

# News Bulletin



**Will  
you be  
covered?**

**Albertans STOP Third Way**

Government's health care privatization plan runs into public opposition Page 3



**Central American women organize for basic rights**

UNA nurses visit Nicaragua and Honduras Page 4





Published by the  
United Nurses of Alberta  
six times a year for our members

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# Message from the President

**Heather Smith**



## Thank you!

**T**hank you to UNA members who signed the Friends of Medicare petition or expressed your concerns to members of the Conservative government. Once again, nurses advocated the need for quality health care for all, not preferential care for the wealthy.

Thank you to the delegates who attended the Conservative convention at the end of March. Thank you to all Albertans who said the Third Way was not the way to go!

Yes we should enjoy this moment of victory. The citizens of Alberta won this round. Yet even as we celebrate, we know the giant has not been dealt a fatal blow. It has merely retreated into the darkness to lick its wounds – to wait and plot. This giant is a zombie, which regardless of how many times it is slain reappears when public confidence wavers. This war in Canada between the public good and corporate profits has gone on for decades. We can only hope this victory in Alberta bolsters the spirits of Medicare advocates in British Columbia, Ontario and Quebec who are also engaged in battles for public health care.

But even in retreating, Health minister Iris Evans announced new health legislation would be tabled this spring. A “Health Care Assurance Act”, which begs the question - Why? We already have a “Health Care Protection Act”, isn’t assuring health care part of protecting health care?

According to media reports, in addition to ensuring Albertans have access to their health-care system, this new legislation would allow the government to establish a process for determining essential services, provide greater flexibility in the roles of health care providers and health care facilities, and introduce new ways to pay doctors and nurses.

Experience has taught us that this government never willingly makes a full retreat. We won’t let our guard down. If this legislation attempts to slide in the destructive elements of the Third Way, we’ll be ready for round two. Watch for more details

This NewsBulletin has information about the BC nurses contract settlement. It will soon be time to focus our attention on preparing proposals for our provincial negotiations, which will commence early in 2007. The next NewsBulletin will include a survey for you to complete and return to your Local Executive. So as we enjoy the return of warmer weather and spring blooms, ponder the kinds of changes that are needed to retain and recruit nurses in Alberta.

Heather Smith, RN

President UNA

PS. Thank you to Keith Wiley, UNA Communications Officer, who conceived the Medicare umbrella symbol for the Friends of Medicare campaign. Thank you to Pat Spady, citizen-at-large, for your dedication in organizing the twice-weekly vigils at the legislature. And finally, a hearty thank you to all Friends of Medicare.

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# Albertans stop Third Way

## Government consulting on “some” changes



Alberta news media pronounced the Third Way “dead” after a Conservative caucus meeting in Calgary, April 20th.

“We are not prepared to proceed with private insurance at this time,” Health Minister Iris Evans told reporters.

“We are not recommending that doctors working in both (the public and private) systems be part of the policy framework.”

Evans said legislation would still be introduced but would not pass and would be left for a year while more consultations are held.

UNA President Heather Smith called the decision a moment of victory. “Thank you to all the nurses and citizens who, once again, made the government back down.” But she added that, “Experience has taught us that this government never willingly makes a full retreat. If this legislation attempts to slide in the destructive elements of the Third Way, we’ll be ready for round two.”

“Albertans deserve the credit for the decision by the government caucus to scrap the most contentious parts of the Third Way,” said Harvey Voogd, Coordinator for Friends of Medicare. “This decision was the direct result of thousands of Albertans contacting their local MLAs and pressuring them to scrap the health privatization plan.”

“This is the third time in 12 years the Conservatives have tried to privatize health care,” said Voogd. “And this is the third time they have been beaten back by the weight of the public will. Albertans made the government back down. All those phone calls and letters and petition signatures forced them to reconsider.”

### Third Way controversy factor in low support for Premier

Strong public opposition to the government’s Third Way plan was a factor in the low support for Premier Klein in the Progressive Conservative convention vote in Calgary on March 31. The Premier’s announcement that he was dragging out his departure further, by offering a letter of resignation some time in September raised concerns for some that the Third Way plan was still on the agenda even after the low vote.

“Premier Klein may be retiring but it sounds like the push to privatize health care looks set to continue,” said Harvey Voogd, Coordinator for Friends of Medicare (FOM). “The Premier said it was business as usual and that the Third Way was his government’s most important file. As a result, FOM’s campaign to prevent the shrinking of our medicare umbrella will continue full steam ahead.”

“Albertans do not want to start the process of tearing down our public health system, which is exactly what the Third Way plan for private health care is,” said Voogd. “Nervousness about public reaction to the Third Way played a role in the unexpected low confidence vote the Premier received at the PC convention on Friday. Premier Klein should hear that message clearly and scrap the plan now.”

*Raging Grannies sing another of their great cover tunes at a Legislature Steps vigil for medicare. At the end they hold up a special sewn pair of bloomers and recite their slogan: Keep Medicare Public, No Private Parts!*



# Nurses tour CoDev projects in Nicaragua and Honduras

## Women's organization in Nicaragua doing valiant job,

Jane Sustrik reports



UNA members on the tour.

Top: Jane Sustrik, Heather Wayling

Bottom: Erin Zalasky, Donica Geddes.

A trip to Nicaragua... an opportunity of a lifetime! That was my immediate thought when I learned I would be traveling to Nicaragua to see how our donations to the Maria Elena Cuadra Movement of Working and Unemployed Women (MEC) are being used.

UNA has donated to MEC for the past three years. We donate through CoDevelopment Canada (CoDev), which is a small non-profit NGO that is working to form partnerships between groups in Canada and like-minded organizations in Latin America. CoDev has partnerships with more than 16 unions and groups in BC, Alberta and with 23 community groups, women's organizations and unions in Latin America. Some common threads run through the broad range of projects - gender equity, women's empowerment and labour rights. These are central themes in the work CoDev supports.

Four UNA members were selected for the trip - two Executive Board Members (Heather Wayling and myself) and two members-at-large, chosen through a letter submission process (Donica Geddes from Local 204 and Erin Zalasky from Local 301). Our trip was a joint venture with the Health Sciences Association of British Columbia (HSA-BC).

## Far beyond what I thought it would be

Donica Geddes reports on the tour



Donica with MEC coordinator Sandra Ramos.

Below: Donica visits at the farm.

*Tu Solidaridad Internacional  
Esta Grabada en el  
Corazon de este Pueblo*



MEC banner in appreciation: "Your International Solidarity is Engraved in the Heart of our People"



The first leg of our excursion took us to Honduras to view the CODEMUH project which HSA-BC sponsors. CODEMUH is a women's collective for maquila workers. In Latin America, maquilas are factories that mainly produce garments for export. There are over 135,000 maquila workers in Honduras. These are what most people envision when they think of sweatshops with poverty-level wages, long hours and no unions. While not all maquilas are dark and dirty, most violate internationally recognized worker rights and occupational health and safety standards.

CODEMUH has thirty-two teams in Honduras that reach out and provide workshops to maquila workers. The range of topics is broader than you might expect. It includes self-esteem, health, civil participation, sexuality, AIDS, and rights. They also offer psychotherapy workshops for women who have suffered emotional and physical violence.

The poverty in Honduras struck every one of us on the tour. For me, I felt a great deal of shock, astonishment, frustration and sadness. A vast number of people live in terrible conditions. There is little recycling in Latin America, so the



stench of burning garbage and plastic fills the air and your lungs. Filthy water pools on the edge of roads and infants play in it wearing only a diaper and t-shirt. Sights like this will be forever engrained in my mind.

After a week in Honduras, it was on to a bus for a grueling 13-hour ride to Managua, Nicaragua. Nicaragua is home to the project UNA supports. Maria Elena Cuadra Movement of Working and Unemployed Women (MEC) is a leading advocate for women's rights and labour rights in free trade zones. These dedicated people provide health education, financial support, leadership training, and legal and human rights advocacy to women working in Nicaragua's free trade

*Continued on Page 6*

**T**he women have very little education. The funds they are given go an incredibly long way. It centers around the workers' rights for the maquila workers, but they often have other problems, with their families, or their children, so it's not just labour rights. There's "mini" health therapy, psychological, social therapy and they have programs on sexually transmitted diseases and birth control. It's very basic stuff. They meet just outside the factory in a little restaurant. Some of the women still have to lie to their husbands about where they are going and what they are doing."

Donica Geddes works with hard-to-care for patients at the Rosehaven long-term care facility in Camrose. She has a family, and the kids' basketball and Ukrainian dancing, the whole ball of wax, but she still finds time to be the president of her UNA Local #204. She applied to represent UNA on the tour to Nicaragua and Honduras. She was selected and off she went for a completely new and eye-opening experience.

"It went far beyond what I thought it would be," Donica says. "There's a need. Nurses are called to meet needs, and there is a need in these two countries. They are obviously suffering. We can help, to learn more and networking to make others aware. It's a humanitarian need," she says.

Donica was impressed by the work she saw the women's organization Maria Elena Cuadra doing.

"Seeing how they network, how they use the funds they have, they use it very efficiently," she says.

Donica learned a lot about the history of the region and the struggles the people have faced over recent decades. Coming from a farm background, she was particularly interested in

a visit to a farm, but she found it startling to find houses roughly built with slabs of wood and dirt floors. The group of farmers was getting by with chickens, pigs and seeds, some of it provided with international assistance. But "their golden dream" she said, was a milk cow to have milk for their kids.


In the city, Donica was on the tour of one of the factories, a company called Cupid. "All they made was underwear... I'd never seen so much underwear in my life." But she noted that there were many familiar names, "Sears, Ralph Lauren, Wal-Mart... they were making products for all these companies."

"We can put pressure on these companies," Donica says. "They do know that there is international awareness of these sweat shops. Public pressure will be a lot more effective."

The tour group met with some of the women who do the work.

"We heard a lot of their stories. They weren't shy," Donica says. "This one woman had a disability with her arm. She was about 21. Her name was Lourdes. She cried as she told us about the repetitive work she does with that arm, she can't lift it above her shoulder now. It's from the way she is working."

"I'm a good worker," Lourdes told them. "I do lots and I am very loyal, but they are saying that the problem is not caused by work."

Donica says that some day she would like to go back, roll up her sleeves and continue the fight for social justice. 

*Continued from Page 5*

zone. The premise behind MEC's work is the promotion of dignity and respect for women workers.

Our first order of business was to attend a meeting of about 1200 women maquila workers to address the government's employment policy with a focus on gender. I was thrilled and honoured to bring greetings on behalf of UNA – some of it in Spanish. Apparently, my Spanish was not understandable and I was told it needed CPR!

We managed to visit two garment maquilas, one tobacco maquila and one worker-owned maquila. This helped put into perspective the working conditions within a maquila. The majority of maquila workers are women, who are poor, young (mostly between the ages of 18 and 35 years of age), and often single mothers raising families. They do not have much education either. The average Nicaraguan has only 4.5 years of schooling!

Maquila workers face many challenges - one of the most difficult is repetitive strain injuries. We saw what they do, for example, in manufacturing a pair of shorts. One worker sews a pocket on; another worker sews one side seam, and so on. Each worker performs one tedious task hundreds of times each day. They must work very quickly and there is no time to recover from injuries.

MEC is educating the workers about the dangers of repetitive strain and helping the workers set up some form of occupational health and safety system in their factories.

We had several scheduled events with MEC. We met with the lawyers and staff of MEC's Mediation Centre. We visited a beneficiary of MEC's micro project, and we dropped in on MEC's "back-yard" project. Seeing these projects first-hand gave us a more complete understanding of the work MEC is doing. We could see that MEC has earned a high level of trust with women factory workers and a respectful relationship with government officials and factory owners.

We thought we had seen poor conditions in Honduras. But Nicaragua was poorer. A trip to the Managua dump, situated right next to Lake Managua, revealed what is called home for 7000 Nicaraguans. This was stunning, overwhelming and gut wrenching. The poverty is extreme. There are serious deficiencies in terms of education, sanitation is lacking and there is far too little basic health care. We could see that this is a country full of struggles. Again, these images will be etched in my mind forever.

We came away feeling strongly that MEC's work is really helping people. Our donations are worthwhile, valuable and deeply appreciated. We are helping to make things better and we absolutely must continue our support.

Thank you to UNA for providing me with this insightful and valuable opportunity. It has changed my outlook on life! 🇺🇸



## Parkland tours Alberta with timely book

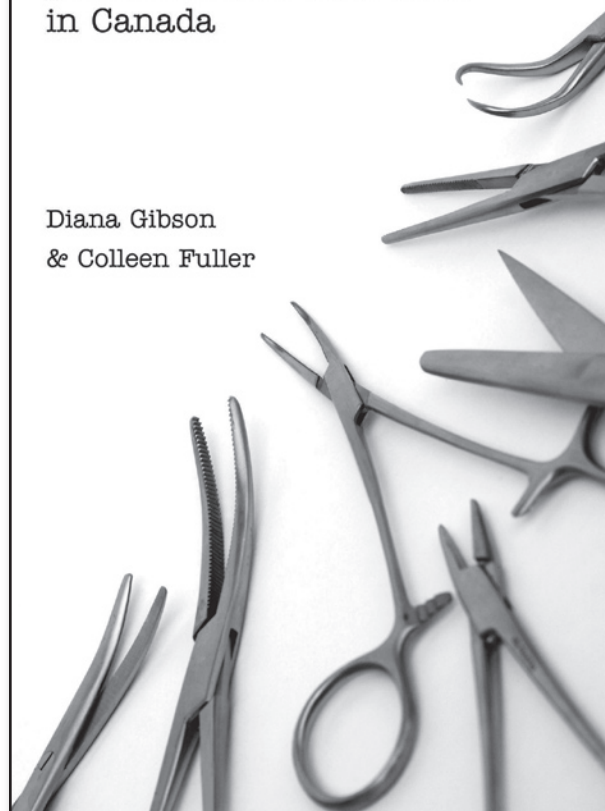
**T**he Third Way plan for private health insurance is the old way of health care that was rejected by Canadians forty years ago says a timely new book from the Parkland Institute at the University of Alberta. Canadian health researcher and author Colleen Fuller, and Parkland Research Director Diana Gibson co-authored the book. They warn that moves toward privatizing health care financing would actually make the health care system more expensive, and provide less choice.

Author Colleen Fuller joined with Friends of Medicare coordinator Harvey Voogd to speak about the Third Way and private health insurance on a tour throughout Alberta cities during the last week in March.

The new book *The Bottom Line: The Truth Behind Private Health Insurance in Canada* is available from Parkland at 780-492-8558 or [parkland@ualberta.ca](mailto:parkland@ualberta.ca). 🇺🇸

### The Bottom Line The truth behind private health insurance in Canada

Diana Gibson  
& Colleen Fuller





Venezuelan's popular President Hugo Chavez.



# “Sowing the Oil”

Parkland speaker on Venezuela's use of oil money

By Allan Besecker

Cuba and developed health clinics in all the poor cities and communities throughout the country. The literacy mission has taught 1 million people to read, the high school mission has enrolled 1 million people in school and the university mission has enrolled 250,000 students into post secondary education. These missions also subsidize state run markets so the poor can afford to eat. The other missions include Co-op training, job training and a small business mission.

Gindin reported the results are outstanding. The Venezuelan economy grew by 18% in 2004 and 9% in 2005. Poverty has decreased to 38.5% from 54.5%. In 2004 alone the profits were 6.5 Billion and 57% of profits were spent on social programs through the missions. Money is being used to mobilize the population and build an inclusive society. This inclusive society will be the legacy that outlasts the oil.

Venezuela is also using oil as a bargaining chip and it discounts oil to Cuba in exchange for physicians and medical training and with Brazil, Argentina and Uruguay for other social and industrial products.

*Gindin described how Hugo Chavez has changed the focus of oil profits in Venezuela so they benefit society as a whole, not just a few foreign multinational companies.*

Alberta should closely watch how Hugo Chavez and Venezuela are handling their oil resources. Chavez's "sow the oil" policy could be an investment that produces a longer payoff for citizens, according to Jonah Gindin a Canadian journalist living in Caracas.

Gindin was a guest speaker at Parkland Institute's 9th Fall Conference entitled *The Alberta We Want in Canada and the World*. One of the themes of the conference was sustainability and the impacts of the oil and gas industry on the land, economy and social network of Alberta.

Gindin described how Hugo Chavez has changed the focus of oil profits in Venezuela so they benefit society as a whole, not just a few foreign multinational companies. The oil belongs to all the people and, Chavez maintains, the oil profits should build democratic equality. The profits are used to try and develop a country that has social, economic and representative equality.

In the 1980's and first half of the 1990's Venezuela dutifully followed the neo-liberal policies of the United States, the World Bank and the International monetary Fund. Privatization was the policy of the day, and Venezuela was left destitute, heavily indebted and without any social network. In 1996 Venezuela a rich country had eliminated taxes on oil exports, reduced government royalties to zero, so the vast oil reserves were bringing in no money for the people. Sixty percent of the population was living in poverty.

Hugo Chavez was elected president and in 1998 and began to institute his Sowing the Oil policy, which was actually a policy used to develop the country in earlier times. Chavez reversed privatization and re-nationalized the oil company. They increased royalties to between 10-30% and only one multinational complained. Chavez said that there was no hope for democracy with such high levels of poverty and illiteracy.

The government set up missions, which were parallel departments to the existing corrupt government departments. Profits were passed directly from the state oil company to the missions. The health mission hired 13,000 physicians from

Venezuela's unique model differs greatly from Alberta, where we are sacrificing the future for present profits, Gindin said. Alberta has the lowest royalties (4.3%) in the world and until recently had capped our Heritage Fund at \$12-14 billion.

Gindin noted that other countries do it much differently. Norway, for example, has higher royalties, a carbon tax, a profit tax and some nationally owned oil companies. It started a fund only 15 years ago that is already worth \$190 billion. As well, Norway has free education and health care for all its citizens. Gindin notes that Venezuela and Norway are examples of how social investment can significantly improve the daily lives of citizens. By allowing profits to be taken out of the province Alberta is actually helping to perpetuate world inequality, Gindin said. He said it is time for the citizens of Alberta to demand higher oil returns and to insist that they "sow" social and economic equality. This democratic mobilization must happen now, he said, before the oil is gone and our chance to improve the social fabric of our society is gone. 🍷

# UNA tells Health Minister Iris Evans NOT to take costly Third Way

UNA President Heather Smith told Health Minister Iris Evans that the Third Way plan for more private insurance and for-profit health care would be a costly one for Albertans during a “consultation” meeting at the Legislature on Tuesday, March 28.

“Iris Evans was making a big show of these consultations, even though we suspect the legislation and even the regulations were already all written and ready,” Heather Smith said later. “But we were invited by the Minister to have our say and so we did.”

Heather Smith also showed the Minister a short music video, *Pirates of the Health Care-ibbean* which illustrated how much difficulty Americans have with for-profit health insurance. Americans, she pointed out, pay \$400 billion a year in administration of their private insurance health care system and still have over 45 million uninsured.

Rather than go to costly privatization, Heather Smith suggested four points for improving the public system, including restoring the regulations in Bill 11 that were quietly dropped in 2005. The rules that were cut limited what extra services doctors could charge for and how much doctors can charge for enhanced services. She also said government must maintain the prohibition against doctors

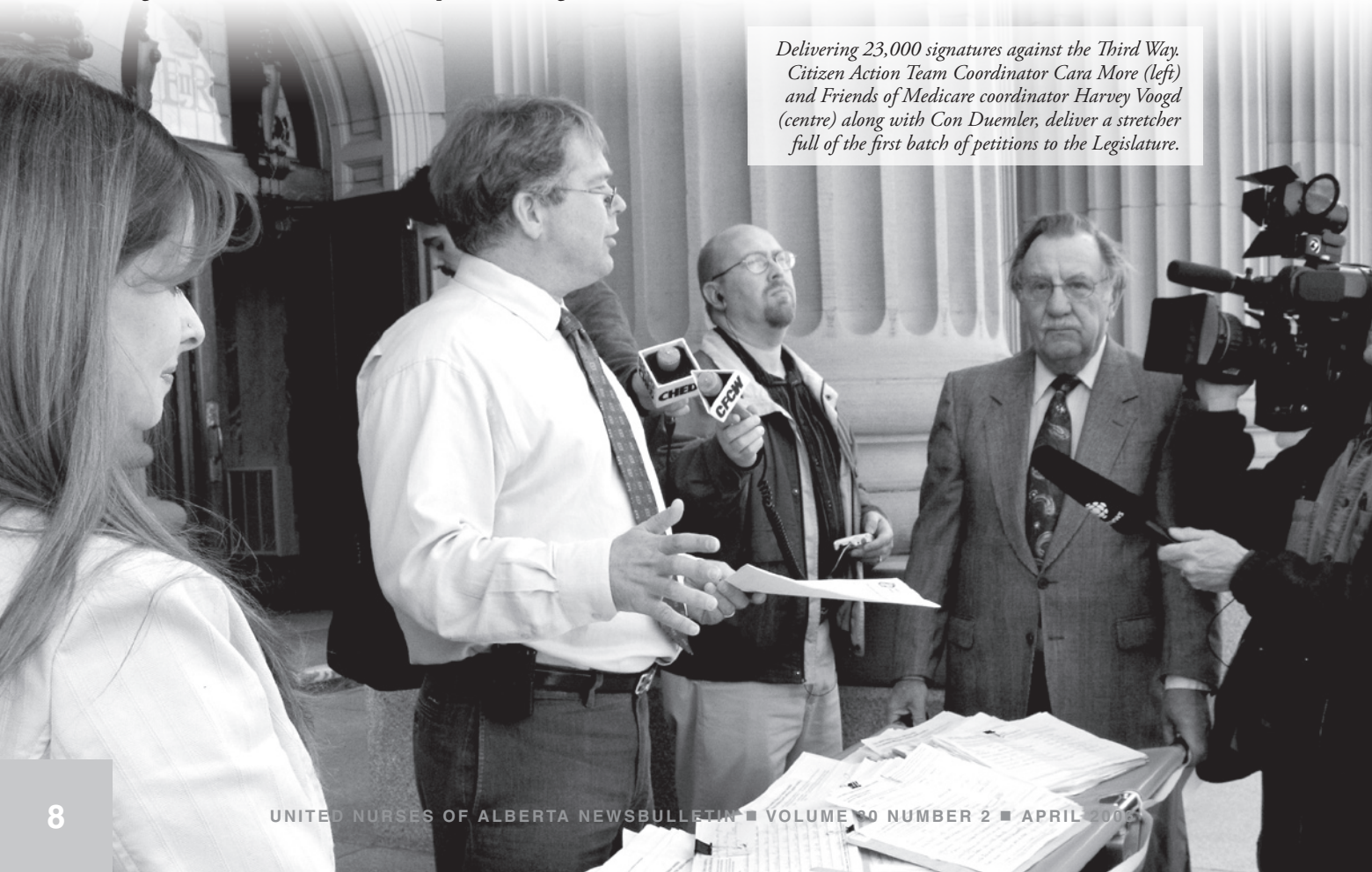
working both in the public and private systems. The third point was that the province must limit doctors billing privately to charging NO more for any health care service than would be billable by a doctor to the Alberta Health Care Insurance Plan.

Finally, Heather Smith said that the best control on health care costs is to “expand the medicare umbrella” and provide public coverage of more health services, pharmacare, dentistry, long-term care and home care.

“The best way to really control health care costs is to bring more of them into the public system,” she said. “Currently the health care costs that are rising the fastest are the 30% of costs that are not included in medicare, things like drugs, dental care and long-term care.”

Evans, for her part, responded saying that repealing the prohibition on private health insurance would only put the province on a “level playing field” with other provinces, like Saskatchewan, that do not have such a law. (The difference is other provinces aren’t intentional trying to grow a private insurance market.) “We’re not talking about getting people to buy insurance,” she said. “The people most in need will still get it [health care] in the public system.”

*Delivering 23,000 signatures against the Third Way. Citizen Action Team Coordinator Cara More (left) and Friends of Medicare coordinator Harvey Voogd (centre) along with Con Duemler, deliver a stretcher full of the first batch of petitions to the Legislature.*







# Continuing competence under the Health Professions Act

College holding workshops and “tele-workshops” across the province

**U**nder the Health Professions Act nurses must undertake regular educational activities to maintain their “continuing competence”. Nurses also must document their educational efforts and their professional Colleges (the College and Association of Registered Nurses of Alberta, (CARNA) and the College of Registered Psychiatric Nurses of Alberta (CRPNA)) are going to be doing spotchecks of the competence documentation. Registered Nurses are encouraged to know what is required to meet the requirements to maintain their licences when they come up for renewal on Oct.1, 2006.

*Registered Nurses are encouraged to know what is required to meet the requirements to maintain their licences when they come up for renewal on Oct.1, 2006.*

Now CARNA is holding a number of two-hour workshops via the Telehealth system to inform nurses more about the continuing competence requirements.

The workshops are being held from 1400 to 1500 hours, usually in the Telehealth conference room of health facilities. Some of the upcoming dates in May for workshops are:

- May 16 • Pincher Creek Hospital
- Medicine Hat Hospital, Room 2
  - Foothills Medical Centre, Coombs Theatre
  - Rockyview Hospital, Fisher Hall
  - Red Deer Hospital, Telehealth Room

- Wainwright Health Centre, Telehealth Room
- Glenrose Rehabilitation Hospital (Host site)
- Redwater Health Centre, Telehealth Room
- High Prairie Health Complex, Telehealth Room
- Peace River Community Health Centre, Room M259
- Westlock Health Centre, Telehealth Room
- Fort Vermilion – St. Theresa Hospital, Telehealth Room
- Fort Chipewyan-Nunee HA, Telehealth Room

- May 31
- Taber Hospital, Telehealth Room
  - Brooks Health Centre, Telehealth Room
  - Foothills Medical Centre, Coombs Theatre
  - Peter Lougheed Centre, Auditorium
  - Rocky Mountain House Health Care Centre, Auditorium
  - Viking Health Centre, Telehealth Room
  - Evansburg Health Centre, Telehealth Room
  - Glenrose Rehabilitation Hospital
  - University of Alberta Hospital, Classroom D Room 2F1.04
  - Walter MacKenzie Health Centre (Host Site)
  - W.J. Cadzow Lac La Biche Health Care Centre
  - Grande Prairie, Queen Elizabeth II Hospital, Hospital Room
  - Peace River Community Health Centre, Room M213
  - Fort McMurray Hospital, Family Health Room
  - Stoney Health Centre

Sessions have limited registration and are subject to cancellation depending on enrollment. Handouts will be distributed when you register online or by phone. Register online at [www.nurses.ab.ca](http://www.nurses.ab.ca) or by phone: 1.800.252.9392 ext.450 or in Edmonton 451.0043 ext.450. ♥

## AFL's newest standing committee, the Gay, Lesbian, Bisexual, Transgendered (GLBT) committee, planning fall conference

The Alberta Federation of Labour (AFL) has a number of standing committees of members that are responsible for action and discussion in their particular sphere. At the 2005 convention the members voted to add a new committee, the Gay, Lesbian, Bisexual, Transgendered (GLBT) Committee.

The standing committees are included in the AFL's constitution and do educational and policy work and take action on resolutions. The committees are: Education, Environment, GLBT, Health and Safety, Human Rights and International Solidarity, Political Action, Women, and the Youth Committee which was formalized in 2003.

The Committee members are appointed from each union. UNA appoints active volunteers through the provincial Executive Board.

The AFL also has a number of caucuses, which can meet at any AFL event. The caucuses are geared to encouraging involvement in the Alberta labour movement and ensuring

that their issues and concerns are addressed by decision makers. Besides discussing the issues of the day the workers of colour and aboriginal workers, women and youth caucuses also each select a representative to the provincial executive council.

The newest group, the Gay, Lesbian, Bisexual and Transgendered committee will of course be providing support to GLBT people. Over the coming months the committee is planning to create and provide educational materials that will be available for use in the workplace, meetings, conventions, and other appropriate events and venues. The committee has set itself the task of facilitating discussion, learning and understanding to the benefit of every work place and the whole community. The committee is also planning a one-day conference for October 11 tentatively called the ABC's of GLBT. Watch for more information.

If you have questions, or want information or materials, feel free to contact any of the committees through the AFL office at 1-800-661-3995 (Toll-free) or locally at (780) 483-3021. Email: [afl@afl.org](mailto:afl@afl.org)

## A great summer fun plan: AFL Kids' Camp

Camper's name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Draw entries must be return to Provincial Office  
 (900-10611 98 Avenue Edmonton Alberta T5K 2P7 Fax: 780- 426-2093)  
 by **16:30 Friday May 26, 2006**

The Alberta Federation of Labour is once again running its five-day camp for union kids ages 8-15 at Goldeye Lake near Nordegg. Besides the wonderful outdoor pursuits, like canoeing, hiking horseback riding and swimming, the camp has an educational focus on trade unionism. The deadline to register is Friday June 2 for the camp which takes place August 7-11. The Registration fee is \$325.

UNA is sponsoring two children of UNA members (and also two children of other AFL affiliates) to the camp this year. UNA members can submit the application to the left for the draw to win a great week at a summer camp.



## Chinook runs into problems “retrofitting” staff into St. Michael’s Health Centre

The Chinook Health Region announced last year that it is cutting almost all long-term care services at the St. Michael’s Health Centre in Lethbridge. Instead, Chinook said it is going to move its Post Acute Rehabilitation Program (PARP) from the Lethbridge Regional Hospital to St. Michael’s.

*“The Region can move the program, but it cannot force the nurses to move with it.”*

*- David Harrigan*

“The problem is that St. Michael’s is a separate employer, under the Long-Term Care UNA agreement, not under the provincial agreement, and the nurses at the Rehab unit at Lethbridge Regional do not want to transfer,” says David Harrigan, UNA’s Director of Labour Relations.

Chinook had proposed a Letter of Understanding to transfer the program, which it said would allow the nurses to move with their current FTE. But, in a communiqué to the UNA members, David Harrigan points out that the actual wording was “shall exercise their choice of vacancy in order of seniority, to the extent that such positions are available...”

The nurses in both the PARP unit and at St. Michael’s were strongly opposed and did not want any agreement that would force nurses to move.

“The Region can move the program, but it cannot force the nurses to move with it,” David Harrigan said.

If the Region moves the Rehab unit it will have to eliminate the positions for the 18 affected nurses. These nurses will then, under Article 15, have displacement rights within the Chinook Health Region bargaining unit.

Chinook said it was disappointed the agreement had been rejected and accused UNA of ignoring the needs of its members and putting a negative spin on the move to further some unstated provincial agenda.

“You are completely incorrect in your belief that UNA is disenfranchising our members,” David Harrigan wrote in a letter to the Region. “Your suggestion that UNA is not representing its members or is somehow responsible for layoffs is absurd and displays an ignorance of labour relations realities,” he wrote. ❖



## Grande Prairie staff get 5 positions through PRC

Fully documented understaffing crisis in ER

Early this year, nurses at the QEII Hospital in Grande Prairie convinced management that the crisis in the Emergency Department needed more staffing. They are getting five new full-time nursing positions.

*“The Professional Responsibility Committee does work, if people fill out the forms and document problems well and not let them drop, keep going.”*

*-Local #37 President Kelly Thorburn*

“I’m very happy we’re going to get more staff,” says Local #37 President Kelly Thorburn. “The Professional Responsibility Committee does work, if people fill out the forms and document problems well and not let them drop, keep going,” she says. “Have a good case and go forward with it.”

Nurses were concerned that they were spread too thinly trying to handle triage and patients over two separate areas the ER and ER overflow (day surgery during the daytime, overflow later). The same nurses were now responsible for too much.

“There were not enough bodies to safely manage the whole department,” Kelly Thorburn says. Nurses began filing PRCs in the fall, with good documentation of all the activities and the workload problems on their shifts. Kelly has a massive file of PRCs the nurses had written up.

“The nurses were overwhelmed and unable to do the work they were supposed to be doing. The patients weren’t getting the care, things were being missed,” she said.

In the end she said they resolved it through PRC, with the director of emergency services and the chief operating officer of the hospital. The nurses are relieved that there are going to be more positions created.

“Now, we have to find five full-time nurses to hire.” ❖

# know more about PENSIONS

## Pension Questions

What happens after I have 35 years of service?

When do I have to retire?

How early can I retire?

**M**ost UNA members participate in the Local Authorities Pension Plan (LAPP). The following information on LAPP pensions is from the Pension's website: [www.lapp.ab.ca](http://www.lapp.ab.ca).

After 35 years of service, your contributions to LAPP cease and are no longer deducted from your pay cheque. You cannot accrue more than 35 years of pensionable service, even if you continue working beyond 35 years. However, your salary after you have accrued 35 years of service may be taken into account when calculating your highest average salary, subject to the salary cap.

You do NOT have to retire! Federal tax rules require LAPP to begin to pay you your pension by the end of the year in which you turn 69. However, LAPP does not have a mandatory retirement age. If you continue to work after you turn 69, the LAPP pension will be paid as if you had retired.

You may retire as early as 55 if you have at least two years of LAPP membership, but your pension may be reduced. If you are disabled, you may draw a disability pension earlier than age 55 in some circumstances. If your age and service add up to 85 or more, your pension will not be reduced for early retirement. However, if you retire before you are 65 and your age and service add up to something less than 85, your pension will be reduced for early retirement. ❖

[www.lapp.ab.ca](http://www.lapp.ab.ca)

*plan for your future*

## BC nurses sign 4 year contract running to 2010

**T**he BC provincial government gave its public sector unions a deadline with an incentive, reach a new agreement by the end of March and receive a signing bonus of over \$3,000 per full-time employee.

All the unions who were in contract talks met the deadline and got the bonus. Reaching a deal at 2315 on March 31st, The British Columbia Nurses Union achieved a one-time signing bonus of \$3,150 per for each full-time nurse, which will be pro-rated for part-time and casual employees.

The BCNU negotiating committee is recommending that nurses ratify the agreement when they vote on May 4.

*The new four-year contract – running until Olympics year 2010 – provides salary increases totaling 14.2 per cent.*

The new four-year contract – running until Olympics year 2010 – provides salary increases totaling 14.2 per cent. The wages are going up 3% in the first year, 3.5% in the second and third years and 4.2% in the fourth year.

In addition, the night shift premium is going up from \$1.75 an hour to \$3.50 an hour effective immediately. The weekend shift will also increase immediately from \$1.00 an hour to \$2.00 an hour.

There is also a substantial increase in the on-call rates which are going up April 1, 2006 to \$3.00 an hour for first 72 hours on-call in calendar month, and thereafter \$4.25 an hour. The on call rates go up further, moving to \$3.25 an hour April 1, 2007, \$3.50 an hour April 1, 2008 and \$3.75 an hour April 1, 2009 for the first 72 hours in a calendar month, thereafter \$4.25.

In Alberta the current on-call rates are \$3.00 an hour and \$4.25 an hour on a named holiday or a designated day of rest.

The agreement also increases the reimbursement for use of a personal vehicle to 50¢ a kilometer (in Alberta 38¢ a kilometer) as well as a \$50 a month payment for use of a personal vehicle (in Alberta \$130 a month).

The new agreement also offers a special premium of an additional \$50 a month to regular employees (pro-rated for part-time) in specific areas identified as having the most acute combination of vacancies and overtime use, if the unit has permanently assigned staff. (OR/PAR, ER, ICU/CCU).

Details of the new agreement are on the BCNU website at: [www.bcnu.org](http://www.bcnu.org). Look for “detailed settlement documents”. ❖

# AFL calls for free tuition for nursing students

“Beyond Chicken Little” research suggests skill shortage mishandled

Alberta Federation of Labour President Gil McGowan stirred up considerable interest about the apparent shortage of skilled labour recently with the release of a research paper, entitled Beyond Chicken Little.

“Unfortunately, when it comes to the skills shortage, most of our leaders in business and government have misdiagnosed the problem,” McGowan said.

Although the Alberta focus has been almost exclusively on predicted skill shortages within the construction industry, the skills shortage problem is actually national in scope and reaches far beyond the construction industry into the health care, education and manufacturing sectors, according to the paper.

The research paper’s subtitle, “Understanding the Need for Measured Reforms to Alberta’s System for Skills Training” highlighted the AFL’s conclusions. McGowan said that measures like free tuition for Registered nursing and reform of the apprenticeship programs are necessary to maintain the workforce the province needs.



## UNA awards four \$750 scholarships to first-year nursing students

Once again, UNA is encouraging young people to go in to the profession and awarded four \$750 scholarships to first-year nursing students in the province. To be eligible the students had to be sponsored by a relative who is a UNA member and had to write a short essay on how the United Nurses of Alberta impacts nursing worklife.

“I hope you choose to stay here and nurse in Alberta when you graduate,” President Heather Smith urged the students when they came in to receive their awards.

A volunteer judging team reads essays that have all identifying information removed and chooses the top essays for the scholarships.

Deadline to apply for the scholarship is October 15, each year.



Carolynn Niemar is at MacEwan College and her mother Barbara works at the Grey Nuns hospital. Carolynn said her mom could not come for the cheque presentation because they are short-staffed and couldn't get the time off.



Amy Chan is a student at the University of Alberta. Her mother Margaret works at Norwood, Local 118 and Amy has been lucky enough to have one of her work placements at her mom's facility.



Jocelyn Vermeer is a student at MacEwan College. Her mother Karla is a nurse at the Royal Alexandra Hospital in Edmonton. They returned from a life in Botswana where Karla was a music teacher, not long ago.



Scholarship recipient Cindy Ulseth, attends the University of Calgary. Her mom is Barb Ulseth, President of Local #102, the Coronation Health Care Centre.



# Nursing News

## Environmental investigation ordered at Eastwood Health Centre in Edmonton

Nurses at the Eastwood Health Centre were relieved recently that provincial Occupational Health Safety Officers have ordered mould and environmental investigation in their facility. Although they are getting a new building, which has been controversial and much in the news, they won't be moving for a couple of years. Meanwhile, nurses have continued to experience symptoms since a flood left several inches of water in the basement over two years ago. There have been continual leaks and even light fixtures full of water.

Some Employees have had respiratory problems, rashes, nosebleeds and other symptoms that have suggested a mould problem at the facility.

UNA's Occupational Health and Safety Officer Janice Peterson helped Local #196 file the complaint with the provincial department that resulted in the investigation. The order will also require an educational session for the employees at the site. Janice Peterson will be part of that educational session.

## Nurses at three new UNA Locals get first agreement

Registered Nurses at Local #235 South Terrace Continuing Care Centre and Local #401 MacKenzie Towne Care Centre have both ratified their first collective agreement with their employer, Central Care Corporation.

Also, nurses at Extendicare Vulcan have just settled their first contract. The nurses will have the standard Extendicare agreement with certain phase-in dates, with the contract extension to July 31, 2007, and a 3% salary increase on August 1, 2006.

## Fines for abusive actions in British health system

The British government has announced fines of up to £1,000 (\$2,500) for people being abusive of health service staff. Health Secretary Patricia Stewart announced the "zero tolerance" of abuse policy recently. The Health Department reported that 14% of health service staff were physically attacked in 2004 and a further 27% reported being bullied or harassed. The new fines are part of the measures the department is taking to "send a clear message that anyone who threatens or verbally abuses our staff will be removed from the premises and could face a fine of up to £1,000," a Health spokesperson said.

## Women still earning less than men

Women's incomes still lag behind men's, according to a recent report from Statistics Canada. "The average earnings of employed women are still substantially lower than those of men, even when they are employed on a full-time basis," Statscan said. For example, in 2003, average earnings in Canada for full-time employed women were \$36,500 a year, or 71 per cent of what their male counterparts earned.

As well, women are much more likely than men to be considered low-income. In 2003, 31 per cent of unattached women were in that category.

## ...and women are ahead, at least for the first degree, in universities

The Canadian Federation for the Humanities and Social Sciences does an annual audit of the proportion of women in post-secondary education in Canada. Since 2001, they have collected data from CAUT and Statistics Canada to measure trends in women's participation in university

level education. The results show that although more women are now getting degrees than men (61% of first degrees were for women in 2003), women are still badly underrepresented at the higher levels and among faculty. Only 42% of doctoral degrees went to women and women make up only 31.7% of university faculties.

## "Alberta seniors deserve better"

May 9th it will have been one-year anniversary since the report from Alberta's Auditor General highlighted the inadequacy of funding, staffing, standards and monitoring in Alberta's continuing care facilities.

On this anniversary, Public Interest Alberta will be launching a campaign "Alberta seniors deserve better, it's time to take action". The campaign will be province-wide and the launch event will be at the Stanley Milner Library, Edmonton, Tuesday, May 9, 2006, from 1:00 p.m. to 3:00 p.m.

Public pressure is needed now, says PIA. After the initial reports an MLA Task Force made 45 recommendations and estimated that an additional \$250 million would be required to improve continuing care in the province. But in the recent budget, the Alberta government allotted only an additional \$37 million to address problems related to seniors' continuing care — significantly less than the 38% increase to \$70 million allocated to Alberta's horse racing industry.

## Albertans oppose Third Way by 2 to 1 Margin, says poll

A poll of Albertans, released in April by Friends of Medicare, shows Albertans are clearly opposed to the Third Way health reform and that even Conservative voters express serious reservations about elements of the plan.

“The fact that 44% of Conservatives oppose the Third Way, with only 46% supporting it, suggests the government’s health privatization plans may have been the main reason behind Ralph Klein’s poor result in the leadership vote,” said Harvey Voogd, Coordinator for Friends of Medicare. “Albertans oppose the Third Way by a 2 to 1 margin, and even Conservative voters are evenly split.”

“Albertans place a high value on a universal system that is equitable for all of us,” said Voogd. “Citizens have clearly seen through the government’s PR campaign. They recognize the Third Way as a plan to erode our public health system. It is clear that Albertans do not want our health system commercialized.”

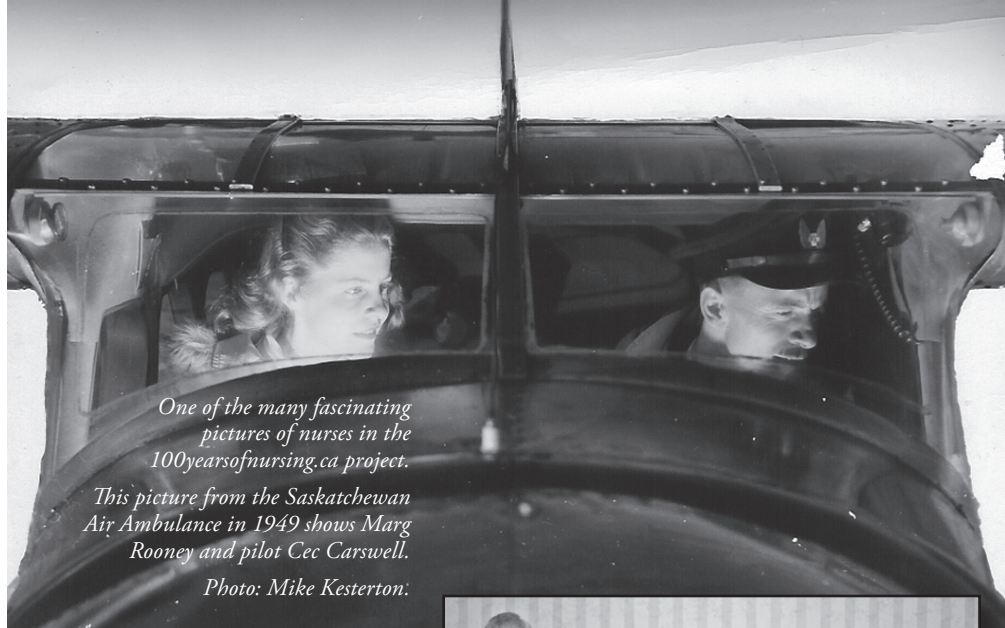
The poll shows 60.2% of Albertans oppose the Third Way plan in general, with only 31.8% supporting it. This opposition spans region, gender and age groups. 55% of Calgarians oppose it, while 69% of Edmontonians express opposition to the Third Way. 🇺🇸

## LPN charged in drugging case in Grande Prairie

RCMP finally laid over 50 charges against LPN Sarah Christine Bowes in the bizarre case of the drugging of employees at the Queen Elizabeth II Hospital in Grande Prairie. After several bouts of illnesses, the nurses on one unit insisted on air quality tests last year. That turned up nothing, but blood tests showed benzodiazepine drugs. A loaded syringe was found tucked away and foods in staff fridges were found to be tampered with. The LPN’s former employer says the woman claimed to be the victim of a similar crime while working in Ontario. An official at a nursing home east of Toronto says Sarah Christine Bowes was among three nurses who told police in late 2002 their sodas had been spiked with medication. 🇺🇸

## 3rd World Congress For Psychiatric Nurses

The College of Registered Psychiatric Nurses of Alberta is one of the sponsors of the World Congress coming up May 11–13, in Calgary.



*One of the many fascinating pictures of nurses in the 100yearsfnursing.ca project.*

*This picture from the Saskatchewan Air Ambulance in 1949 shows Marg Rooney and pilot Cec Carswell.*

*Photo: Mike Kesterton.*

*Special 100yearsfnursing.ca launch events were held in both in Regina and, in this photo, in Edmonton. l to r Keith Wiley (project coordinator for UNA), Don Bouzek (videographer), Bev Dick (UNA Vice President), Heather Smith (UNA President), Marlene Brown (Saskatchewan Union of Nurses SUN Vice President) and Larry LeMoal (project coordinator for SUN).*



The Congress will give nurses access to the leading experts in the field from around the world. They expect over 400 delegates and exhibitors.

The International Conference organized by and for psychiatric nurses will include such reputable keynote speakers such as Margot Kidder, Big Daddy Tazz, David Miller, and Dale Nikkel. 🇺🇸

## Albertans oppose Harper’s plan to cancel childcare agreements

Only 37% of Albertans said they support the new federal government’s plan to cancel support for the expansion of childcare centres and day homes, and instead give parents \$100 a month for each child under the age of 6 years. (50% oppose the plan and

13% do not know). The opposition showed up in a poll of Albertans’ opinions on childcare released recently by Public Interest Alberta (PIA).

87% of Albertans agreed that *‘The provincial government should maintain childcare subsidies for low and middle-income parents so they can afford quality care for their children in either childcare centres or day homes’.*

“Albertans plainly support the federal-provincial agreement on childcare and early childhood education and oppose the Harper government plan to rip it up” says Bill Moore-Kilgannon, Executive Director of Public Interest Alberta.

Furthermore, if the federal government cuts the funding to Alberta, 61% said they want to see the Alberta government continue to fund the programs enabled by the agreement, while only 27% said they are opposed. 🇺🇸

## Which word: patients, residents or clients?

“It’s all in the words,” one nurse said recently. “Employers have tried to get us talking about the people we care for as “residents”, what’s next “customers”? We’re being trained in a new terminology to create a shift in thinking. It’s deliberate and I don’t go for it. If they require nursing care they are patients, not residents, clients or anything else.”



# 100

## YEARS OF NURSING

*on the prairies*

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[www.100yearsofnursing.ca](http://www.100yearsofnursing.ca)



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