 protesters showed up loud and booing at a Schwarzenegger fundraiser. Now nurses in Illinois, Massachusetts, Arizona and Mississippi have asked the CNA for help in challenging the growing clout of corporate hospital chains and other states’ anti-worker initiatives. ■

CFNU releases paper on nurse-patient ratios

“Nurse-Patient Ratios or nurse staffing plans may provide a formalized mechanism that nurses and the general public can use to hold health organizations accountable for their staffing decisions,” says Linda Silas, RN, BScN, President of the Canadian Federation of Nurses Unions. The national federation released the first Canadian discussion paper on Nurse-Patient Ratios this week.

The overall objective of the project was to examine what models to determine staffing levels exist currently in Canada and internationally (U.S. and Australia), and to learn the opinions of nursing stakeholders and of staff nurses.

Authored by Dr. Gail Tomblin Murphy, the paper is titled Enhancement of Patient Safety through formal Nurse-Patient Ratios: A Discussion Paper. It is available on the CFNU website, www.nursesunions.ca/ ■

UNA sending nurses on tour to Central America

UNA will be sponsoring four members on a two-week long educational tour to

Nicaragua and Honduras with CoDevelopment Canada next February.

Members interested in the tour need to apply in writing by January 3, 2006 to the Provincial Office. The applications should include a letter explaining your interest in the tour, how you think you can benefit, and how you plan to share what you learn with your colleagues and community when you return. The tour will be rigorous and participants need to be fit and healthy.


Jane Sustrik, UNA 2nd Vice-President, and UNA’s liaison with CoDev will be on the tour, as will Board member Heather Wayling, who represents UNA on the Alberta Federation of Labour International Human Rights Committee.

The tour will visit two of the CoDev partners in Honduras and Nicaragua, leaving Vancouver/Edmonton on February 23 and returning on March 9. (These dates may change slightly depending on flight availability.)

The tour will be visiting organizations which work with women maquila workers in these two countries. UNA has been a partner of the Nicaraguan organization, Maria Elena Cuadra, for the last three years.

Sandra Ramos, from the Maria Elena Cuadra project, visited Alberta last year. She reported on the efforts of her organization to protect women workers in the maquiladora zones in Managua.

UNA is a sponsoring partner of CoDevelopment Canada, a Vancouver-based organization that promotes solidarity with communities in Latin American, particularly with a view to women’s rights. “CoDev” has projects with many communities in Peru, Nicaragua, Mexico and in Canada. ■



Holiday Greetings

∞ And ∞

Best Wishes
for the New Year

May all our families
enjoy a warm, safe and
joyous holiday season!