

# News Bulletin



See page 3.

## HOW TO RETAIN EXPERIENCED NURSES.

**My experience  
in a private  
American hospital**  
See page 5.

**Fairness  
in Vacations**  
See page 12.

**Klein's  
Third Way**

Resisting the Americanization of  
our public health care system!

See page 4.



**Nursing in  
Ecuador!**

See page 14.



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# Message from the President

**Heather Smith**



## Taking on Goliath

As warm as it has been this winter, things are about to really heat up in Alberta. It isn't just the anticipation of spring; it is the unveiling of the so-called "Third Way". Premier Ralph Klein and Health Minister Iris Evans have provided few specific details of the soon to be proposed changes to legislation, but the ill-omen glimpses of the conservative vision trickled to the media are extremely worrisome. In 2006, Albertans do indeed need to beware of the ides of March.

Allowing physicians to simultaneously practice in public and private systems, delisting services covered by Medicare and promoting the purchase of private insurance are just some of the ingredients in the lethal cocktail being prepared for the citizens of the most prosperous province in our country.

It is a bit daunting especially considering the giant size of the forces hoping to feast on the Medicare carcass, but we have confidence in Albertans and the value they place on public health care.

Remember Bill 11. We have been told the entire conservative caucus supports Mr. Klein and his Third Way. I do not despair; it simply means that we don't have to guess who might be an ally in government. From High Level to Milk River, Lloydminster to Jasper – every MLA must hear that the Third Way is not a good plan. It is not a plan Albertans are willing to support.

This is truly a case of David versus Goliath. Like David we do not have the power and strength (in this case monetary resources) of the modern day Goliath, but we have an even more powerful weapon that we can use to confront the menacing foe. We have the power of the citizens, who, time and time again, have said NO to the conservative destruction of public health care in Alberta.

Our rock may be small, but it must be aimed with precision and accuracy. One voice may start small, but this government cannot dismiss one million or two million voices declaring they will not go back to the days when the contents of your wallet determined your ability to access health care. We need Albertans to declare they will not return to the days when insurance companies determined your eligibility to obtain health care coverage. During the Bill 11 days of protest at the Legislature, a regular refrain was "there ain't no power like the power of the people" – that is our rock.

Our challenge is to mobilize UNA members, friends and family. Private insurance is bad for business, bad for workers, bad for seniors, bad for every Albertan who has a "pre-existing condition".

This conservative government wants you to believe this is about "choice", "controlling costs" and reducing "wait times". Their own international evidence indicated this road leads to choice only for the rich, uncontrolled costs and longer waiting lists. We are not gullible. We will not be fooled or placated by the undeliverable promises of the Third Way. We will not stand idle and deliver Medicare into the hands of corporate greed. Watch for details about how you can add your voice to the citizen campaign/movement. We will smote this giant. 🍷

Heather Smith

President, UNA

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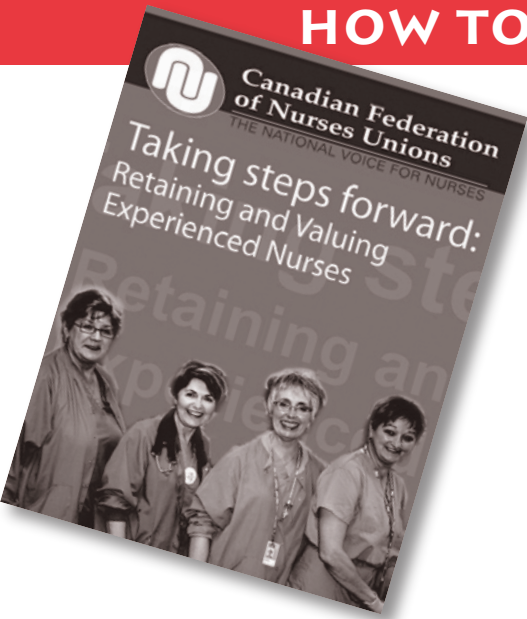
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# KEEPING NURSES HAPPY!

## CFNU SUGGESTS PLAN FOR VALUING EXPERIENCED NURSES

In January the Canadian Federation of Nurses Unions (CFNU) released the first Canadian discussion paper on retaining these experienced nurses. *Taking Steps Forward, Retaining and Valuing Experiences Nurses*, by Arlene Wortsman and Susanna Janowitz, was made possible through a contribution from Health Canada.

“This paper shows that unions, employers and governments can – and should – work together to create supportive environments for nurses,” said CFNU President Linda Silas, RN. “We suggest several strategies including developing workplace mentoring programs pairing experienced nurses with new graduates, phased-in retirement options, and increased nurse involvement in workplace decision-making. These strategies can succeed with collaboration and trust from all parties.”

The study reinforced that experienced nurses want their skills and experience to be valued by employers. Participation on workplace nursing committees, and the ability to transfer knowledge gained through years of hands-on care to new nurses through mentoring or preceptoring programs are attractive to experienced nurses and may keep them practicing longer.

“Our research shows that the current environment does not support experienced nurses who want to continue to work, but in a reduced capacity,” said study author Arlene Wortsman. “Experienced nurses told us that their current practice environments are stressful and pressured. The creative projects featured in this study may provide models to keep these nurses involved and in the workplace beyond age 55.”

An electronic copy of the full report is available to download on the CFNU website, [www.nursesunions.ca](http://www.nursesunions.ca)

*The Canadian Federation of Nurses Unions wanted to put a picture of some experienced nurses who are happily still on the job, on the cover of the report. Nurses working in recovery room at the University of Alberta Hospital, Local #301, were happy to pose as happy nurses. Nurses appearing on the report cover above are LouAnn Beaton, Rosemarie Luchak, Lynn Markowski and Ria Van der Horst nurses in recovery UAH. And below, from left to right the nurses are: Rosemarie Luchak, Lorelei Johnstone, Debra Chateau, Margaret Higgins, and Lianne McInnis.*



## Government set to move on “Third Way” plans for private insurance and health privatization

**N**ews reports are saying that the Alberta government is finally going to take the next steps in its health care privatization plans in the spring sitting of the Legislature beginning February 22. This spring the government will be getting its report on how to bring in private health insurance from the huge American AON Insurance corporation. It also has a contract out for “communications” on its Third Way strategy.

Premier Klein has suggested that the election of a new federal Conservative government would give him a free hand to make changes to the health system. He served notice at a talk at the C.D. Howe Institute in Toronto, that he expects Stephen Harper to not interfere with the Alberta government’s health care changes.

The Friends of Medicare has already called on Harper to protect the universality of medicare in the country.

“We hope and expect that Prime Minister-elect Stephen Harper will make it equally clear to the Premier and to Canadians that the Conservative election commitment to defending the Canada Health Act and our universally-funded system was not hollow rhetoric,” says Dr. Avalon Roberts, Chairperson for the Friends of Medicare.

The big changes that will be coming in the government’s Third Way plan are:

- creating a new private, for-profit health insurance system,
- encouraging a parallel for-profit system, and allowing doctors to work both the public and for-profit sides,
- allowing foreign-owned, legalized for-profit hospitals,
- breaking the Medicare law, the Canada Health Act. ❧

### UNA ready to resist attack on medicare

**U**NA will be calling on nurses to turn up the political heat and put pressure on the provincial government to stop its attack on the public health care system.

“Before all else, we are advocates for good care for our patients,” says UNA President Heather Smith. “That means protecting and strengthening the universal system that provides the best care possible for the poorest and most vulnerable citizens, not just for the wealthy who can afford deluxe private insurance.”

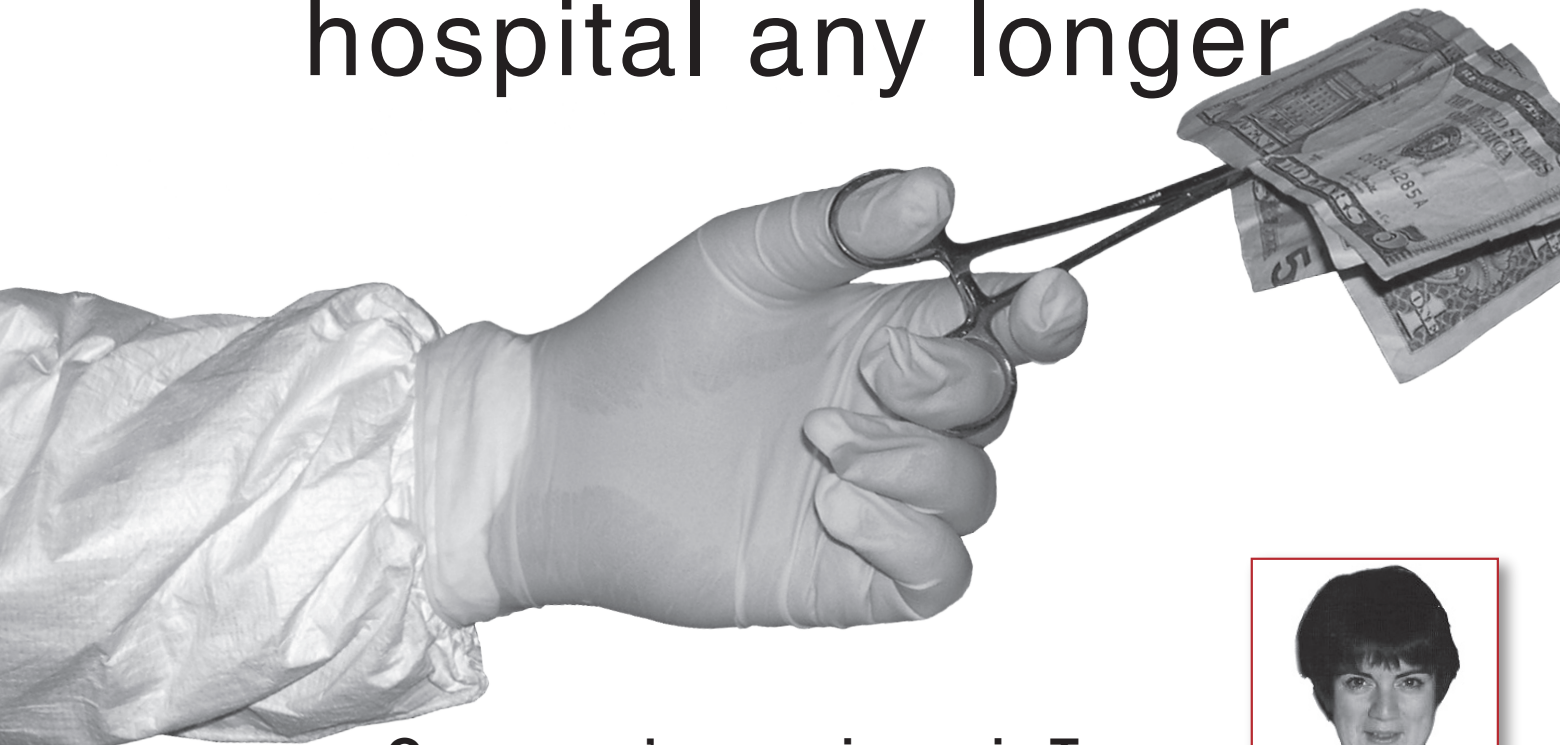
Nurses all over the world have recognized the value, efficiency and benefit to our patients of universal public health care systems. In Canada and in the United States nursing organizations are leaders in campaigns for the universal single-payer health care system. The American National Nurses Organizing Committee recently launched a big push by nurses for a universal public health insurance system. “More and more unions are committed to supporting a single-payer system, based on a single standard of care for all,” said California Nurses Association Executive Director Rose Ann DeMoro recently. ❧



## Will you be covered?

### Can your family afford for-profit health insurance?

# I couldn't work in the private hospital any longer



## One nurse's experience in Texas



By JoAnne Korosi

I graduated in 1995 when you couldn't buy a nursing job in Alberta. By the fall of that year it was obvious that if I wanted to get some experience I would have to leave Canada. A classmate of mine had secured a position at a hospital in Texas and so one of my classmates and I headed for Texas to look for work - but not necessarily at the same hospital as our friend. We landed in Dallas and drove.

Many places would not even look at us because we were new grads. One hospital said they would hire us and we said we would keep them in mind but wanted to keep on looking. The charge nurse on the unit where we would be hired told us good luck and offered a piece of advice. "Don't accept a job at a private hospital".

We left and headed off to visit our friend. She told us the hospital there was still hiring. We continued on our journey and after more refusals headed back to our friend and met with the Assistant Director of Nursing. He hired us on the spot. We would be working in a private hospital, but we would be close to our friend and really - how bad could it be?

I soon found out - pretty bad. I knew I was in trouble during orientation when this Assistant D.O.N. asked us who the

most important person in the hospital was and we didn't get the answer right. He informed us that it was not the patient, the patient's family or the community - it was the physician. At first I thought he was joking but he was very serious. The physician brought in the business and therefore money.

Orientation was actually quite good - it lasted 4 weeks. I was then "ready" to be on my own. I was in charge of a busy medical unit caring for up to 22 patients with an LVN (Licensed Vocational Nurse) and an aide. The aides had various levels of expertise so I had to know what they could or could not do regarding patient care. To start the day I had to check the kardex against the med sheets to make sure it was okay for the LVN's to give out the drugs. Then I would do a quick round to make sure everyone was alive. Then I would go back and start my assessments and charting on clipboards kept outside the patients' rooms. I did all the admissions and discharges, accompanied the physicians on their rounds and wrote most of their orders for them, started all the IV's, did all the IV push meds (an LVN had misread a narcotic order and overdosed a patient so the LVN's were no longer allowed to give IV push meds).

*continued on page 6*

# Aberta Nurses ran in federal election

Holly Heffernan



Laurie Lang



Melanee Thomas



Michael Cormican



Three UNA members and at least one other nurse ran for Parliament in the recent federal election. Holly Heffernan from Calgary took on Stephen Harper in the Southwest Riding and garnered over 4,600 votes. Laurie Lang ran in Edmonton Sherwood Park and won over 7,500 votes. In the MacLeod riding, UNA member Joyce Thomas took in over 3,000 votes. All three ran under the NDP banner. In Lethbridge, Joyce's daughter, Melanee Thomas also ran for the NDP and came in second place with over 7,000 votes. The Lethbridge campaign was closely connected to nursing, it turns out, as the Liberal candidate, Michael Cormican, is a Registered Psychiatric Nurse.

Holly Heffernan said it wasn't easy running against the man who is slated to become prime minister. "He wasn't here. I had no chance to contact him or debate with Stephen Harper," "It was frustrating more than anything."

But, she says she was well received in the riding, "People were willing to talk. I had at least 60 to 80 signs on lawns in the riding, more than Stephen Harper. He had hardly any. We had the most signs by far."

Now, however, Holly says she is concerned. "I am afraid for Medicare. Because he [Harper] had never said anything to Klein about stopping what is going on in this province. I think they are just going to let private health care go. Just run with it. That really scares me." ❧

*continued from page 5*

## Rocephin was the antibiotic of choice and if I told you the doses of potassium in the IV's - you wouldn't believe me.

In the midst of all this, if there were pediatric admits I would have to go assess and chart on them every hour and my patient load would increase by up to four more patients, luckily this rarely happened.

If the surgical side of our unit wasn't busy and the patient count was down - I would have to clock out for an hour over lunch to cut costs. It didn't matter that I still had 22 plus patients to care for and believe me there was no help from the surgical nurses.

And then there were the stickers. Each time any supply (except toilet paper) was used for a patient I would have to peel a sticker off the product and stick it to a separate kardex so the patient on Medicare or Medicaid would be charged. One employee had the specific job of going around with a scanner so the "rent" of IV pumps and all other equipment could be charged. The physicians ordered the dreaded "pepsid" pushes on all their patients because "being hospitalized might cause an ulcer". Rocephin was the antibiotic of choice and if I told you the doses of potassium in the IV's - you wouldn't believe me.

At the end of my day I had to check all the charts myself and then give verbal report. I finished each day grateful everyone had survived.

Now Texas didn't have a nursing union and in fact really no labour laws. One nurse who came in to work from 40 miles away was sent home with no

compensation. Patients arrived in hospital very, very sick. Those without health insurance left before they were well. Even the ones with chronic conditions would come and go on a revolving door syndrome as their coverage would only pay for a certain number of days so they would go home before they were well and then be back again to start the circle again. I knew it was only a matter of time before I would be burned out. I started mailing out resumes at the end of February after 2 months in Texas and I left there in May.

The funny thing is I still miss those crazy Texans. I have never in my life felt more cared for by a bunch of strangers. The people of that little town have a piece of my heart. But I don't miss the hospital - the company I worked for was atrocious.

Being a new grad working under those circumstances taught me many things. It taught me to be very organized, to be able to still find time for kindness and caring in the patient's room and then run to the next room. I learned to always chart carefully to make sure my you-know-what was covered. It taught me to stand up for my patients because - for them - I was it. It taught me that without a union to support me, I was at the mercy of my employer. I also found out that, even though I am from redneck Alberta, I am in many ways a socialist. Our social programs here in Canada are very precious and must be guarded as carefully as the U.S. guards its oil reserves. ❧





## Joint Committee resolves health benefit and drug claim issues

Employees have until **April 30, 2006** to submit previously denied drug claims for settlement

**T**he Joint Committee that works to resolve issues with the provincial Collective Agreement has announced a resolution to supplementary health benefits issues, including what prescriptions will be covered. The Committee's Joint Communication gives a detailed listing of how benefits will be leveled up to be equivalent.

*“All means all.  
And equivalent  
means equivalent,”*

*UNA's Director of Labour Relations, David Harrigan.*

“All means all. And equivalent means equivalent,” says UNA's Director of Labour Relations, David Harrigan.

“There have been many, many grievances filed over these 2 articles. The Joint Committee has been working to try and reach resolution, and I am extremely pleased to report that we now have agreement on both issues,” he reports.

“The settlements will mean increases in benefits for Calgary and Capital Health,” Harrigan notes. “Our benefit experts and actuaries reported that Chinook and David Thompson plans were already equivalent. There will be an open period for those in Capital and Calgary who opted out of the plans to opt back in.

## ALL MEANS ALL Clearing up coverage of prescriptions

The issues at stake include the “all doctor or dentist prescribed medication” that was first negotiated in the 2001 agreement. By focusing on two elements - the meaning of ‘prescribe’ and how to resolve disagreements over coverage – the Committee reached a resolution.

The Joint Committee has determined that the criteria to decide whether a drug claim that has been denied by the insurer should be covered is:

*“A substance, prescribed by a physician or dentist, and dispensed by a pharmacist, which is required to be consumed (orally, by injection, absorbed or inhaled) to correct or treat a medical condition based on a diagnosis made by a physician or dentist.”*

The majority of prescribed medications will continue to be covered under existing drugs plans without difficulty, but if a claim is denied in the future, the Employee can file an appeal with the Employer within 30 days. If it is still denied it goes to a provincial UNA/Employer “Joint Appeal Panel” to make a ruling. If that fails to reach agreement, it goes to an umpire, mediator Jay Spark.

The Panel will be settling the denied claims and grievances that have been brought forward up until now.

Employees have until April 30, 2006 to submit it to UNA to take forward to the Joint Appeal Panel.

*continued on page 8*

continued from page 7

## Leveling up the supplementary health benefits

For example: diabetic supplies go up from 80% to 100% reimbursement

Many Health Regions and even different facilities under the provincial Agreement have different supplementary health benefit plans. These benefits are the vision care, Alberta Health Care Insurance, Group Life insurance, accidental death and dismemberment, short-term disability and long-term disability. Under the current provincial Agreement (Article 21.02(b)) these supplementary benefit plans are required to be equivalent to the benefits provided in the Health Organization Benefits Plan (HOBP).

The UNA membership made it clear that the paramedical practitioner benefits, particularly massage, and the medical aids, including the orthotics and diabetic supplies, were of greatest importance. Not surprisingly, these items are so important to UNA members because they are used by a large number of people. This also makes these particular benefits a significant portion of the overall plan (paramedical practitioners and medical aids including diabetic supplies makes up more than 75% of the overall value of the supplementary health benefits costs).

The Joint Committee was able to come to a resolution that emphasized these benefits. Specifically, the Calgary Health Region committed to bringing up their paramedical benefits to the HOBP level, raise the benefit for diabetic supplies from 80% direct bill to 100% reimbursement, and add coverage for synvisc. Capital Health Authority will move all of the benefit plans to a single plan modeled on the Royal Alex plan, while improving the per visit amount for paramedical practitioners to \$35/visit for 20 visits per year, adding synvisc treatments, and by amending the coverage for medical equipment, respiratory services and medical aids (including diabetic supplies) to 100% reimbursement from 80% direct bill.

### Detailed information available

This is an overview only and NOT the complete information on the resolution to these issues. Documents that detail benefits and the process are available from your Local, on the UNA website, [www.una.ab.ca](http://www.una.ab.ca) and on UNA\*Net.

UNA representatives to the Joint Committee are from the last Negotiating Committee, including co-chairs Sandi Johnson and Pauline Worsfold, President Heather Smith, Chief Negotiator David Harrigan as well as staff LRO participants. The employers are represented on the Joint Committee by Health Boards of Alberta Services (HBAS). 🐷



# Paid with a pig

## Nursing in the 1930s

**T**hanks to UNA member, Lexie Douglas for bringing in her grandmother's uniform, photo albums and even an interview she gave before she died. Evelyn Douglas graduated from Weyburn General Hospital in 1936 and, after her family was raised, worked there for many years. This excerpt of her story about "nursing on the prairies" is just part of the 100 Years of Nursing project that UNA and the Saskatchewan Union of Nurses are developing to mark the 2005 Centennial of both provinces.

**Question:** And what was the system in those days for people who were training for the RN program?

**Evelyn Douglas:** You had to train for three years. It was a no pay job.

**Q:** The Weyburn General hospital was accredited as a teaching hospital for RN programs?

**E:** Yes. I believe the first nurses were trained more or less by the hospital. It wasn't yet under the provincial government in Saskatchewan. I believe around 1912 most of the nurses were midwives or young people that had been trained by doctors, but in 1924 they gave the first diplomas for nurses trained in Saskatchewan. From 1935 or 36 you no longer could train in any hospital that had less than 75 patients.

**Q:** You lived in the nurses residences, beside the hospital?

**E:** No above it. We were in the attic of the hospital. And it was twenty-four duty. You were on call if you were





*Three "probies"  
Evelyn Douglas on the right*



*Graduation 1935 Evelyn Douglas – far right*

on the OR, the Operating Room. The way they called you if you were downtown was to turn on the big OR lights, which, with the old Weyburn General being on the hill, you could see all over town.

Q: So if you were downtown you had to keep an eye on the hill to see if the light was on.

E: If you were the OR nurse and you saw those lights, you were there immediately. And you spent a minimum of three months in the OR. I spent more than that.

You took your probation training first. And that was four months.

Mainly it was book work, theory, how to do things. The practical part so that you could bath patients and could give certain treatments, but not medicines. After the probationary training for four months, during the days, from then on you went on shifts. There were three shifts in the day. They were twelve hours long but were divided. The probationers went on duty at seven in the morning and went off at seven at night, with time for meals and I think they got a half hour off in the afternoon. At maybe nine o'clock you would have a study session, or you would have a lecture session with the doctors as lecturers. We had instructors in addition to the doctors. The instructors came from Winnipeg. There was a Miss Stevenson when we were there. We took classes through the day, but the minute classes were over, you went back on the wards. You carried trays, you carried glasses up to the patients. After the four months that you were supposed to be able to do treatments. In your second year you went on nights, and you could be on nights alone. In your third year, you were supposed to be able to do most everything that was necessary through your training.

Q: When, if ever, did you get a day off?

E: We didn't get days off. We got a half day off in a week. Six and a half days of 12-hour work days (or nights), with two hours off on Sunday. That didn't count as a half day.

You couldn't have Christmas or New Year's, or any holiday off, those were considered for the patients. But you got a day off maybe the seventeenth or the eighteenth of December, the week before Christmas. You could go home or you could do what you liked, in place of Christmas.

If you were sick during your three years training, you had to put in that time after you were through. In those times, a married women was not allowed to work. And not just as a nurse, but practically any job.

I couldn't be married and work as a nurse. I completed my RN exams the summer of 1935 I worked in the hospital for a year after that. Then got married.

I had graduated so I could get married, but according to the law I couldn't work. There weren't enough jobs to go around, that was the way they looked at it. But I was called back, temporarily, numerous times afterwards.

After I had my RN, after I left the hospital, after I was married and living on the farm. Dr. Good called to say he had a patient, really bad, a heart condition and I don't know what else. He was quite an elderly man. Dr. Good wanted me to come to Yellow Grass to keep an eye on him for two or three days. He got better and came along fine. When it came to paying for it, they gave my husband a small pig. Money just wasn't in existence in those days. 🐷

# know more about **PENSIONS**

## Questions & Answers Unions decline to join lawsuit against the Local Authorities Pension Plan

### Introduction

The Labour Coalition on Pensions is an alliance of unions representing members covered by the Local Authorities Pension Plan (LAPP). In the summer of 2005, the coalition was approached by representatives of the Alberta Society for Pension Reform (ASPR). The Society asked the unions for support in a lawsuit regarding the LAPP.

After careful consideration, the unions decided that they could not support the lawsuit. The following explains the issues, and why the unions believe they cannot support the Society in its legal action.

**Question:** What is the lawsuit about?

**Answer:** The core of the legal action is the Society's belief that the "pension promise" contained in the LAPP has been broken. The Society argues that this happened in 1966 when the Canada Pension Plan (CPP) was introduced, and the LAPP was "integrated" with it. It also alleges a number of different problems with the plans, including the absence of a "bridge" benefit, and improper management of the pension fund back in the 1970s.

In fact, the suit takes a bit of a scattergun approach. The Society is suing literally hundreds of defendants (including over 400 Local Authorities Pension Plan employers, the Government of Alberta, and others).

**Question:** What is this pension promise and has it been broken?

**Answer:** When the LAPP was established in 1962, it promised to pay a benefit of 2% times a retiree's highest five years' average salary times the retiree's years of service (up to 35 years). Contribution levels were set at a level sufficient to fund this benefit (employees paid 5% of their salaries as their share of contributions).

The introduction of the Canada Pension Plan in 1966 posed a new problem for participants in the LAPP: many of them didn't want to pay CPP contributions on top of their LAPP payments. To meet these objections, the two pension plans were "integrated". The CPP provided benefits (about 0.6% of earnings per year of service) for wages up to a certain maximum (called the Years' Maximum Pensionable Earnings, or YMPE). Integration meant that LAPP benefits were reduced for this portion of earnings (up to the YMPE) from 2% per year of service to 1.4%. At the same time, the contribution rate for employees in the LAPP was reduced from 5% to 3.5% of salary (for salary up to the YMPE).

The changes to LAPP were made properly and legally, and people contributing to the plan were properly notified. In other words, the LAPP pension promise wasn't broken – it was changed. Ever since the 1960s, LAPP participants have paid at a lower contribution rate for this integrated benefit. With the lower contribution rate comes a lower benefit. We can't get a benefit that hasn't been paid for.

**Question:** Wouldn't a 2% plan be a good thing?

**Answer:** Absolutely! An ideal pension plan aims at providing retiring workers with approximately 70% of their pre-retirement income. Someone contributing to a 2% plan through a 35 year career would have paid for that benefit and would receive it.

The LAPP costs less than a 2% plan, and delivers a lower benefit. If a participant works for 35 years and retires at age 65 with a LAPP benefit plus CPP, they should achieve the 70% target. If they retire before 65, however, they won't hit that 70% until CPP kicks in.

That's why many unions would like to improve the LAPP. We want our members to have better retirement benefits, but we recognize that those benefits will have to be paid for.

**Question:** The Alberta Society for Pension Reform says there is a "flaw" in the pension plan that can erode benefits. What about that?

**Answer:** The "flaw" in the LAPP is that it isn't a top-of-the-line model – it's a middle-of-the-line plan. It is easy to point out ways it could be improved. LAPP could index benefits to 100 per cent of inflation (rather than the current 60 per cent) for example. It could raise the basic benefit level to 2 per cent per year of service and not have to worry about blending with the Canada Pension Plan. That would eliminate one of the Society's basic concerns. Unfortunately changes like these can be very expensive. Employers and employees alike may be reluctant to accept large increases in pension contribution rates.

**Question:** Why aren't unions supporting the ASPR lawsuit?

**Answer:** It's not a decision that the Coalition took lightly. The unions involved took a careful look at the issues and facts. We consulted with our own in-house pension experts, and sought legal advice from a law firm well-known for its expertise in pension issues. We read the documentation provided by the ASPR, and any other information we could get our hands on. We see a lot of legal obstacles to the suit, including the long period of

time that has passed between the integration of the plans and the filing of the legal action. In the end, we concluded that we couldn't commit our unions to supporting this legal action.

**Question:** Is the Alberta Society for Pension Reforms wrong to ask questions and criticize the LAPP?

**Answer:** No! It's legitimate to ask questions about our pension plans, and the unions in the Labour Coalition on Pensions encourage their members to push for improvements to the LAPP. We believe the Society took a wrong turn when it focused its attention on the alleged "flaw" in the pension plan, and we don't believe that a court challenge to the plan rules is the way to go. But it's perfectly fair for the Society to raise questions and push for improvements to the plans.

**Question:** What if the Society's lawsuit is successful, after all?

**Answer:** We think that's unlikely, but if the lawsuit succeeds it's not entirely clear who will be "on the hook" for damages. The Society believes that it is the Government that will have to pay, but it is possible that a judge may rule that this is a debt owed by the pension plan. If this happens, contribution rates for current employees and employers would have to rise even further to pay the \$1.25 billion that the Society is asking for.

## Conclusion

The unions in the Labour Coalition on Pensions are working together constantly to try to defend the benefits that currently exist, and to improve those benefits in the future. This is a difficult task, because by law the Government of Alberta retains final authority over the pension plan. ♥

*plan for your future*

## FAIRNESS IN VACATIONS

Joint Committee guidelines on the vacation planner

The Joint Committee with UNA and Health Boards of Alberta representatives has reached a number of new understandings on interpretation and implementation of the provincial collective agreement. In January the Joint Committee released “joint communications” on vacation planning guidelines and on voting in the federal election.

The Committee aims to resolve contract issues that result in numerous disputes and grievances and to promote smooth operation of the agreement. Agreeing on interpretations of the agreement and how to administer it helps to resolve many disputes and grievances more quickly and without resorting to the lengthy arbitration process.

### Recommended Vacation Planning Guidelines

Here is a short summary of the most important points in the Joint Communication on vacation from January 2006. Every Local Executive has copies of the full statement. Please check it for the full details. The Committee’s communication was specifically labeled as guideline’s, and some Regions have slightly varying specific policies. Check with your Local us well about your Region’s particular policies.

This is a broad outline of how vacation planning should work, including some new approaches. This should make the process clearer for everyone, fairer for everyone, and can help to safeguard vacation time as the crucial break from work for which it was intended.

### How to use the vacation planner

Every January 1, employers must post a vacation planner on each unit. The planner stays up until March 15 to allow employees on that unit to write in when they want vacation.

Each person places their request for the vacation time they will have in their bank by the time the vacation-planning year begins (usually May 1).

The planner covers the full year, including Christmas. Spring Break and summer vacations.

### Manager glues guidelines

The manager must provide a guideline regarding the reasonable number of nurses, UNA bargaining unit employees, that can be granted vacation at the same time. The number is a guideline only and the managers must take into account patient safety, skill mix and other factors in granting vacation. The guideline indicates how many employees can be off on vacation each full day. It is NOT done by showing the number of vacation hours allowed off. For example, if a unit can provide for two employees off for a day shift and one off for each of the evening and night shifts, that is four employees off for that day.

The manager’s guidelines must allow enough time for all staff to have their full vacation time for the year.

### Senior Employees should put in requests early

The committee is “strongly” recommending that senior employees put their requests on the planner as soon as possible. This helps less senior employees plan and helps cut down on the number of vacation requests that would end up being denied.

### Employees request calendar blocks of vacation. NOT shifts

Vacations are to be requested and granted in blocks of time, based on the calendar, not on the shift schedule. For example, employees should ask for August 1 to 15, NOT a list of shifts they would be scheduled to work during that period. Requesting a block of time safeguards the time off, even if the shift schedule gets changed after vacations have been approved.

Employees cannot be “on vacation” and working for the employer at the same time. Employees cannot pick up an extra shift on a day during their vacation block. It does not matter whether they had that shift scheduled off as vacation or whether it previously was an unscheduled day, it still falls within their vacation block. In the same way, employers

## Changes to benefit plans... leveling up HOBP Premium holiday

Many nurses pay cheques should be a little bit larger for the next three months because the Health Organizations Benefit Plan (HOBP) has declared a premium holiday starting December 1. The HOBP provides health benefits to many Health Regions with the notable exception

of Calgary. Health Boards of Alberta Services (HBAS) has announced that the Plan is fully funded and can stop collecting premiums for the three months. Employers pay 75% of the benefit plan’s premium, and 25% of the cost is normally deducted from nurses’ pay. ❧

cannot ask employees to come in to work during their vacation block (see cancellation below).

Employees can request to divide vacation into smaller blocks, but requests for very small blocks, i.e. a day at a time, may be denied.

### **Vacation time carried over ONLY on request**

Vacation time not scheduled does NOT automatically carry over to the next vacation year. Employees must make a request in writing to carry over vacation time they do not plan to use. If there is vacation time that is not requested on the planner, the manager can schedule it with the agreement of the employee.

### **Vacation outside the planner**

Vacation requests received after March 15, cannot go on the planner, and are considered by managers in the order they are received. Seniority is NOT the deciding factor, unless the requests are made at the same time. They must be approved or denied within 14 days and should NOT be left "pending" without a decision. If it is denied, a nurse may be able to grieve the decision, but if it is left in limbo, it becomes more difficult.

### **Vacation cancellations or changes**

To be fair to other employees, requests to change or cancel approved vacation after April 30 can only be considered in extenuating circumstances. If an employer requires someone to work during his or her vacation block of time (on any type of day, one with a previously scheduled shift, one with no shift scheduled, or a designated day off) this is a vacation cancellation. Vacations may only be cancelled when there is an unforeseen emergency and these shifts must be paid at 2x the basic rate of pay and the vacation time must be rescheduled. The employer must also reimburse the employee for any lost costs (air flights, etc.) that resulted from the cancellation.

For more detailed information, check with your Local officers to see a copy of the Joint Communication: Recommended Vacation Planning Guidelines, also available on the UNA website, [una.ab.ca](http://una.ab.ca) and on UNA\*Net, and if necessary your Health Region's particular policies. 🇺🇸

## **Quebec imposes 2% increases until 2010 on nurses, civil servants**

**O**n December 15, the Quebec government adopted Bill 142 which cut off legal negotiations and imposed collective agreements on nurses, teachers and other civil servants. Over 450,000 employees have had their new contracts unilaterally imposed. The law puts the contracts in place for five years, until 2010.

### **For nurses the law imposed a 2% per year annual wage increase.**

"What to say after such a forceful blow from government?" asks nurses' union president, Lina Bonamie. "The only words that come to me are a government that is anti-democratic, anti-union, demagogic and a swindler."

The Federation des infirmiers et infirmieres were in the middle of intensive negotiations, when the government acted. Some of the gains from the talks were included in the government's decree. Working hours, security of job positions, professional skill development, prevention of violence and accelerated dispute settlement were some of the main FIIQ priorities that had been signed off in talks and were maintained in the decree. 🇺🇸

*Local #33, UNA members for the Royal Alexandra Hospital in Edmonton came to their Local's own Ward Rep Workshop in December. UNA's Education Officer Tim Gough ran the workshop for the Local and for all the members who attended and enjoyed their day together. More information on UNA Education and Occupational Health and Safety workshops is available on the UNA website, [www.una.ab.ca](http://www.una.ab.ca) and in the Education Conference on UNA\*Net. 🇺🇸*





# Nursing News

## Health Sciences organizing DKML lab workers

In February the Health Sciences Association of Alberta (HSAA) launched a major drive to organize the lab workers of DKML in Edmonton and central Alberta. "HSAA represents 70% of laboratory technologists in Alberta, including more than 1,100 lab employees who work for Calgary Laboratory Services. During the last few months, we've been getting calls from DKML employees expressing an interest in joining Health Sciences. We feel the time is right to begin an organizing campaign," said HSAA president Elisabeth Ballermann. Read more about the drive at: [www.stronger-together.org](http://www.stronger-together.org)

## Bethany Collegeseide in Red Deer gets highest pay rate

Nurses at the new UNA Local #404 at Bethany Care Collegeseide recently ratified their first collective agreement with the highest pay rates in the province. The two-year agreement gives the nurses a pay rate that is 1% higher than the provincial agreement. The nurses also got parity with the Provincial Agreement in almost all financial areas, including charge pay and shift and weekend premiums.

## Other UNA Locals in contract talks

Negotiations have commenced at the Beverly Centre in Midnapore south of Calgary. This is the facility where RNs, RPNs and LPNs have been recognized as being in the same bargaining unit. In their in-going proposal, the nurses have asked for just one classification for all their members: nurse, which would have LPNs and RNs with the same base rate. They have asked for provincial salary rates.

The Victorian Order of Nurses in Edmonton are waiting on a response from the Employer to their latest proposal, in their on-going negotiations for a new agreement.

Talks are also continuing with Central Care Corporation for Local #401, Mckenzie Towne Care Centre in Calgary and Local #235 South Terrace Care Centre in Edmonton.

Nurses at the Holy Cross Long-term Care Centre in Calgary have their first contract. The settlement was reached early in December for the nurses at Local #233.

## Bed shortage codes plague Calgary and Edmonton

Bed shortages in hospitals in both Calgary and Edmonton highlighted the capacity problems both Health Regions are facing as a result of rapid growth and poor government planning and funding. In Calgary bed shortages and "Code Burgundies" caught the media's attention, including the fact that male and female patients were made to share rooms because of the tight space. In Edmonton the bed shortage showed up when the city ran out of ambulances - "Code Red" - when all the paramedics were waiting with patients in Emergencies for a bed to come open.

## Police investigate pirate internet camera in staff washroom

Nurses at the Foothills Hospital in Calgary were shocked to learn that a small remote video camera had been stuck to the bottom of a paper towel dispenser in a staff washroom. Early in February police announced investigation into what they said could be a whether a high-tech Peeping Tom operation. The camera was connected

with a wireless device that could have been sending video to the internet.

"It's pretty scary if somebody is putting recording devices in the washroom," said UNA Local #115 President Michelle Senkow. "It is definitely a breach of privacy issue that's very severe."

## Cari Smith goes to do surgeries in Ecuador

North Central District provincial UNA Board member Cari Smith was off to Ecuador in January for her second trip helping out with surgery. She goes with a group from Edmonton, Vancouver and Calgary that performs joint replacements, fixes hip dysplasia and club foot in children, and does dental cleanings and fillings in children and adults. "These are very poor people who could never afford to have these things done. We volunteer our hours to prepare and take vacation for the time we are away - its hard work but very fulfilling!" said Cari who works in surgery at the Royal Alexandra Hospital in Edmonton.

*Surgical team poses with Equadorian patient.*



## Asking the hard questions in the election

Calgary nurse Amy Hall from the Foothills got in the major health care question in the English language Leaders' debate on Friday, December 16th. "All these promises are quite vague, I would like to hear what specific measures you are planning to make in order to make our health care system a more effective one," she asked.

UNA provincial board member Alan Besecker was tapped to ask Paul Martin a tough question on CTV's Canada AM in January. Alan reported mixed results on his interaction with the outgoing Prime Minister. "He talked around my question," Alan said. His single question was: "I'm a nurse and here in Alberta, we've seen a lot of growth in private health care. During the debate Mr. Martin you only said you would support the Canada Health Act, Could you tell us more specifically what you would do to stop the growth in for-profit health care in Canada?"

## Dead trolls sack Third Way quarterback

One of Alberta's most infamous comedy sweatshops took on Ralph Klein's Third Way plan for private insurance and health care in two internet animations that came out during the federal election. "I made Grandpa live!" exults the little animated boy wielding the do-it-yourself-at-home defibrillator. In one of the skits, Donald Trump himself outlines the waste in socialized health care delivery. He touts the higher dividends private companies will be able to pay once the foolish public system that rewards the sick and poor is overcome. See the shockwave flash animations at [www.deadtroll.com](http://www.deadtroll.com).

## Public solution to waiting lists

The news came out recently that both the Capital and Calgary Health Regions had amazingly cut the time between the first orthopedic consultation and surgery from 47 weeks to 4.7 weeks. Prominent health policy commentator Dr. Michael Rachlis must be shrugging his shoulders. Rachlis has been criss-crossing the country for years, telling anyone who would listen that there are solutions to waitlists and other health system problems easily achieved in the public system. "Canadians tend to assume that if there is a wait for health care, there isn't enough of it," Rachlis says. "However, most delays are due to poorly designed services. "We need to look at delays through the 'lens of flow'. "His most recent publication Public Solutions to Health Care Waitlists is available on the Canadian Centre for Policy Alternatives website at: [www.policyalternatives.ca/](http://www.policyalternatives.ca/)

## LPNs' voting on mediation recommendations

Licensed Practical Nurses and auxiliary nursing Employees are voting on mediator's recommendations for a new collective agreement. The recommendations are for a four-year agreement running to March 31, 2008 and for 3% salary increases each year. But the mediator also added a new step seven, at \$21.89 an hour as of April 1, 2006 and a new step eight commencing April 1, 2007 of \$23.45 an hour. The starting rate for LPNs rises from \$16.07 an hour in 2004 to \$17.91 an hour in 2007. The collective agreement covers 9,000 employees include LPNs and nursing assistants.



Members of Local #307 had a special "Don't you just love stress" workshop as a part of their annual meeting recently. Local #307 is the public health/community Local in the former Headwaters Region, including communities from Strathmore to Canmore. Dressed up to beat stress are: Back Row: Cheryl Charles, Monica Bishop, Millie Neufeld, Olga Pitts Front Row: Reta Penrod, Gayle Sell, Rebecca Connelly and of course, the esteemed lounging leader (aka Local President) Shelley Hiebert.

Thanks to Vice President Jane Sustrik for running the workshop and for taking the photos.

## Nurses at Labour School

Quite a number of UNA members attended the Labour School held in Jasper in January. Different members attended week one and week two of the school and took in workshops on topics ranging from bargaining to occupational health and safety. One of the participants, Collette Mattson from Local #33, said the nurses found meeting other unionists beneficial. "We were able to share aspects of our various collective agreements and had some good discussions. A good venue to share thoughts and gather ideas." The workshops were greatly appreciated, she says, "Everyone in our class got up to speak on the last day and the theme of our comments were all the same.... Had fun learning!"

The Canadian Labour Congress and the Alberta Federation of Labour organize the annual labour school.



**SEPTEMBER 8**

Deadline for election of the Negotiating Committee and Alternates

**SEPTEMBER 22**

Deadline for Locals to submit proposals to alter the Provincial agreement.

**OCTOBER 24, 25, 26**

UNA Annual General Meeting (AGM) – Edmonton

**NOVEMBER 28, 29 30**

Provincial Demand Setting Meeting (DSM) – Edmonton

**JANUARY 11 2007**

Members Ratification Vote on in-going proposals

**JANUARY 2007**

Bargaining begins, exchange of proposals on provincial agreement

# Going into provincial negotiations

## UNA Calendar 2006

In 2007, UNA will go into provincial negotiations, fully four years after the last round began. All members can participate in a number of ways in setting the negotiations priorities and agenda. This calendar for 2006 highlights the main steps in preparing for negotiations. Locals will be considering and drafting proposals for what members want to see in the next agreement as well as considering nominations to the Negotiating Committee. Check with your Local for these crucial meeting times.

Provincially, UNA will also be sending out a questionnaire for all members to complete and highlight their concerns and needs in the next collective agreement. Locals will also be selecting delegates to the provincial meetings (AGM and DSM) and holding information meetings to consider the proposals package prior to the Ratification Vote.

