



United Nurses of Alberta

## Going to see Van Morrison

*In-patient Gayle Philp (right) with her friends Mary Ann Garbencius, (top) Wendy Wood (top left). Going to the Van Morrison concert was made possible by RN Susan Coleman (left) and the team at the Cross Cancer Institute.*

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# NewsBulletin



Provincial Negotiations fail to reach deal by March 31st.

# MEDIATION

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# Message from the President

**Heather Smith**



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## What will it Cost?

It is no surprise that after circulating the summary of outstanding items at the Provincial Bargaining table, the membership feedback is all negative. Nearly every e-mail to the UNA Negotiating Committee has expressed anger, outrage and disappointment with the employers' offer. What could be an enhancement (the Flexible Spending Account) is bundled with the loss of the RRSP, diminished vision care and elimination of the \$100 reimbursement for professional fees. The only reason the HBAS (Health Boards of Alberta Services) propose to maintain professional fee reimbursement for casual Employees, is that they do not currently receive benefits and are not eligible for the RRSP.

So, after twenty-six days of talks we have agreed to voluntary mediation with the assistance of David Jones. We will attempt to "close the gap" between the expectations of UNA members and the offer from the Employers. They must propose improvements that actually will retain the workers we have and attract new nurses to come to Alberta. As the summary in this *NewsBulletin* shows, we have a few dates in April and several in May. The clock is ticking and many members are already very impatient. How can this be, they ask? Don't the employers understand? A huge nursing shortage in a province awash with billions of dollars in surplus and the highest cost of living in the country. The proposals just don't make sense.

At the bargaining table the Employers speculated that our positions are related to the recent (and very generous) settlement for physicians. We told them straight out that our settlement zone is a direct result of member input, backed by the results of the membership survey in February. The physician agreement only heightened expectations that enhancements would be forthcoming.

On Monday of the Easter weekend I attended a meeting of Local 301, the University Hospital. It is worth mentioning that, on my way to the meeting, I passed a big display about the expansion at the University Hospital, including the Mazankowski Heart Institute "Opening In 2007".

After reviewing the summary, one of the questions from a member was "What is the cost of our proposals?"

We have the employer costing information I replied, there is no doubt the cost is significant. But what is the cost of not achieving a contract that will retain and recruit nurses? What is the cost, in professionals lost to intolerable workloads and understaffing? What is the cost in illness and injury, when Alberta has the highest levels of paid and unpaid overtime in the country? What is the cost of having a patient on a stretcher as the third occupant of a two-bed room? What does it cost the public, including us, when a loved one spends days on a stretcher in an emergency department? What is the cost of building the Mazankowski Heart Institute (or the new hospital in Calgary) and then not having the needed staff?

If we have adequate resources to run the health system it will be a much lower cost than NOT having the resources.

This isn't just about nurses achieving an acceptable contract. Albertans need a settlement that will retain, recruit and respect nurses, a settlement that shines like a beacon to draw nurses to the province.

Alberta can have the workforce it needs to aid our citizens when they need health care. Onward to mediation.

Heather Smith, President, UNA

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# PROVINCIAL NEGOTIATIONS STALL

## Parties far apart, agree to call in mediator

**P**rovincial negotiations stalled with UNA and the Health Regions still far apart by the agreed-upon deadline of March 31, 2007.

“We were disappointed we could not reach a new deal by our March 31 goal,” says UNA President Heather Smith. “The employers’ proposals fall short of what we need to get and keep the nurses our health system desperately needs,” she said.

The UNA Negotiating Committee and the Health Boards of Alberta Services (HBAS) have agreed to voluntary mediation and have set dates in April and May for further talks with mediator David Jones.

UNA has also written to Premier Ed Stelmach and Health and Wellness Minister Dave Hancock urgently requesting meetings on the health human resource crisis in the province.

“The Health Regions are NOT coming to the table with the resources we need to address the nursing shortage,” Heather Smith says.

“We have a severe shortage of nurses in this province and we have huge budget surpluses. This is NOT the time to be cutting the starting salary when we need to attract new people to the profession,” she says.

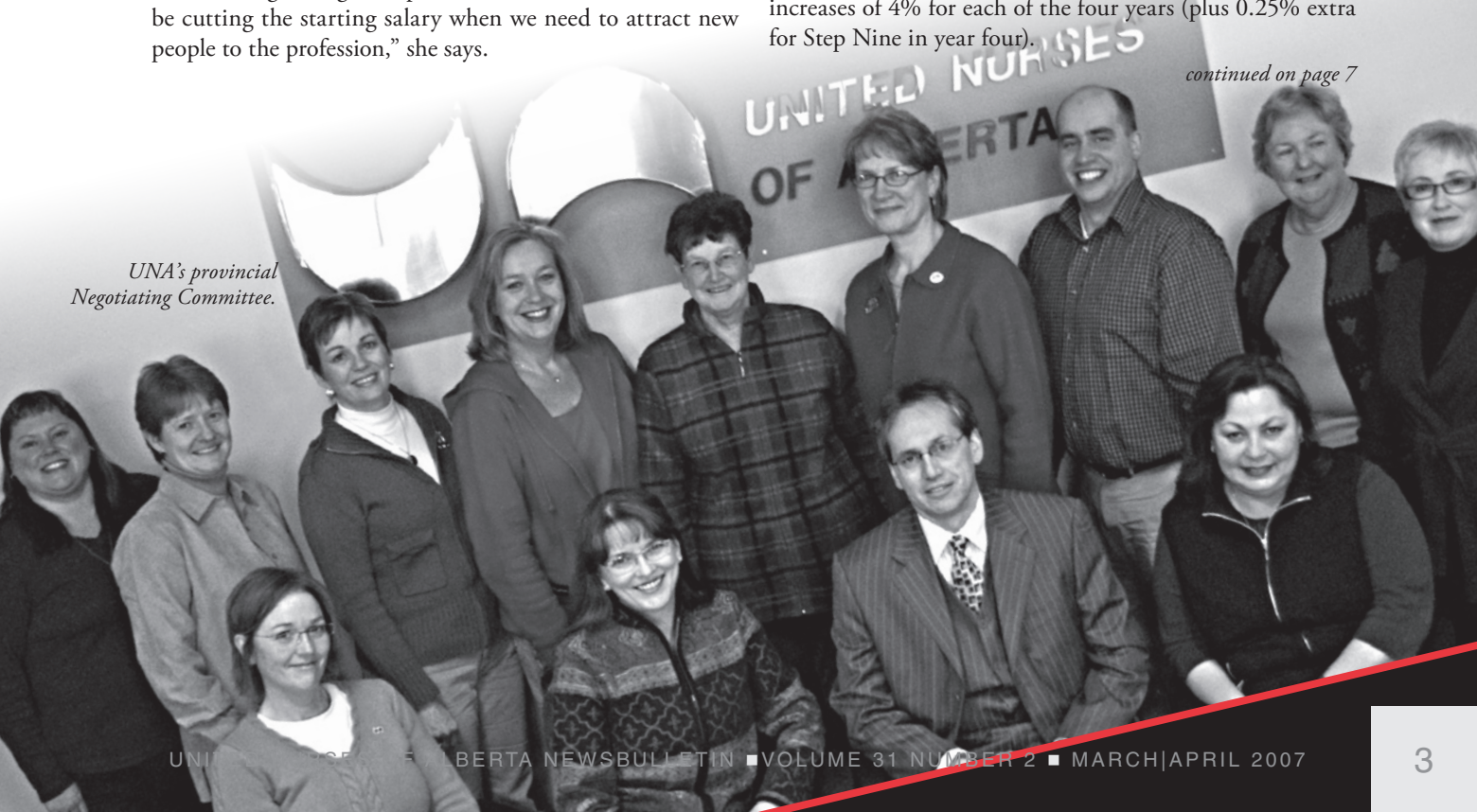
*“The Health Regions are NOT coming to the table with the resources we need to address the nursing shortage,” Heather Smith says.*

The Employers put a full top-to-bottom proposal on the table that includes a new lower start rate for beginning nurses, rollbacks to protections of nurses’ schedules and time off work, as well as reductions in benefits for many UNA members.

HBAS proposed a four-year contract term with salary increases of 4% for each of the four years (plus 0.25% extra for Step Nine in year four).

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*UNA’s provincial Negotiating Committee.*





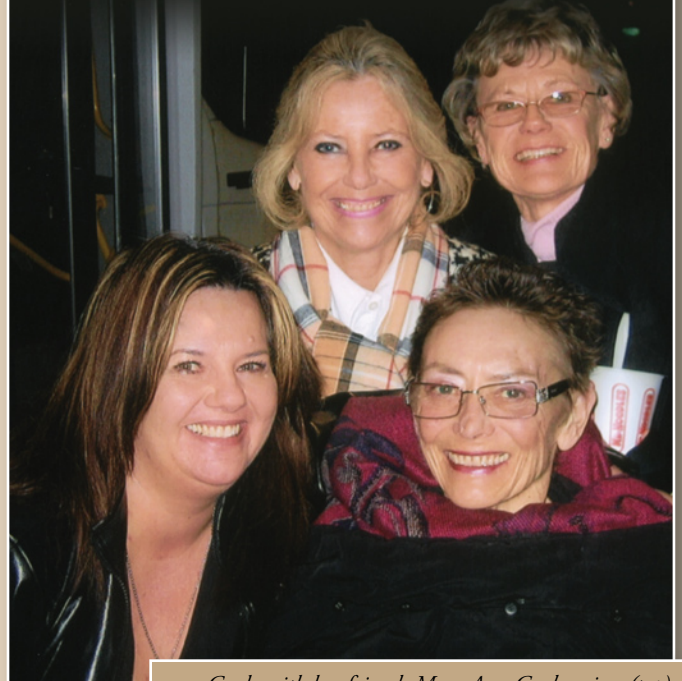
# Nurses get Gayle to her dream concert

**G**ayle Philp has been a Van Morrison fan for as long as she can remember and she was thrilled when she learned “Van the man” was coming to Edmonton. But Gayle has been an inpatient at the Cross Cancer Institute for several months and although she and her family bought tickets, when the concert date arrived they did not see how she could possibly make it. “I was terrified,” Gayle recalls, “I wanted to go, then I didn’t.” She finally decided she wasn’t up to it. They cancelled the Disabled Transit bus and gave the tickets to her grand-daughters.

Then, as Gayle explains, she “bawled her eyes out.” When you are fighting cancer something to look forward to – like a concert – can be a big deal.

The nurses at the Cross Cancer Institute in Edmonton saw Gayle’s spirits rise in anticipation of the Van Morrison concert and then they saw her crumple when she couldn’t go.

“We thought Gayle shouldn’t give up, we can make this happen,” says nurse Susan Coleman. And the nurses did. Jeannette Smith found tickets to the concert that had been sold out for some time. Then, as Gayle recalls, the nurses ganged up on her. “They came in and told me, “We have a proposal for you, and you have to take us up on it.”



*Gayle with her friends Mary Ann Garbencius, (top) Wendy Wood (top left) and nurse Susan Coleman.*

The nurses moved fast and re-booked the DATS bus. Some nurses helped cover some of Susan’s shift as she pulled it together and a little while later Gayle was dressed up and ready to go.

Susan finished her 12-hour shift and accompanied Gayle to the concert. The nurses remember Gayle was grinning from ear to ear.

“I thought it was wonderful, a great experience,” Gayle said later. She heard one of her favourite songs, Moondance, and the sound was great. Nearly a month later Gayle, still an inpatient, was still smiling broadly about it. She was very grateful to the team of nurses who made it happen.

“It was fun,” says Susan Coleman, who is also UNA Local President at the Cross. “Everyone pitched in, the whole team helped in some way to get Gayle to see Van and we were all delighted to see her so happy.”



*Cross Cancer crew, left to right: Jennifer Rogers, Lori-Lee Mowbray, behind her Laurel Pasternak then Dr. Steve Follett, Linda Dingwall (wearing a lab coat) and Jeannette Smith. In front: Melissa Colistro, Gayle Philp and Susan Coleman.*

# Alberta Medical Association deal on wage reopener.

**H**ealth and Wellness Minister Dave Hancock teamed up with Alberta Medical Association President Dr. Jerry Kiefer to outline a few of the details in the new two-year “wage re-opener” contract announced March 13.

On the surface, the increase to physicians’ fees is 4.5% for each of the two years covered, but there are a number of other funding “envelopes” adding up to a total deal of \$579 million. The Physicians Services line item in the 2006-2007 provincial budget was about \$1700 million this year. Hancock admitted the deal represents a significant overall increase in the health budget.

*A \$579 million deal, when the provincial Physicians’ Services total budget for 2006-2007 is \$1700 million.*


The deal adds a new retention benefit, \$47 million that is divided up as an annual bonus to doctors. The full \$10,000 bonus is for doctors who have worked 20 years or more, doctors who work over 15 years in the province get \$8,000, and the bonuses reduces further for doctors with less experience in the province. The bonus is also reduced for “part-time” doctors who bill less than \$80,000 a year.

Another new initiative is a \$56.5 million “clinical stabilization benefit” to help in locations that are under pressure and in under-serviced areas. There was also additional special funding to address increasing practice costs. No details were released on how these programs would work.

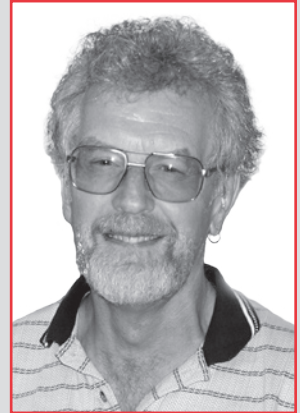
Additional funding was also being added for doctors to continue computerizing their records and in a number of other areas as well.

Hancock talked a great deal about the extra \$175 million over two years for expanding primary care networks. He noted how one million Albertans are now covered by Local Primary Care Initiatives. The primary care money is just one of the “envelopes” making up the \$579 million deal.

According to the Medical Association there are about 7,100 practicing physicians in the province, and a shortage of another 1,100.

For a bit more detail see [albertadoctors.org](http://albertadoctors.org) and go to the President’s Letter for March 13, 2007. 


*Mike Mearns retired in February after serving UNA for nearly thirty years. Mike, who was a Registered Nurse, set up the first Calgary office for UNA in his own basement. He was well known for his articulate and passionate advocacy for nurses and the nurses’ union.*



**U**NA is hiring three new Labour Relations Officers in a flurry of staff changes. Michael Mearns who helped form UNA in 1977 and was UNA’s longest standing LRO, left in February. Kris Farkas has taken the newly created position of Manager of Labour Relations. The changes created two vacancies. In addition LRO Nicole Bownes decided to move to part-time and Jodi Edmunds reduced her part-time FTE slightly. At its February meeting the UNA Provincial Executive Board decided to “top up” the 0.5FTE created by these changes to a new full-time position, creating the third new vacancy.

Derek Gwynn, who worked for United Food and Commercial Workers (UFCW) most recently helping the Brooks Local at Lakeside Packers, is one new Labour Relations Officer in the Southern Alberta Region Office. Jeannine Arbour, who had worked in human resources for the Calgary Health Region, also is starting in Calgary. Duane McEwan has been hired as a Labour Relations Officer in the Provincial Office. Duane has been a union rep in various positions with United Steelworkers for more than eighteen years.

Dorothy Sim (formerly Ferguson) is moving from Calgary to the Provincial Office.

In addition Sandi Johnson is working a temporary LRO position to fill in for LRO Pippa Cowan, while Pippa is working with the provincial Negotiating Committee. 



*Kris Farkas is UNA’s new Manager of Labour Relations.*



# Number of nursing students rising... slightly

**T**he recent government announcements about new nursing student spaces has added spin that makes it look like a large increase to the number of student spots in Alberta. But the number of graduates at the end of four years will have increased by less than 75 nurses.

At MacEwan College in Edmonton, new funding added 22 new nursing places to the program, bringing it up from 185 a total of 207 spots or about a 12% increase.

Mount Royal College was given the right to grant nursing degrees in a program it was already running, and 55 new student spots are being added to the program which already had 205 spaces, about a 27% increase.

Because of some attrition, the total of 77 new student spaces will yield slightly less than 77 extra graduates at the end of four years.

The Universities of Lethbridge, Calgary and Alberta all have degree nursing programs that boosted enrollments several years ago. Advanced Education estimates the province will have 1,800 graduates in 2011/2012.

The provincial government news release made the numbers sound larger: "Mount Royal will enroll about 260 students in this degree program in 2007-08, and total enrollment will grow to about 980 students by full implementation of the degree program in 2010-11."

That is 980 students spread through all four years of the program, not 980 extra graduates.

Similarly: "The number of spaces in new nursing degree programs in Alberta in 2007-08 will total 467 - 260 in the Calgary region and 207 in the Edmonton region." That is actually 77 new student spots.

To be fair, with MacEwan and Mount Royal granting degrees that is also freeing up 40 spots at Athabasca University and 90 spots at the University of Alberta that had been college transfer spaces and now will become degree spots at those universities.

"This government has doubled the number of training spaces in nursing programs across the province since 1999," Advanced Education and Technology Minister Doug Horner said in the news release.

This sounds great, but 1999 was actually the year when nursing enrollment hit bottom in Alberta, and only 440 RNs graduated that year. Ten years earlier, in 1990, the province graduated a total of 898 RNs. By 2004-5 the Canadian Association of Schools of Nursing reported 1,153 graduates, both diploma and degree.

## Poaching nurses?

**R**ecently news reports in other provinces charged that Alberta is "poaching" nurses and that the wealthy province should not be taking other province's health professionals. Importing nurses has long posed ethical dilemmas, even more so when it means recruiting nurses from poorer countries. The Physicians for Human Rights organization noted that: "...critics accuse the richer countries of the North as acting like a vacuum cleaner, unethically sucking in labour from some of the poorest countries in the world that can ill afford to lose health sector staff."

The International Council of Nurses (ICN) has an ethical position on "poaching". They say that "Before resorting to aggressive recruitment campaigns, government and employers faced with the challenges of a shortage need to address the contributing factors relevant to their situation.

"Aggressively recruiting nurses or students into a dysfunctional health/nursing system is neither cost-effective nor ethical." ❧

## How short is Alberta of nurses?

Nearly a year ago, Calgary Health Region CEO Jack Davis told the Calgary Sun that the health shortage issue was the biggest concern in health care.

He said the Region needs 6,000 nurses over the next five years.

"It's not the cost of health care which is going to cause an issue of sustainability in health care, it's the lack of people that we have available to deliver health care."

"If you look at growth in an area like the Calgary Health Region and the demand that we have for new health providers and you layer on top of that the retiring health providers, we don't have a hope," Davis said.

"Even if our post-secondary system starts to perform optimally, they're going to provide maybe half of our requirements so we need to compete globally." ❧



## Parties call in Mediator

*continued from page 3*

“That’s actually a rollback in salaries for nurses,” Heather Smith points out. “It’s a lot less than the current 6% cost of living increase. Four years from now, who knows where the cost of living will be?”

“The employers will be quick to point out that their offer would be the highest rates in Canada – by just a bit – but being pennies ahead of other provinces is not an inducement to move to Alberta with the cost of living here,” she says. “If our working conditions are inferior to other provinces, while we attempt to improve them, there should be a recognition of the toll it is taking on the individuals and their families. We’re the ones who stayed and kept it together and this is how we are thanked?”

In the contract talks, UNA has been looking for effective measures that will encourage nurses to delay retirement and to attract more nurses into our system.

“If all the nurses who become eligible to retire in the next two or three years decide they cannot take the work stress and quit, our health system will be in a bad spot,” Heather Smith points out.

## Shift premiums still far apart

The talks are still far apart on shift premiums as well. HBAS has offered \$3.50 an hour for nights, \$2.25 for weekends, and only current for evenings. Meanwhile even MacDonald’s is offering \$3.50 an hour for nights.

## Talks have settled many points

Although the parties are far apart on crucial issues, bargaining has settled several issues and has brought forward some innovative ideas. Examples include a new Pre-retirement FTE Reduction Option that would allow nurses to work at a lower FTE, but still be eligible for full pension contributions. They also have agreed on “Superstats” for the August Civic Holiday and Christmas Day which will be paid at double-time 2X. They have also agreed on a new Weekend Worker Option to enable Employees to work every weekend (approximately .8 FTE) while being paid as full-time.

A concise summary of proposals appears in this *NewsBulletin*. A full summary is available through Local Executive members.

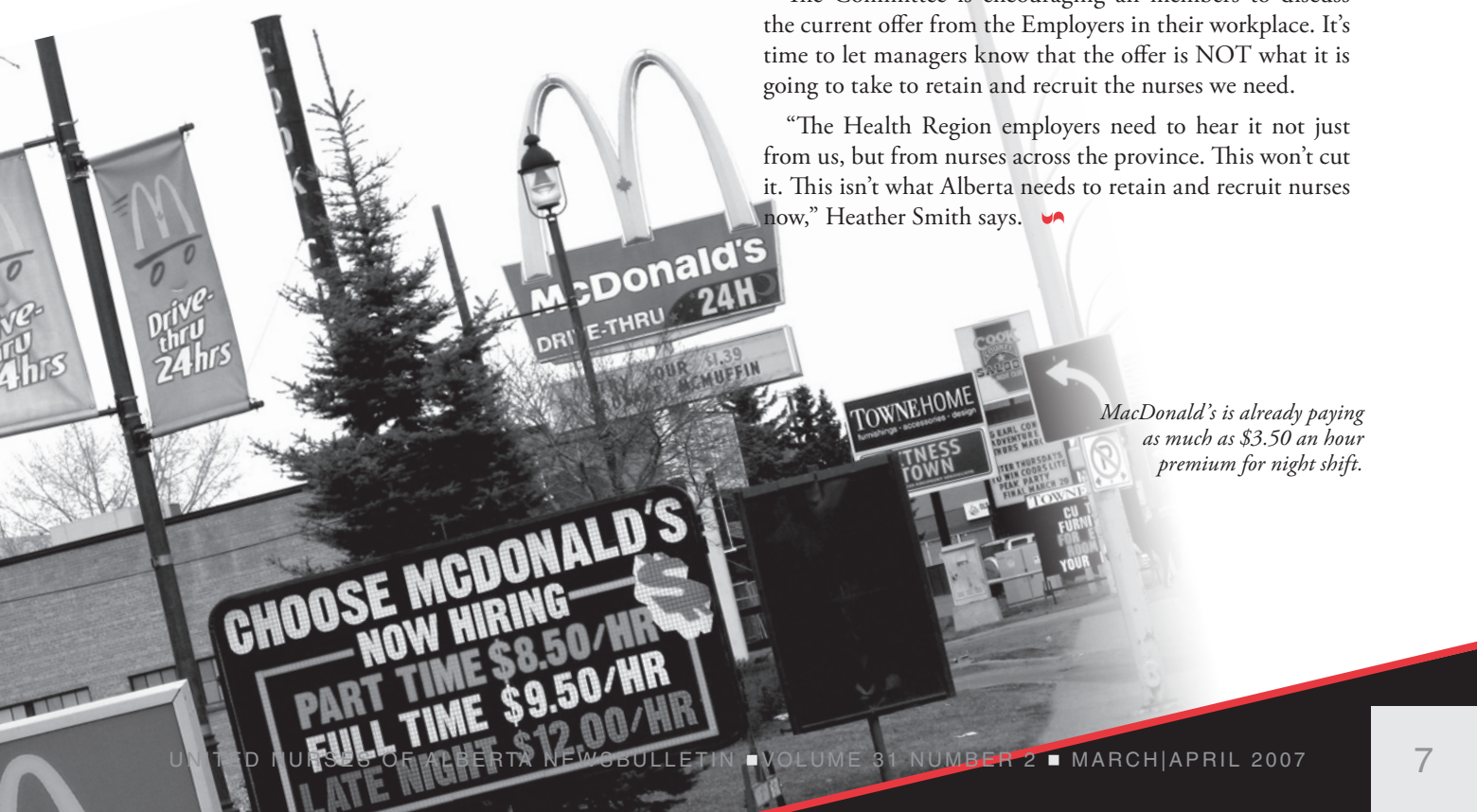
## What you can do... the proposals are NOT enough

The Negotiating Committee will be making an on-going assessment of whether to continue talks with the mediator or whether to bring back a full report to a provincial delegate Reporting Meeting.

The Committee is encouraging all members to discuss the current offer from the Employers in their workplace. It’s time to let managers know that the offer is NOT what it is going to take to retain and recruit the nurses we need.

“The Health Region employers need to hear it not just from us, but from nurses across the province. This won’t cut it. This isn’t what Alberta needs to retain and recruit nurses now,” Heather Smith says. 🍷

*MacDonald’s is already paying as much as \$3.50 an hour premium for night shift.*



## Short summary of some of the outstanding items in the UNA-HBAS talks

This is a shortened summary of outstanding items as of March 30, 2007. Please see your Local Executive or UNA Net for a full summary of Employer and UNA proposals.

Issue	Employers' Position as of March 30, 2007	UNA's Position as of March 30, 2007
Term	<ul style="list-style-type: none"> <li>• 4 years</li> <li>• Salary retroactive to April 1/07</li> </ul>	<ul style="list-style-type: none"> <li>• 2 years</li> <li>• Full retroactivity to April 1/07</li> <li>• Interest shall be paid on all monetary items not implemented within 30 days</li> </ul>
Wages	<ul style="list-style-type: none"> <li>• New Start Rate (3% lower than proposed year 1 rate) for new hires after date of ratification which would create an additional step on the salary scale</li> <li>• 4% per year (4.25% for Employees at Step 10, in 4th year)</li> <li>• 2% Special Long Service Wage increase (percentage of wage rate) for Employees with 25 or more years of service</li> <li>• Undergraduates-1.5% per year</li> </ul>	<ul style="list-style-type: none"> <li>• Increase all rates by 8% per year</li> <li>• \$5000 annual lump sum payment, prorated for part-time and casual employees</li> </ul>
Professional Fees	<ul style="list-style-type: none"> <li>• Delete \$100 reimbursement (See Flexible Spending Account)</li> </ul>	<ul style="list-style-type: none"> <li>• Employer to pay full cost of professional fees</li> </ul>
Schedule Changes	<ul style="list-style-type: none"> <li>• Penalty paid when Employer provides less than seven days notice of change to schedule (current is 14 days)</li> </ul>	<ul style="list-style-type: none"> <li>• Employee deemed to be working overtime when Employer provides less than 12 weeks notice of change to schedule</li> </ul>
Overtime Rate	<ul style="list-style-type: none"> <li>• Current Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• 2X for the first four hours of over-time in a two week period, 2.5 X thereafter</li> </ul>
Overtime – Calling in for Overtime	<ul style="list-style-type: none"> <li>• Employer may request an Employee to work a reasonable amount of overtime. If Employee believes requested overtime is unreasonable amount, then Employee may decline, except in emergency conditions, without being subject to discipline</li> </ul>	<ul style="list-style-type: none"> <li>• Employee shall have the right to decline to work overtime, without being subject to discipline</li> </ul>
Overtime -OT immediately after regular shift	<ul style="list-style-type: none"> <li>• No proposal.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee working OT immediately following regular shift, or called back to work, to get 10 consecutive hours off duty in 24 hour period beginning from commencement Employee's last shift; Where less than 10 consecutive hours, Employee not required to report for duty next shift until received 10 consecutive hours off duty</li> </ul>
On-Call Rates	<ul style="list-style-type: none"> <li>• Effective April 1, 2008, increase to \$3.30 for Regular Day and \$4.55 for days of rest and Named Holiday (Current is \$3.00 and \$4.25)</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to all applicable premiums, Employee to be paid \$7.00 for Regular Day and \$10.00 for days of rest and Named Holiday</li> </ul>
Transportation – Kilometrage Rate	<ul style="list-style-type: none"> <li>• 38¢/km until 30 days after ratification, and 43¢/km thereafter (Current is 38¢/km)</li> </ul>	<ul style="list-style-type: none"> <li>• 55¢/km date of ratification; 60¢/km one year from ratification, or government rates, whichever is greater</li> </ul>



Issue	Employers' Position as of March 30, 2007	UNA's Position as of March 30, 2007
Transportation – Business Use Insurance	<ul style="list-style-type: none"> <li>Increase to maximum of \$500 annually (Current cap is \$260)</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement for full cost of business insurance.</li> </ul>
Transportation – "Required to Have Vehicle" Payment	<ul style="list-style-type: none"> <li>Current Agreement \$130 a month.</li> </ul>	<ul style="list-style-type: none"> <li>Increase car allowance from \$130/month to \$200/month, delete pro rating for part-time Employees</li> <li>delete 30 day limit for leaves</li> </ul>
Responsibility Allowance	<ul style="list-style-type: none"> <li>Current Agreement (Current is \$1.75/hr)</li> </ul>	<ul style="list-style-type: none"> <li>Increase to \$4.00/hr</li> <li>delete reference to 25% of workload. Include supervision or coordination of any caregiver, regardless of whether they work for employer</li> <li>require "RN/RPN" to be designated in charge of "at or out of" program or site where above criteria met</li> </ul>
Charge Pay – Rate, Criteria and Authority	<ul style="list-style-type: none"> <li>Current Agreement (Current is \$1.75/hr)</li> </ul>	<ul style="list-style-type: none"> <li>Employer to designate RN/RPN in charge of unit. Increase to \$4/hr</li> <li>Person in charge to have authority to augment staff</li> </ul>
Preceptor	<ul style="list-style-type: none"> <li>Current Agreement (Current is 65¢/hr)</li> </ul>	<ul style="list-style-type: none"> <li>\$2.50/hr to supervise, educate or evaluate students or other individuals, regardless of whether they are employed by the Employer</li> </ul>
Vacations with Pay	<ul style="list-style-type: none"> <li>Vacation Entitlement: <ul style="list-style-type: none"> <li>1st Year: 15 days</li> <li>2nd – 9th Years: 20 days</li> <li>10th – 19th Years: 25 days</li> <li>20+ Years: 30 days (current agreement)</li> </ul> </li> <li>Supplementary Vacation: <ul style="list-style-type: none"> <li>25 Years: 5 days</li> <li>30 Years: 5 days</li> <li>35 Years: 5 days</li> <li>40 Years: 5 days</li> <li>45 Years: 5 days</li> </ul> </li> <li>Limit of four weeks vacation during peak vacation periods if required to enable maximum number of employees to take vacation during peak periods</li> <li>Enable payout of vacation time exceeding four weeks at request of Employee</li> </ul>	<ul style="list-style-type: none"> <li>Vacation Entitlement: <ul style="list-style-type: none"> <li>1st Year: 15 days</li> <li>2nd – 8th Years: 20 days</li> <li>9th – 16th Years: 25 days</li> <li>17+ Years: 30 days (Head Nurse and Instructor continue to accrue 20 days in 1st year)</li> </ul> </li> <li>Supplementary Vacation: <ul style="list-style-type: none"> <li>20 Years: 5 days</li> <li>25 Years: 10 days</li> <li>30 Years: 15 days</li> <li>35 Years: 20 days</li> <li>40 Years: 20 days</li> <li>45 Years: 25 days</li> </ul> </li> <li>Enable payout of vacation time exceeding four weeks at written request of Employee</li> <li>7.03 (f) Change 2x to "deemed to be working overtime"</li> </ul>
Named Holidays	<ul style="list-style-type: none"> <li>August Civic Holiday and Christmas Day paid at 2X (Currently all Named Holidays are paid at 1 1/2X)</li> </ul>	<ul style="list-style-type: none"> <li>Add Easter Sunday</li> <li>August Civic Holiday and Christmas Day paid at 2X</li> <li>Schedule three consecutive days off around Christmas Day or New Year's Day</li> <li>No Employee to be assigned to work Christmas Day for two consecutive years unless requested</li> </ul>

Issue	Employers' Position as of March 30, 2007	UNA's Position as of March 30, 2007
<p>Prepaid Health Benefits</p>	<ul style="list-style-type: none"> <li>• Effective April 1, 2008:</li> <li>• Add coverage to Supplementary Health Care Plan:</li> <li>• Laser eye surgery added to vision care</li> <li>• Amend Vision Care from \$600/ two years to \$400/two years</li> <li>• Medications prescribed by any qualified practitioner</li> <li>• Hearing aids \$3000/5 years</li> <li>• 100% Direct Bill diabetic supplies</li> <li>• 100% coverage for insulin pump every 5 years</li> <li>• Surgical stocking/support hose – two pairs/year:</li> <li>• Foot Orthotics - \$500/2 years</li> <li>• Coverage for Psychologists \$100/visit</li> <li>• Chiropractic benefits – pay prior to provincial maximum</li> <li>• Lowest Cost Alternative Medication coverage</li> <li>• 100% coverage for respiratory equipment (including CPAP machines)</li> <li>• Extensive Dental (Increase maximum to \$3000/year)</li> <li>• Orthodontic Dental (Increase maximum to \$3000/lifetime)</li> <li>• Adult Dental exams – one/year, fluoride for children only and oral hygiene for children only once/dentist</li> <li>• Delete reference to HOBP equivalency</li> <li>• Grandfather Employees with benefits higher than required by collective agreement</li> <li>• Joint Employer/Union benefit information sessions</li> </ul>	<ul style="list-style-type: none"> <li>• Effective September 1, 2007:</li> <li>• Add coverage to Supplementary Health Care Plan:</li> <li>• Vision care inclusive of laser eye surgery</li> <li>• Vaccines</li> <li>• Medications prescribed by any qualified practitioner</li> <li>• Hearing aids \$3000/3 years</li> <li>• 100% Direct Bill diabetic supplies</li> <li>• 100% coverage for insulin pump every 5 years</li> <li>• Surgical stocking/support hose – two pairs/year</li> <li>• Foot Orthotics - \$500/2 years</li> <li>• Coverage for Psychologists \$100/ visit (maximum 26 visits)</li> <li>• Chiropractic benefits – pay prior to provincial maximum</li> <li>• Lowest Cost Alternative Medication coverage</li> <li>• No doctor's note required for massage coverage</li> <li>• Paramedical practitioners – \$50/visit, maximum 26 visits/practitioner</li> <li>• 100% coverage for respiratory equipment (including CPAP machines)</li> <li>• \$2 million out-of-country coverage</li> <li>• 3X Life Insurance and Accidental Death and Disability</li> <li>• 70% Short Term Disability</li> <li>• 70% Long Term Disability</li> <li>• Blue Cross usual and customary guide</li> <li>• 100% Basic Dental</li> <li>• 60% Extensive Dental includes appliances, mouth guards and implants (\$3000/year)</li> <li>• 60% Orthodontic Dental (\$3000 lifetime)</li> <li>• 100% Employer paid premiums</li> <li>• Benefits for retired employees (100% Employee paid)</li> <li>• Benefits for casual employees (100% Employee paid)</li> </ul>
<p>New Flexible Spending account</p>	<ul style="list-style-type: none"> <li>• Effective April 1, 2008 - New Flexible Spending Account at 3% of earnings/year. Delete 2% Group RRSP and \$100 Professional Fee reimbursement</li> <li>• Employees can choose to use the account for: <ul style="list-style-type: none"> <li><b>Health:</b> expenses for family over and above health and dental plan maximums (not taxable)</li> <li><b>Family care:</b> day care or dependent care (taxable)</li> <li><b>Professional development:</b> books, courses, computers (taxable)</li> <li><b>Wellness:</b> Fitness, club memberships, fitness equipment (taxable)</li> <li><b>RRSP:</b> for employee or spouse (taxable)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Effective September 1, 2007 - 3% of gross earnings Flexible Spending Account with no reduction to current benefits or collective agreement provisions</li> </ul>



Issue	Employers' Position as of March 30, 2007	UNA's Position as of March 30, 2007
Leaves of Absence - Various	<ul style="list-style-type: none"> <li>• Maternity and Adoption/Parental Leave (current agreement)</li> <li>• Special Leave (current agreement)</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity and Adoption/Paternity Leave – Top-up EI premiums to 80% of salary for 20 weeks</li> <li>• Special Leave – Extend family leave to apply to any needs of immediate family members in addition to health needs. Upon request, Employees shall be granted family leave with pay. No requirement to use vacation, overtime, shift trade. Can be taken in hours.</li> </ul>
Educational Allowances	<ul style="list-style-type: none"> <li>• Current educational allowances</li> <li>• Language for equivalency of out-of-country degrees</li> </ul>	<ul style="list-style-type: none"> <li>• Increase all educational allowances by 50¢/hr</li> <li>• Clinical courses are cumulative with other education allowances</li> </ul>
Evening Shift	<ul style="list-style-type: none"> <li>• Current Agreement (Current is \$1.75/hr)</li> </ul>	<ul style="list-style-type: none"> <li>• \$4.00/hour</li> </ul>
Night Shift	<ul style="list-style-type: none"> <li>• \$3.50/hour (Current is \$2.00/hr)</li> </ul>	<ul style="list-style-type: none"> <li>• \$6.00/hour</li> </ul>
Weekend Premium	<ul style="list-style-type: none"> <li>• \$2.25/hour (Current is \$1.75/hr)</li> </ul>	<ul style="list-style-type: none"> <li>• \$4.00/hour</li> </ul>
Summer Premium	<ul style="list-style-type: none"> <li>• No proposal</li> </ul>	<ul style="list-style-type: none"> <li>• New –Summer premium- \$2.00/hour in June, July and August</li> </ul>
Group RRSP	<ul style="list-style-type: none"> <li>• Delete - See Flexible Spending Account</li> </ul>	<ul style="list-style-type: none"> <li>• Increase from 2% to 3% of <i>gross and all</i> salary, all Employees including casuals eligible</li> </ul>

## Retention and Recruitment Initiatives and Creative Employment Options

**B**argaining has also produced a draft Letter of Understanding on special recruitment and retention initiatives. Some items in this Letter of Understanding are agreed in concept, some details remain unresolved, but both parties view the Letter as one complete package. A brief overview:

### A new Retirement Preparation Program

To enhance experienced nurse retention by enabling them to reduce a portion of their clinical work, dedicating that portion to mutually agreed leadership assignments, projects or research.

### A new Pre-retirement FTE Reduction Option

This option is enabling Employees to continue working, but at a lower FTE. The balance of their former FTE would be taken as a partial leave of absence that would be eligible for pension contributions Reduction no lower than a .6 FTE for no longer than a 2.5 year period.

### New Flexible Part-time Positions

Positions which provide for 50% of an Employee's FTE to be scheduled according to the collective agreement, with the remaining 50% scheduled on a flexible basis to cover available shifts. Employer will confirm the Employee's shifts at least 24 hours in advance. Only at Employee request.

### New Seasonal Part-Time Positions

Positions to encourage retention of Employees who do not want to work the entire year to allow them to work during a portion of the year, while providing earnings either during the worked portion or spread over the year, and Employee benefits continue over the full year.


### New Weekend Worker Option

New option to enable Employees to work every weekend (approximately .8 FTE) while being paid as full-time.

### Benefit-Eligible Casual Positions

A pilot project - 12 months – to test out New Benefit-Eligible Casual Positions that provide casual Employees with a guaranteed FTE, Employee benefits in return for a commitment to work a minimum number of shifts.

### Establishment of a new Recruitment and Retention Fund

A fund for each Employer of \$\_\_\_\_/FTE per fiscal year (equivalent to X% of bargaining unit payroll, amounts to be determined). Use of fund to be negotiated with UNA at the local level to fund initiatives targeted to each Employer's recruitment and retention needs. 

# Closure of Vegreville hospital to admissions and headlines shake community confidence

## UNA asks Health Region to confirm facts

**H**uge frightening headlines left citizens in Vegreville worried about the care they've been receiving from their local hospital. Health facilities all over the province were anxiously reviewing their procedures, and Health and Wellness Minister Dave Hancock went into full-scale "damage control".

"Flesh on hospital tools" read one large headline and several media stories reported how East Central Health Region had closed the hospital to admissions because of contamination of surgical instruments and about MRSA transmission at the hospital.

The public outcry had an immediate impact on the UNA nurses at St. Joseph's General Hospital in Edmonton. One nurse reported a death threat; others were told that the nurses were not keeping the hospital clean enough.

UNA 1<sup>st</sup> Vice President Bev Dick, after meeting with the nurses, wrote two letters to East Central Health asking them to support the nurses and calm public fears. When this issue was going to press, East Central still had not acted but Premier Ed Stelmach was in Vegreville publicly endorsing the hospital, saying he would not hesitate to head to St. Joseph's if he had a medical emergency.

*"On behalf of the Vegreville nurses and the community at large we want to voice concerns about East Central Health's public handling of the widespread media communication of the decision to close. We believe serious misinformation has been very widely disseminated in the news media. This has had extremely negative consequences for the reputation of the Hospital and for the confidence and comfort of the community it serves.*

*We have reports of individuals calling the Hospital to report chest pains and then waiting as long as eight hours before going to the Hospital because they were afraid of contamination or infection.*

*We also have reports that citizens are worried that Hospital staff and nurses who wear uniforms outside the Hospital, for example, in the grocery store, are exposing others to risk. Nurses have even reported receiving a death threat.*

*As a result of the media coverage, suspicion and distrust of the Hospital staff is widespread in the community. There are serious ramifications of citizens not reporting or failing*



St. Joseph's General Hospital, Vegreville

*to act on symptoms because of a lack of confidence in health care, or fear of using the St. Joseph's facility.*

*Many former patients at the Hospital are also now very concerned and anxious that they may have been exposed to blood borne or other diseases. The information we have suggests that circumstances at St. Joseph's do not warrant this level of anxiety and that there has been NO major breakdown of normal infection control there."*

UNA also asked East Central to confirm the information around the circumstances that prompted the closure.

- As of March 16, the date of the decision to close, there were NO active diagnosed cases of MRSA in the St. Joseph's Hospital.
- Of the seven cases of MRSA in the Hospital in January and February, at least four were admitted with MRSA and did NOT contract it in the Hospital.
- Can you show evidence of excessive transmission or contagion of MRSA in St. Joseph's that would suggest significant problems with infection control, or procedures in the facility?
- NO actual tissue contamination was found on surgical tools at St. Joseph's.
- The hand-scrubbing procedure for tools at St. Joseph's conformed to the Hospital's long-standing protocol without significant infection problems.

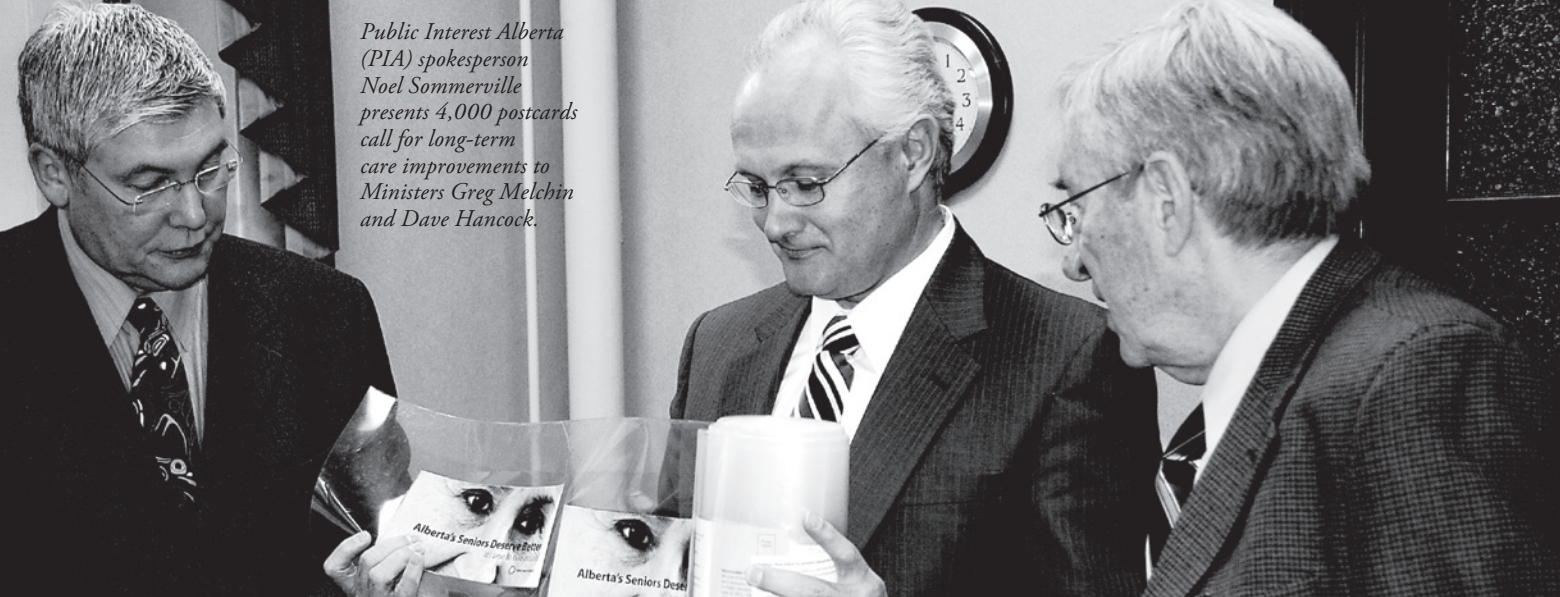
Dr. Gerhard Benade, the Medical Officer of Health who issued the closure order, replied to Bev Dick's letters but he failed to confirm or deny the circumstances.

"I think the whole situation has been blown out of context," Dr. Selby Frank, chief of staff at St. Joseph's told the Edmonton Journal. The risk is very low to contract blood-borne pathogens from scopes contaminated with human tissue, he explained.

"We've been working, granted, with probably what one would best describe as old-fashioned procedures for sterilizing, but they've worked well for along time now," he said.

He also explained that the Hospital has been asking the East Central Health Region for new sterilization equipment for four years. 🍷





*Public Interest Alberta (PIA) spokesperson Noel Sommerville presents 4,000 postcards calling for long-term care improvements to Ministers Greg Melchin and Dave Hancock.*

## National Nursing Week May 6-12, 2007

“Think You Know Nursing? Take a Closer Look” is the theme the Canadian Nurses Association has announced for the 2007 National Nursing Week. It’s a call for Canadians to challenge their often out-dated perceptions of the role of nurses in our health system.

*More information and materials are available from the CNA website at: [www.cna-nurses.ca](http://www.cna-nurses.ca)*

The International Council of Nursing has picked another theme Positive Practice Environments: Quality Workplaces = Quality Patient Care. They have a poster and an Information and Action Tool Kit on their website at: [www.icn.ch/indkit2007.htm](http://www.icn.ch/indkit2007.htm)

“We are immersed in a global nursing workforce crisis – one marked by a critical shortage of nurses,” says the ICN to explain the theme. “The reasons for the shortage are varied and complex, but key among them are unhealthy work environments that weaken performance or alienate nurses and, too often, drive them away – from specific work settings or from the nursing profession itself.

“Yet there are environments that do just the opposite, that support excellence and have the power to attract and keep nurses. These have come to be called positive practice environments.”

## Public Interest Alberta takes seniors’ concerns to Ministers

The Seniors Task Force of Public Interest Alberta took their concerns about long-term care directly to cabinet ministers recently. On March 19, a large group of representatives met with Greg Melchin, Minister of Seniors and Community Supports and Dave Hancock, Minister of Health and Wellness.

Spokesperson Noel Sommerville told the ministers Public Interest Alberta believes the provincial government is moving in the wrong direction on seniors care. “We need to take action now to ensure that we have quality, public services that are accessible, affordable and effective in meeting the needs of Alberta’s seniors.”

Sommerville also outlined PIA’s campaign calling for five steps to address the growing crisis for seniors in the province.

1. Provide Quality Public Homecare
2. Ensure Quality, Affordable and Accessible Public Seniors Care Facilities
3. Stop Turning Long-Term Care Facilities into Assisted Living Facilities
4. Create Advisory Councils in All Seniors Care Facilities
5. Establish an Independent Seniors Advocate

Neither Minister responded with much beyond thanking the group for the information, although Hancock did say that the level of care should be tailored to the needs of the individual, not determined only by the type of facility they are in.

PIA had assembled an impressive group of representatives for the meeting including: Seniors United Now, Continuing Care Watch, Alberta Council on Aging and many others.

Think You Know Nursing? Take a Closer Look

National Nursing Week - May 7-13, 2007



CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

[www.cna-aiic.ca](http://www.cna-aiic.ca)

THE FUTURE FACE OF NURSING

# CCPA looks into frightening implications of Alberta-BC trade deal:

# TILMA

The BC and Alberta governments should not implement the Trade, Investment and Labour Mobility Agreement (TILMA), according to two new studies from the Canadian Centre for Policy Alternatives. TILMA is scheduled to come into effect on April 1, 2007.

The agreement is being promoted as a fairly innocuous deal that will ease the flow of trade and labour. In reality, it grants sweeping investor rights that could compromise provincial health, safety and environmental standards. The Harper government is aggressively promoting the deal to all provinces as part of its deregulation agenda.

The CCPA studies find that risks associated with the agreement greatly exceed any economic benefits. Of particular concern are provisions that allow corporations to sue governments over any measure that “restricts or impairs” their investment, with up to \$5 million available for compensation for each alleged violation.

The first study, *Asking for Trouble*, by Ellen Gould, carefully compares the legal language of TILMA to existing provincial regulations and public enterprises. She finds numerous examples where democratic decision-making could be second-guessed, or important public policies overruled.

“This agreement is extremely broad. It will create pressure to deregulate in important areas of public policy,” says Gould. “The true meaning of its provisions will not be fully understood until the limits are tested by dispute panels.”

Gould says municipal planning regulations (such as heritage conservation and building height restrictions), environmental protection measures, and efforts to restrict private health care could run afoul of TILMA. The agreement does allow a handful of exceptions, but they are very limited.

Supporters of TILMA, in particular the Conference Board of Canada, claim it will boost provincial economies by eliminating barriers to internal trade. The Conference Board recently published a report endorsing TILMA that was commissioned by the BC government.

*The TILMA deal was never debated in the Alberta Legislature and came into effect with no public discussion. “This is like another – secret – race to the bottom,” said UNA President Heather Smith.*

## TILMA and “deep integration”

Canadian journalist Murray Dobbin sees a sinister deeper motivation for TILMA:

“What TILMA is actually intended to do is to advance another, much larger agenda, the one often referred to as “deep integration” and now a formal agreement between the three NAFTA partners. It’s called the Security and Prosperity Partnership of North America (SPP). The SPP will see Canada effectively harmonize virtually every important area of public policy with the U.S.: defence, foreign policy, energy (they get security, we get greenhouse gases), culture, social policy, tax policy, drug testing and safety and much more.

“But to ‘harmonize’ Canadian public policy with the U.S. requires massive deregulation across the country. Much of that regulation is provincial and municipal, over which Ottawa has no control. That’s where TILMA comes in.”

(Read Dobbin’s full piece on [theyee.ca](http://theyee.ca))

However, a second CCPA study shows that there are actually very few obstacles to inter-provincial trade and labour mobility. The *Myth of Interprovincial Trade Barriers and TILMA’s Alleged Economic Benefits*, by Marc Lee and Erin Weir, argues that business groups are falsely claiming that differences in public interest regulation amount to “trade barriers.”

“There is no evidence that differences in regulation result in significant economic costs,” says Lee, a Senior Economist at the CCPA. “Research on interprovincial barriers finds that they cost less than one-twentieth of one percent of Gross Domestic Product.”

Both CCPA studies recommend that TILMA not be implemented in BC and Alberta, and that other provinces resist pressure to sign on. Any real barriers to trade and labour mobility should instead be dealt with on a pragmatic case-by-case basis, rather than through TILMA’s sweeping and dangerous legalistic approach. 🍷





# Staff Abuse

## A hidden problem until Every incident of abuse reported


**U**nited Nurse of Alberta and Health Sciences Association of Alberta (HSAA) have joined forces to tackle the issue of Staff Abuse in health care. We are jointly producing a poster “Breaking the Silence” to encourage members to report incidents of abuse. Reporting abuse is an important first step in preventing violence or abusive conduct in the workplace.

Staff abuse is not a new issue. However, given the present state of health care in this province incidents of abuse by patients, family and visitors are escalating. Many of these incidents are not reported unless it results in an injury.


*Reporting abuse is an important first step in preventing violence or abusive conduct in the workplace.*

There are a number of reasons why many nurses do not report incidents of abuse:

- peer pressure
- belief that it is part of the job
- nurses blame themselves
- nurses put patients first
- employers blame nurses
- lack of support from employers or the OH&S department
- lack of trust in the individuals they report incidents to
- time-consuming reporting methods, or reporting forms are not readily available
- employers discourage reporting to reduce claim/injury rates
- lack of action when they do report incidents

Employers will NOT recognize the extent of the problem without evidence. That’s why everyone needs to report every incident of abuse to their employer and to their union. HSAA and UNA are committed to ensuring that staff abuse is a priority issue at worksite joint health and safety committees and that employers take appropriate measures to ensure an abuse-free workplace. 

Janice Peterson  
Occupational Health and Safety Officer  
United Nurses of Alberta





**threats**  
**verbal abuse**  
**assault**  
**bullying**

**BREAK  
THE  
SILENCE**

**Tell someone**

---

 **United Nurses of Alberta**  
1-800-252-9394  
1-800-661-1802

 **HSAA**  
HEALTH SCIENCES ASSOCIATION OF ALBERTA  
1-800-252-7904

# Arbitration gives ONA much less than they wanted

Almost one year after the expiry of their collective agreement, an arbitration panel has finally brought down terms of the new contract for the Ontario Nurses' Association's (ONA) 50,000 hospital registered nurses and allied health personnel

"The award provides wage and benefit increases marginally above those negotiated by the other hospital unions, but falls far short of meeting nurses' expectations," says ONA President Linda Haslam-Stroud, RN. "While our top rate remains the highest in Canada, our overall compensation package lags behind those provided to nurses in Alberta and the award does little to address those inequities," she says.

"While both are important, the award gives more emphasis to the recruitment of new graduates than to the retention of those nurses already in the system," notes Haslam-Stroud. "Whether this will help ease the nursing shortage and the unbearable workloads of those now in the system is yet to be determined, but it will be closely monitored by the union."

The award also establishes a provincial committee involving the union, hospitals and government representatives to look at workload measurement systems – with the goal of addressing front-line nurses' workload concerns and promoting quality patient care.

Many details had been negotiated in bargaining, however the main financial items were put over to this arbitration.

## Some details from the ONA Arbitration Award

- Evening shift premium was \$1.30 (union wanted \$1.60 per hour) Award: \$1.40 per hour.
- Night shift premium was \$1.55 (union wanted \$2.15 per hour) Award: \$1.65 per hour.
- On call or "Standby allowance" was \$3.20 an hour or \$3.70 an hour on a paid holiday. (Union \$4 and \$7.50 an hour respectively) Award: \$3.30 and \$4.90 per hour.
- Weekend premium was \$1.70 (union wanted \$2.20 per hour) Award: \$1.80 per hour.
- ONA was looking for retroactivity of premium increases to April 1, 2006, but the award made them effective from April 1, 2007.
- ONA proposes an increase in vision care from a maximum of \$200 to a maximum of \$250 every 2 years but the arbitrator refused it.

## Feeding MPs some nursing facts

The quality of health care was the topic of discussion at the Canadian Federation of Nurses Unions' (CFNU) MP Breakfast, held in February. The regular event brings out quite a number of Members of Parliament to learn about nursing issues. For this breakfast the



*CFNU President Linda Silas opens the CFNU MP Breakfast.*

MPs learned about the research that shows the quality of patient care improves when health care workers themselves are cared for. Guest speakers explored the relationship between quality workplaces and quality patient care. Francine Anne Roy, the Director of Health Resources Information at the Canadian

Institute for Health Information, discussed some of the findings in the first ever 2005 National Survey of the Work and Health of Nurses released in December 2006. Melissa Barton, the Coordinating Secretariat of the Quality Worklife — Quality Healthcare Collaborative, discussed how this initiative believes that a fundamental way to better healthcare is through healthier healthcare workplaces. 🍷

## ONA new wage grid

	Expired	Apr 1/06	Apr 1/07
Start	23.80	24.51	26.80
1 Year	24.75	25.49	27.20
2 Years	26.06	26.84	27.65
3 Years	27.34	28.16	29.01
4 Years	28.64	29.50	30.38
5 Years	30.26	31.17	32.10
6 Years	31.87	32.83	33.81
7 Years	33.51	34.52	35.55
8 Years	35.80	36.87	38.07
25 Years	36.52	37.62	38.74

ONA was looking for 4% on salaries, the employers were offering 2.75% in year one and 2.5% in the second year. The arbitrator awarded 3% in the first year and in the second year gave slightly more than 3% to Years 1, 2 and 8, for recruitment and retention he said, but 3% for all the other steps.

ONA was also looking for an increase in the payment in lieu of benefits for part-time nurses from 13% to 14%, and an increase from 9% to 10% for the in lieu of pension fringe benefits. But the arbitrator refused to make these changes. 🍷



## Scholarship winners announced

# UNA helps five students get started in nursing



**U**nited Nurses of Alberta recently announced the five successful recipients of the 2006/07 UNA Nursing Scholarships for \$750 each.

The winners are:  
*pictured from top to bottom*

**Brigit Arthur**  
*(Psychiatric Nursing program  
at Grant McEwan College)*

**Jeffrey Miyashita**  
*(Nursing Diploma Accelerated  
Track - Grant McEwan College)*

**Jennifer Donihee**  
*(Nursing After Degree program  
at the University of Alberta)*

**Jennifer Weckman**  
*(BScN program at  
University of Calgary)*

**Elise LeBoldus**  
*(Nursing After Degree program  
at the University of Alberta)*

The first year nursing students needed to be related to an endorsing UNA member and had to write a brief essay on how UNA impacts nursing working life. The authors of the best essays were selected for the awards.

Brigit Arthur said that since its inception in 1977 “UNA has been very influential in the changes made to the workplace and conditions of nurses throughout the years. Not only is there a better quality of care, it is a safer environment to work in.”

“UNA also advocates for the registered nursing profession as a whole by taking a political stand on issues which affect the day-to-day work life of a nurse,” said winner Jeffrey Miyashita.

“UNA is constantly working to promote the cause of nurses throughout the province of Alberta,” says Jennifer Donihee. “As a result, nurses can have confidence in their workplace conditions which in turn will allow them to focus and improve patient care, the ultimate goal of nursing. I look forward to the day when I am represented by UNA.”

“The general attitude of this organization maintains that in order to make improvements to Alberta’s health care system, improvements first need to be made to conditions faced by nurses, as they are vital to the functioning of health care in the province,” wrote Jennifer Weckman.

“UNA has helped to foster a nursing worklife that is positive, safe, professional, intellectually stimulating and supported by greater society,” wrote Elise LeBoldus. “As such, nurses are better able to provide high quality patient care,” she said in her winning essay. ♥♥

*2nd Vice-President  
Jane Sustrik and  
1st Vice-President  
Bev Dick present  
the scholarship to  
Elise LeBoldus, from  
the Nursing After  
Degree program at the  
University of Alberta.*





# Nursing News

## Calgary Health Region announces job referral incentive

The Calgary Health Region recently announced a \$750 “referral reward” for any of their employees who refers someone who is hired into one of the Region’s “hard to fill” vacancies. All nursing positions are considered “hard to fill” the Region says. In the same statement the Region also noted that it currently has 1400 vacancies and expects it will need 2,000 staff in the next year.

The UNA collective agreements require that all “terms and conditions” of employment be negotiated through the union and UNA Director of Labour Relations David Harrigan immediately wrote to the Region suggesting they talk to the union before announcing incentives like this.

“It looks like a good idea,” David Harrigan said, “but what about people who made a referral last month? Getting the agreement of the union to make sure possible complications are covered is important,” he said. 🍷

## UNA helps sponsor SOS Medicare 2 Conference

United Nurses of Alberta is helping to sponsor a major Canadian conference on the future of public Medicare. S.O.S. Medicare 2: Looking Forward will bring together leading experts in what Tommy Douglas referred to as the Second Phase of Medicare’s development: changing the way health services are delivered and addressing the social determinants of health.

The Canadian Health Coalition is one of the prime movers of the conference, which is also billed as the Tommy Douglas Vision for Medicare Conference. The Coalition was itself formed after the first S.O.S. Medicare Conference in 1979 where Tommy Douglas gave a famous speech on protecting the future of public health care.

The Conference is being held in Regina, May 3 - 4, 2007 and UNA is sending ten members who were selected by draw as well as some executive board members. 🍷

## Calgary ends contract: Holy Cross LTC closes

Early in April UNA was advised that Holy Cross Long-Term care was closing its doors and laying off all its nurses, the members of UNA Local #233. Early in March the Calgary Health Region had announced it was moving all residents from the Holy Cross because of concerns about fire safety and about care that failed to meet provincial standards.

Local President Roni Gray said, “The frontline standards of care were there, but a lot of other things didn’t get done. With the nursing shortage it was hard to get enough RNs consistently to maintain the quality of care and keep up with the paperwork.”

She said it was hard to have the facility closed, particularly for the residents. But she added: “It was better that it be closed if we couldn’t maintain the good quality of care that we wanted to.” 🍷

## Health Canada research looks at nurses’ working conditions

“Research showed that within the first five years of graduation we were losing between two and three nurses for every five graduates. This forced us to examine the working conditions of both new and experienced nurses,” says Sandra MacDonald-Rencz (SMR), Executive Director of the Office of Nursing Policy, Health Policy Branch, Health Canada. Her comments come in an introductory statement to a new review of research on improving working conditions for nurses published by Health Canada.

The Working Conditions of Nurses: Confronting the Challenges 46-page Bulletin is packed with information about retention, recruitment and statistics about the nursing crisis. The Bulletin is online at: [www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2007-nurses-infirmieres/index\\_e.html](http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2007-nurses-infirmieres/index_e.html) 🍷

## U.S. nurses want single-payer health

U.S. President George W. Bush’s “health care reform” proposal, touted in his January State of the Union Address, will not help most of the 46 million Americans currently without health insurance, said American nurses.

“It’s time to stop tinkering with a broken healthcare system and enact reform that will really make a difference,” said Tina Gerardi, RN, interim director of the New York State Nurses Association. “The nation needs a single-payer, publicly funded, and publicly administered insurance program.”

“Our members have long supported a “single-payer” plan because it’s the only proposal that will ensure affordable health care for all,” Gerardi said. “Tax credits will not do this. The Bush plan encourages individuals to settle for low-quality insurance plans and is an incentive for employers to drop or reduce coverage for their workers.”

## How tax breaks work

On his television show the Colbert Report commentator Steven Colbert explained how George Bush’s tax break plan to get people health care would work: “It’s simple, Most people who can’t afford health insurance, are also too poor to owe taxes, BUT if you give them a deduction from the taxes they don’t owe, they can use the money they are not getting back from what they haven’t given to buy the health care they can’t afford.” 🍷





*Vice-President Bev Dick poses with a worker who has been on strike at the West Edmonton Mall since September 9, 2006. The members of UFCW Local #401 are still holding the picket line despite the Casino's refusal to negotiate.*

## California nurses attack health proposal

More employers are slashing health care coverage for workers and their families, dropping coverage entirely, or forcing union members on strike to preserve hard-earned benefits, says the California Nurses' Association. The nurses were criticizing their Governor Arnold Schwarzenegger's health care plan announced late last year.

The nurses point out that health insurance premiums in California rose 61 percent from 2000 to 2004. The percentage of workers with employer-based coverage is shrinking. California ranks 46th in the nation in the number of uninsured, and three-fourths of the uninsured are in working families.

The nurses say the plan proposed by Gov. Schwarzenegger primarily serves to expand the role of the insurance industry in health care, and would force millions of Californians to accept substandard, unaffordable health plans.

California Nurses Association also has a campaign website on health care accessibility in the U.S. [www.singlepayer.com](http://www.singlepayer.com). 🐾

## Canada Day never on a Sunday

Under the federal Holidays Act, Canada Day is always observed on July 1 unless that date falls on a Sunday, in which case it is observed on July 2.

In 2007, this is the case and the official statutory holiday for Canada Day this year is Monday, July 2. 🐾

## AUPE tells LPNs UNA insulting them

The Alberta Union of Provincial Employees is suggesting to its Licensed Practical Nurse members that UNA has slighted them with a recent advertising campaign. Although the advertising had nothing to do with LPNs, AUPE is telling them they should take offense at the headline for UNA's campaign: "It takes Registered Nurses for safe health care!"

New AUPE President Doug Knight sent a letter about the ad to AUPE LPN members. Knight, who has never contacted UNA about concerns with advertising, says that UNA is "wasting money dividing health care workers."

The advertising message to the public was entirely about the worsening shortage of Registered Nurses and Registered Psychiatric Nurses. Our health system is already in the throes of serious problems caused by this shortage. The campaign was designed to make people aware of this and of the real implications the growing crisis has for the care of all our loved ones. There is also, of course, a serious shortage of LPNs.

UNA represents a number of LPNs and LPNs regularly approach UNA about joining. AUPE is apparently on the defensive and actively trying to twist the message of the recent ad campaign. The billboard and transit advertising ran from December to February.

In a letter to its members AUPE says that UNA is "wasting money dividing health care workers."

In fact it is AUPE who is dividing health care workers, points out UNA Director of Labour Relations, David Harrigan. "We had no complaints about the ad from any other health profession or from any individual LPNs until AUPE started this. AUPE stretched the meaning to interpret it as a slight on LPNs, and AUPE is doing it for their own purposes."

"LPNs are important members of the nursing team," he says "We have no interest in insulting them." 🐾

*Vice-President Jane Sustrik with David Suzuki at an Alberta Federation of Labour meeting with Suzuki during the environmentalist's cross-Canada tour.*

## LRB announces guidelines on independence from government

On April 3rd, the Alberta Labour Relations Board (LRB) announced new guidelines limiting its consultation with the provincial government. It was the same day the Alberta Court of Appeal had been due to hear UNA's case about perceived bias at the LRB.

"It is a tremendous victory," says UNA's Director of Labour Relations David Harrigan. "It's exactly what we wanted and what we said is essential for the proper functioning of the LRB and its independence."

The LRB's new guidelines guarantee that LRB officials will not participate in the drafting of legislation, and that any technical assistance provided to the government will be fully disclosed. The LRB chair and all the vice chairs signed the guidelines and future vice chairs will also be expected to sign them.

The unions brought the court case after freedom of information requests made by the AFL uncovered a picture of the Labour Board helping the government draft a law, Bill 27, which they knew would be used against health care workers.

"How could we possibly trust a referee who had been working with the other team," said AFL President Gil McGowan.

That was why the unions launched the legal challenge, says UNA President Heather Smith. "We launched the legal action two years ago because we felt that the LRB's involvement in drafting Bill 27 showed a lack of transparency in a body that must be neutral and at arms-length from government," she said. 🐾





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