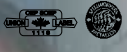




United Nurses of Alberta

News Bulletin



UNA's Vice-President Jane Sustrik joins with other nurses to give away

SICKO tickets

in downtown Edmonton.

More on page 4.

New UNA contracts the best in Canada

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Message from the President

Heather Smith



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six times a year for our members

Editor

Keith Wiley

Production

Kelly de Jong

Executive Board

President

Heather Smith
HM: 437-2477 • WK: 425-1025

1st Vice-President

Bev Dick
HM: 430-7093 • WK: 425-1025

2nd Vice-President

Jane Sustrik
HM: 461-3847 • WK: 425-1025

Secretary/Treasurer

Karen Craik
HM: 720-6690 • WK: 425-1025
or 237-2377

North District

Roxann Dreger
Susan Gallivan

North Central

Terri Barr
Alan Besecker
Teresa Caldwell
Christina Doktor
Tim Grahn
Judith Moar
Keith Lang
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Central

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South

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Darlene Rathgeber

Information Systems

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As the last really warm days of summer give way to fall and harvests, implementation of new contract provisions comes to centre stage. In the upcoming weeks contract interpretation workshops will be held in each UNA District. Now that most employers have paid retroactivity, the big question is “when will I get a copy of the new contract?” As the actual text is still being refined, the answer is as soon as we can get it to the printer, hopefully before the end of October.

With the exception of three Bethany Care Locals, all groups in “provincial bargaining” have ratified agreements. Optimistically a memorandum and ratification for the last Locals will occur before this NewBulletin is in the mail to the members. And just as provincial bargaining wraps up, others such as our Extencicare Locals are just starting the process. There is no reason for these other employers (long term care providers) to provide anything less than parity with the advances achieved at the provincial table.

Another sign of fall is preparations for the UNA Annual General Meeting. This will be our 30th anniversary celebration. The membership Committee selected the slogan “30 years strong...still making a difference”. It’s true nurses make a difference every day, at their workplaces and in their communities.

Certainly nurses unions across Canada have expressed their appreciation about the difference our new provincial agreement makes. They expect our new agreement will set the higher standard when they negotiate their next contracts.

I include some pictures of another sure sign of fall, the Annual Labour Day BBQ for the Unemployed. This was the 18th year the Edmonton and District Labour Council served hotdogs, hamburgers and fruit to homeless and less fortunate people in the inner city. Another way that individual and collective efforts make a difference.... if only for a day.



UNA Local Presidents BettyAnn Emery and Marg Hayne, along with BettyAnn's husband Garry, serve up food at the Labour Day BBQ for the unemployed.



AFL President Gil McGowan was on hand to help out too.

Provincial Office

900-10611 98 Avenue NW
Edmonton AB T5K 2P7
PH: (780) 425-1025 ■ 1-800-252-9394
FX: (780) 426-2093

E-mail: nurses@una.ab.ca

Southern Alberta Regional Office

300-1422 Kensington Road NW
Calgary AB T2N 3P9
PH: (403) 237-2377 ■ 1-800-661-1802
FX: (403) 263-2908

Web Site: www.una.ab.ca

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New Agreement raises the bar for nurses contracts in Canada

On July 12th, nurses voted 82% in favour of the recommendations and a majority approved it at 98% of the 139 Locals. That wrapped up UNA's main provincial negotiations covering the majority of the province's nurses who work in the Health Regions and associated voluntary facilities. Later in July most other Locals involved in the provincial round also ratified new contracts. These included the Alberta Cancer Board, the Good Samaritan Society and many of the Edmonton and Calgary long-term care facilities.

All the agreements have the same core monetary increases including the 5% increase in salary in each year over the three years. All the contracts also have the Retention

Recognition 2% Special Long Service Pay Adjustment. As well they all include the premium increases:

- Charge pay from \$1.75 to \$2.00 an hour
- Evening premium rising from \$1.75 to \$2.25 and then finally to \$2.75 an hour by April 1, 2009
- Night premium rising from \$2.00 to \$3.50 and then to \$5.00 an hour by April 1, 2009
- Weekend premium rising from \$1.75 to \$2.25 and then to \$3.25 an hour by April 1, 2009.

"This collective agreement is very competitive in Canada, with the highest rates and best provisions in many areas," President Heather Smith said.

"What's really needed is more nurses. This agreement is a tool the employers can use to create an environment which encourages nurses to work in Alberta," she says. "But it is not the answer to all the problems. The government must do much more to address the problem, including increasing the size of nursing programs.

The mediator's recommendations give a 5% overall salary increase for each of the three years of the agreement, along with Market Condition Lump Sum Payments of about 2% more in each of the three years. It also has several special retention provisions to encourage veteran nurses to continue working. One of these is a Long Service recognition for nurses with 20 years experience or more with a 2% increase to salary.

"The Health Regions know how important it is to keep our experienced nurses, and we were able to work out several innovative provisions," Heather Smith says.

United Nurses of Alberta recognizes that the new agreement cannot be a complete solution to the nursing shortage. With nearly 10,000 of the province's 26,000 nurses over the age of 50, and an average retirement age of 55, thousands of nurses will become eligible to retire every year for the next several years.

Settlements reached for all nurses in Provincial Bargaining


New Collective Agreements have now also been ratified for most of the other Employers involved in the provincial negotiation round, including:

- The Alberta Cancer Board
- The Good Samaritan Society (including Stony Plain, Southridge, Pembina Village, Millwoods Centre, Dr. Gerald Zetter Care Centre, the Choice Program and Southgate Centre) Carewest Calgary
- Capital Care Edmonton, Youville Home St. Albert, St. Joseph's Hospital Edmonton
- Millwoods Shepherd's Care in Edmonton
- St. Michael's Long-term Care Edmonton

As of September 6th, Memorandum of Agreements have been reached with: Bethany Care Calgary, Bethany Care Collegeside (in Red Deer) and Bethany Care Cochrane.

Other negotiations

Many other UNA Locals are also currently about to begin their bargaining, including:

- Salem Manor in Edmonton.
- Victorian Order of Nurses
- Extendicare
- Central Park Lodges
- Club Sierra in Medicine Hat
- Agape in Calgary
- Forest Grove Long-term care in Calgary 

Why the movie **SiCKO** is important for Canadians

Nurses get free tickets UNA promotes Michael Moore's SiCKO

By Karen Kuprys, RN President of Local 154, Youville Home in Edmonton.

The provincial UNA Executive Board wanted to promote the movie, SiCKO, and we came up with a plan. We bought 150 tickets to the film and on July 4th, we handed the tickets out to people in the middle of downtown Edmonton.

"Hey, hey go see SiCKO, see it today!" we chanted. People were curious. It gave us the opportunity to tell them why we thought SiCKO was the "must see" movie of the summer and offer up a free movie pass to those interested in seeing the show.

We called the news media of course, and the quirky story – nurses handing out free tickets to SiCKO – got on the evening news in Edmonton and got picked up in a few newspapers across the country.

I was pleased. We'd done our part to promote the movie. But later it turned into something even bigger.

The lessons in SiCKO are pretty hard-hitting on how for-profit medical insurance systematically undercuts good medical care. It's important for Americans to face this fact, and to see the alternatives that Moore presents in the public systems in Canada, Britain, France and even Cuba.

But I think it's an important lesson for Canadians too. The Canadian Medical Association is talking more each year about the advantages of private medical insurance, from their perspective of course. In Alberta, Ralph Klein tried repeatedly to push more for-profit medical services, but public opinion (and nurses!) fought back.

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The point is that some people could make so much money by health care as profitable business that they are always trying to take over our universal, public system. In Alberta, they have tried to undermine the public system and show it isn't working. The only other alternative, they say, is the private delivery of care. This flies in the face of all the research that proves a universal, publicly-funded health care system is the most cost effective to provide care for all who need it. That's what makes SiCKO so important, even for Canadians.

Michael Moore has never been known for his subtlety and SiCKO is no different. From the opening scene of a middle-aged man stitching up his own leg, Michael tells the story like it is. I particularly liked the section about a middle-aged golfer who injured himself in Florida but had to come back to Canada to get his surgery because it would have cost him tens of thousands of dollars in the U.S. (even though he had extra insurance!). When Moore asks him why other Canadians should be paying for his health care the man responds, "because we would do the same for them."

As a nurse, I understand this. I work to help other people get well. I pay taxes so that we can get the care we need. It's fair, and frankly, it's wonderful.

SiCKO isn't all serious. Of course, Michael Moore hams it up a bit too. I particularly liked it when he stomps around the British hospital trying to find out how people pay or make financial arrangements. Finally he spots a little "cashier" sign in a hallway. Ah ha! Moore chortles in mock triumph, but then he finds out that the cashier hands out reimbursements for patients' travel expenses!

Handing out free tickets to the movie was fun and it got a lot of attention. Even Michael Moore's attention. UNA got a call a week later to say he wanted to show his appreciation for nurses' support by giving free admission to nurses across Canada to see the film the next week. And he sent us the money back for the tickets we'd given away. Of course it was another publicity plan, and more ads went in the papers announcing the free tickets and there was more media coverage.



Wendy Brigham, President of UNA Local #121 helped give away SiCKO tickets.

I know a lot of people who did go to see SiCKO. That's a great thing, because as far as I'm concerned the more people who see SiCKO, the more secure the future of our public health system becomes. If you haven't seen the movie, I would encourage you to go. It is funny, sad, thought provoking and eye-opening. 🍷

Nurses were concerned about violence on Royal Alex psychiatric units

The psychiatric department at the Royal Alexandra Hospital has had internal problems for some time, UNA charged in a news release to the media after the homicide of July 30 became public.

UNA said that the nurses have been pushing for improved security and staffing for years, but the department has failed to take adequate safety precautions.

UNA asked for a meeting with top levels of Capital Health to discuss the concerns and the meeting was held on August 16th.

Initially Capital Health officials were reported as saying the patient who attacked another patient had not had a violent history. But on the second day of news coverage, Capital Health acknowledged the murder suspect had been in a violent incident on the unit two weeks earlier.

"Nurses have been raising many concerns that more and more of the patients in the psychiatric units at the Royal Alex actually should be in a high-risk forensic unit," says UNA Vice President Bev Dick. "There has been constantly increasing acuity and increasing risk of violence."

The United Nurses of Alberta Local at the Royal Alexandra Hospital has filed Occupational Health and Safety complaints on behalf of nurses concerned about security and staffing.

"This tragic death could possibly have been prevented if some of the concerns of the nurses working on the psych units had been listened to," says UNA Vice President Bev Dick. "The nurses have been repeatedly requesting increased security including a Special Constable on the unit and other safety improvements," she said.

Morale levels and high turnover in staffing, high overtime, double-shifts, and inadequate staffing have also been major concerns for the nurses at the unit.

"We've raised concerns for several years and some of our members have suffered retribution because they have pushed for safety changes," Bev Dick says.

"Sometimes we say, 'Does somebody have to die before nurses concerns are taken seriously.' Well, in this case, sadly someone has died," Bev Dick said. 🍷

MLA DR. DAVID SWANN SAYS CLIMATE CHANGE IS A PUBLIC HEALTH ISSUE

“**W**hen we burn a thousand barrels of oil a second on the planet, that’s a stunning figure. How blind we are if we don’t think that will affect the thin covering of air we have on the earth. Our atmosphere covers our planet with the thickness of a coat of varnish on the surface of a basketball.” Calgary Mountain View MLA Dr. David Swann is dead certain that climate change is a vital public health issue.

He must be. Back in 2001 he took the question to the Alberta Society of Medical Officers. Dr. Swann was the Chief Medical Officer for the Palliser Health Region and President of the Alberta Society. His medical colleagues endorsed the Kyoto protocol. But when Swann said publicly in Medicine Hat that the Kyoto protocol was a public health priority, the government and the Health Region Board immediately fired him.



“Climate change has a number of connections for me, most obviously the emerging diseases resulting from more exotic diseases moving north like Nile virus.”


“I took that as an invitation to make the connections between the environment, politics and health,” David Swann says. “Climate change has a number of connections for me, most obviously the emerging diseases resulting from more exotic diseases moving north like Nile virus.”

The indirect effects of climate change, disastrous weather, flooding, and drought also concern Swann. He says that the impacts on food production could be huge and we could face an era with massive numbers of environmental refugees and conflict even here in North America.

“We have tremendous options for energy and there is a tremendous moral imperative for us to look at making the

shift,” Swann says. “But in Alberta where as many as one in two jobs depend on the fossil fuel industry, it’s pretty hard to be objective,” he says.

“We in the health system are very conscious that by not preventing things we end up paying a lot more later. For example, spending a dollar up front on poor children saves seven dollars later.”

“If we do the right thing now we will be able to provide things like health services and education later. If we don’t we’ll be using all our resources on crisis management of the climate change impact.” 

CLIMATE CHANGE: the biggest population health issue?

The biggest public health issue facing Canada may not be the coming flu pandemic. It's possible that poverty or housing, the two giant "determinants of health" are really secondary concerns. In this new century, many Canadian experts would say it actually is the environment and climate change that look to have the biggest impact on the health and well being of Canadians.

Registered nurses are frequently reminded they should keep in mind the "big picture" of health and nurses do look at the big picture. That's why nurses are one of the strongest and most organized groups defending universal, public health systems. The big picture of population health questions also comes to mind with major policy issues like climate change.

Back in 2002, Health Canada gathered a group of population health experts for a workshop. The report on that meeting struck a fairly strident note of concern: "Long-term direct health impacts of climate change include premature death and disabling illness due to increased temperature, extreme weather events, water and food borne enteric diseases, and cancer risks from ozone depletion." (– Expert Panel Workshop on Climate Change and Health and Well-being in Canada Key Findings and Recommendations, 2002)

They also noted that "Climate change will place greater demands on the social infrastructure (including emergency services and social support systems) supporting public health and well-being.

Finally the panel concluded: "Because of the significant health risks that are likely to occur in the absence of global action on climate change, the uncertainties surrounding the magnitude of such risks, and the long-term ecological consequences of failing to take action, a precautionary approach to climate change risk management policy development is needed, as required by the United Nations Framework Convention on Climate Change.

The precautionary approach is important because even the climate scientists from the International Panel on Climate Change don't know for sure what is going to happen.

Canadian journalist Gwynne Dyer summed things up succinctly in a recent piece.

"The IPCC says that global temperature rises of between 2 degrees and 4.5 degrees are almost inevitable in the course of this century – but much higher increases of 6 degrees or more cannot be ruled out."

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Millions of people will be deprived of water and food

Two degrees Celsius above pre-industrial levels is the temperature level beyond which major ecosystems begin to collapse, and in order to prevent this from happening, rich nations must cut their greenhouse gasses by 90 percent or more by the year 2030.

Even an upper limit of 2 degrees Celsius may be too high. At 1.5 degrees or less, millions of people will be deprived of water and food and the complete melting of Greenland's ice will begin. We are at close to 1 Celsius degree today, and we need only to look out our windows or pick up a newspaper to see that severe climatic effects are already occurring.

From British commentator George Monbiot's, Heat: How To Stop the Planet From Burning. See monbiot.com

We are in the neighbourhood of 1 degree warmer already and the upward swing is still gaining momentum. Dyer goes on to point out that it is not just a matter of extreme weather, or hot summers, or even flooded coastlines we are talking about.

He goes on: "If the global average temperature rises by 4.5 degrees, shifting rainfall patterns will bring perpetual drought to most of the world's major breadbaskets (the north India plain, the Chinese river valleys, the US midwest, the Nile watershed), and reduce global food production by 25-50%. If it goes to 6 degrees we lose most of our food production worldwide.

"Any major reduction in food production means mass migrations, war and mass death. It is getting very serious."

Environment Canada

"Climate change could have a profound impact on the Canadian way of life."

Changes in temperature and precipitation may help the survival of insect (vector) borne diseases, causing increases or invasions into Canada of diseases such as Lyme disease and malaria.

In the western mountain regions of British Columbia and Alberta, there could be less late season runoff because of an accelerated retreat of glaciers. This will threaten water supplies in small communities and have an effect on the cattle industry.



In the north, loss of permafrost may cause massive terrain slumping, drainage of small lakes and increased sediment loads in rivers, threatening northern wetlands and such deltas as the Mackenzie and Peace-Athabasca.

Water levels in the Great Lakes are forecast to drop by more than one metre. In shallow lakes such as Lake St. Clair and Lake Erie, the existing shoreline would move up to six kilometres offshore.

– Environment Canada http://www.ec.gc.ca/climate/overview_affect-e.html

Health Canada on climate change

With its widespread environmental and human health impacts, climate change has become a global policy issue. Sectors at all levels are being challenged to find collective solutions that safeguard the planet's integrity and the health

of its inhabitants, while enhancing the prosperity and quality of life for communities and individuals.

The widespread consensus is that climate change, and specifically changes to temperature and precipitation levels, has the potential to significantly affect human health, as well as economies, and physical and social environments in every region of the world. Canada is no exception.

– Health Canada's, Canada's Health Concerns from Climate Change and Variability at: http://www.hc-sc.gc.ca/ewh-semt/climat/health_table-tableau_sante_e.html

“The scientific evidence is now overwhelming: climate change presents very serious global risks, and it demands an urgent global response.”

– Sir Nicholas Stern, *The Stern Review* www.hm-treasury.gov.uk/independent_reviews/

Alberta government's response to public concern about climate change


The Alberta government has taken a two-pronged public relations approach to the public concern about climate change. Alberta of course is the country's leading producer of greenhouse gases and production is slated to skyrocket in the near future with the tar sands projects. “Intensities” is the first spin the government put out to deal with the PR problem.

Bill 3 announced in the first Stelmach session of the Legislature addresses this with supposedly tough penalties based on carbon “intensity”. Parkland Institute director Ricardo Acuna debunks the “intensity target” in a recent piece published in VUE Weekly:

“[Bill 3] does not call for a reduction in total emissions, but rather for a 12 per cent cut in emissions intensity, which accomplishes two things.

First, it ensures that the total level of greenhouse gas emissions in Alberta will continue to grow.”

Intensity targets are a plan for INCREASING carbon dioxide output, not reducing it as demanded by the Kyoto plan that Canada signed on to.

The second prong of the government plan is to ask individuals how they will reduce their climate change impact. A series of workshops and a website “workbook” are the government's plan to get people looking at their impact and role. See more about the Alberta government's response at: www3.gov.ab.ca/env/climate/index.html 



Keeping the connection for 63 years

The remarkable class letter for the Lamont grads of 1944



The nurses from the Lamont Hospital Class of 1944 have been circulating a class letter every year since graduation, a tradition that has continued for an amazing 63 years. Each of the nurses adds a note and photos to the package which is then sent on to the next nurse. Over the years the class has kept in touch with the letters including news of families growing, marrying, having grandchildren and more recently great grandchildren. One of the grads, Margaret Brown James, lives in Castor Alberta and her daughter Diane Wiart now helps her to write her annual contribution to the class letter.

Diane says the one time the chain broke, when the package got misplaced, was when Marg Tate died. It was easily started again and continues to make its yearly rounds to the surviving classmates. Some of the "girls" can no longer write the letter themselves so a family member has taken over the steno job.

"I know my mother can't write for herself but thoroughly enjoys the arrival of the letter with pictures," says Diane who is a member of Local #198 at Castor. "This must be some sort of record to have a class letter going for 63 years."

Dear Class of 44

I am writing for Mom, Margaret James again this year. She has thoroughly enjoyed receiving the class letter. We were glad to hear from Sharon Gilbert for her Mother. I remember well when Mom received the call that she had died.

Mom continues to live at the lodge in Castor but of course is requiring a little more care than a year ago. I guess this just comes with age and we are just glad that she can still stay where she has many friends. They are in the process of a major addition to the lodge with room for 25 more residents and addition of assisted living, so if Mom can just hang in there until fall she may get a new room with a view of the playground where her greats play at recess. I hope she doesn't feel like she's on supervision!

There are now 13 (3 more than last year) great grandchildren to come to see Mom and they are all good about stopping in. I remember your class letter being an account of your families all the years that it came in the mail and it still is.

I had my nursing magazine come in the mail a few months ago with a web site you all should try to see. Click on www.100yearsofnursing.ca and see lots of pictures of your classmates at Lamont. You all must have made an impression judging on the number of pictures of class of 44. I showed them to Mom and she told me who was in each picture and a little story about each one like the one with the scale and the monthly weights. She didn't know why they needed to record everyone's weight every month!

I would like to have your class letter recognized for the fact that it is still going after 63 years. This is remarkable and I wonder whose idea it was and who got it started. It was a good one!

- Diane Wiart daughter of Margaret Brown James



Encouraging nurses nearing retirement to work just a few more years

The new agreements include several new incentives for senior nurses to continue working. One of these is a special recognition of nurses who have been licensed for 20 years or more. The 2% Special Long Service Pay Adjustment was designed specifically to reward long-service nurses.

Thousands of Alberta nurses are reaching retirement age and the health system cannot afford to lose them. Encouraging these nurses to work just a few more years will help mitigate steadily worsening shortage of Registered Nurses and Registered Psychiatric Nurses.

Along with the special 2% increase, the new agreements have other features to encourage nurses to continue in the profession. The new **Retirement Preparation Program** allows nurses to reduce their clinical work hours and instead undertake project work that may include research, leadership assignments and special projects. Nurses who are eligible for an unreduced pension, or who have a combined age and years of nursing employment of 77 can take part in this program.


The **Pre-Retirement FTE Reduction Option** can opt to reduce their FTE by no more than .2 FTE and to no lower than a 0.6 FTE for no longer than a 2.5 year period. But the Employer will continue with full unreduced pension contributions. Nurses who can take advantage of this option must be eligible for an unreduced pension, or have a combined age and years of nursing employment of 80.

Applying for the 2% Long Service Pay Adjustment

All nurses who have 20 years of licensed nursing practice are eligible for the 2% Special Long Service Pay Adjustment. Nurses must apply for the adjustment and provide proof of 20 years of licensed nursing, including years as an LPN or licensed nursing years in other countries. A special Joint Statement outlines the process for applying and providing proof. The document is available on the UNA website, www.una.ab.ca, through your Local Executive or on UNA*Net, UNA's electronic conferencing and email system.

October 10 application deadline

In order to receive retroactive pay on the 2% back to April 1, 2007, nurses must apply before October 10, 2007. Other nurses who are just coming up to the 20 year mark will receive the 2% from the time they apply with their documentation.

The Calgary Health Region has announced that all nurses with 20 years or more seniority will automatically receive the 2%. 



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Nurses can contribute to a supplementary RRSP and the Employer matches the contribution. The supplementary RRSP benefit which first came in with the 2001 contract is an easy way to *double your money*.

The supplementary RRSP is completely separate from the regular benefit pension plan --which for most nurses is LAPP (Local Authorities Pension Plan) or PSPP (the Public Service Pension Plan).

Nurses can begin contributing to the RRSP in any month. You are not allowed to contribute for previous months, however. Most Health Regions are running a special RRSP plan and contributions must be made to their plan. But, you can always withdraw the money from the plan, cash out all or part of your RRSP, pay the taxes on it (the same taxes you would have paid, if it had been regular income) and put it in your own RRSP (and get the taxes back) or spend the money.

The supplementary RRSP is completely separate from the regular benefit pension plan --which for most nurses is LAPP (Local Authorities Pension Plan) or PSPP (the Public Service Pension Plan).

Anyone not taking advantage of this... is losing out on 2% extra pay." 🍷

plan for your future

Maxine walks 60 kilometres for Cancer Research

By Maxine Braun

UNA Board Member Maxine Braun recently joined in the huge walk to raise money for cancer research in Calgary. Maxine says there were other nurses walking too, including Melinda Skanderup from Brooks. Maxine from Local #102 in the Crowsnest Pass, tells us what it's like to walk the walk.

On Saturday morning, 2,036 walkers hydrated and stretched while anxiously awaiting the start of our 60 kilometre journey. Finally a big door at the Corral on the Calgary Stampede grounds started to open to a huge fanfare of music and lights. I felt excited and proud to be involved in such an event, but I really could not have anticipated how amazing and gruelling it would be.

The 60 kilometre route wound around the city of Calgary, through both business and residential areas. The first day we walked 35 kilometres in a blistering heat, sometimes over 40 degrees. The 'team' from the Alberta Cancer Foundation and the many volunteers worked hard to keep us motivated, hydrated and fed as well as well cared for. They had set up medical tents set up at each rest stop. The Calgary city police were out in full regalia, – in that heat!!! – stopping traffic across intersections, encouraging us and cheering us on. There was also a motorcycle group out assisting with traffic control. They had their bikes all decked out, and they had fun 'costumes' on and were always upbeat and encouraging us on our way.

PHOTO: Maxine's team for the walk was called Mammaries Need Protection, a play on MNP: the Meyers Norris Penny Accounting firm that sponsored the shirts. Maxine is second from the left, her daughter is on the far left and two of her friends are on the right.




The people of Calgary were absolutely amazing! Many people along the route had their sprinklers set so they sprayed out over the sidewalk so we could all walk through a cool 'shower' of water; there were people out with spray bottles and kids and adults with 'super soaker' water guns spraying us with cool water. Scattered through the route both days, people were handing out freezies and popsicles to us. These were not organized by the 'walk', these were just citizens out supporting the cause and the walkers. Kids had lemonade stands set up, but they were giving the lemonade away to us. Hundreds of people were out along the route with signs cheering us on as we walked by. People honked as they passed in their vehicles. The support from the citizens of Calgary was awesome!!!

After walking for almost 10 hours (of course this includes rests and a lunch stop), we finally arrived at camp at Currie barracks. What a feeling when we saw the hundreds of blue tents that were set up for us. It was a relief like I had never felt before. We were provided with a hot dinner, warm showers, medical attention if it was needed and, for the fortunate ones who were able to get in, a relaxing massage.

The next morning we were back on the course by 7:20 and somehow the 25 kilometres we had to go did not seem too daunting. Isn't it amazing what your mind can do! Sunday was almost as hot as Saturday but we were in high spirits. I was looking forward to finishing what was probably the biggest accomplishment in my life (other than having my children). Seven hours later we approached the 'finish line' at the Corral. My husband was there to cheer me on and the tears flowed. The feeling was unbelievable as hundreds of family members, friends, volunteers and walkers cheered everyone on across the line. Our team of four raised our arms in victory and our hearts burst with pride. It was an amazing experience.

After an emotional closing ceremonies in the Round-up Centre, our families collected us and took our weary, and very sore bodies home!!

The muscle stiffness has passed, but I can still recall almost every step of this amazing experience and the feeling of pride to actually be able to complete the walk will stay with me forever. To be able to participate in such a worthy event was an honour, and, can you believe it, I am actually considering doing it again next year. 



Nursing News

Nurses tell Premiers: act on the nursing shortage

For the past several years, unionized nurses have been making it a point to show up at the annual summer Premiers' meeting dubbed the Council of Federation. In the past the Canadian Federation of Nurses Unions (CFNU) has captured the Premiers' attention and even had them talking about a national pharmacare program. This year, however, the Premiers were less interested in health care topics.

"Nurses and health care professionals from across Canada gathered this week to ensure that health care remained a part of the discussions," says Linda Silas, RN and President of CFNU. "Unfortunately, the Premiers would not meet with us nor did they feel health care pertinent enough to put on their agenda. In our view, this is unacceptable."

Vice-President Bev Dick represented UNA at the meeting.

The nurses called for an expanded health care system that includes a pan-Canadian Health Human Resources Strategy, the implementation of a national pharmaceutical program, expanded Home care and Long-term care services and improved Aboriginal health. ♡

No change in pension contribution rates for 2008

The Local Authorities Pension Plan (LAPP) Board of Trustees has decided it does not need to change the contribution rates for the pension fund and the rates established on January 1, 2007 will remain in effect for 2008.

The Board completed an actuarial valuation of the Plan as of December 31, 2006. The previous year's valuation indicated that the Plan was in a deficit position at 89.3% funded. Current contribution rates, as set by the Board a year ago, include an amount to amortize this deficit over a 15-year period. As the Plan's funding position has improved slightly over the past year, higher contribution rates are not necessary. ♡

Shift workers have low serotonin, poorer sleep

Rotating shift workers tend to have lower levels of the feel-good hormone serotonin, leading to disturbed sleep patterns, according to new research recently published in the journal *Sleep*.

Researchers at the University of Buenos Aires studied 683 men of self-reported European ancestry, comparing 437 day workers to 246 rotating shift workers.

Chief Phil Fontaine, head of the Assembly of First Nations addressed the CFNU conference, "How soon is now? Health care for every generation". Fontaine and other speakers discussed issues and solutions related to health disparities and access to care. The conference was held in Moncton in conjunction with the Premiers' meeting in August.

Lack of high-quality sleep can sabotage job performance, make people less alert and put them at risk of an injury on the job.

Shift workers' serotonin levels, measured through blood tests, were much lower than the levels of workers on regular day schedules, found the study, led by Carlos Pirola.

Shift workers were also found to have greater hip-to-waist ratios, higher cholesterol and insulin levels, increased blood pressure and higher triglyceride levels.

Low levels of serotonin are associated with conditions such as anger, depression and anxiety. ♡

UNA to award five 1st year Nursing Scholarships this year

UNA will be awarding five Nursing Scholarships this year. The scholarships help encourage young people to join the profession. They assist students in their first year of an accredited nursing program in Alberta. The Scholarships are \$750.00 each.

The students must be related to UNA member in good standing, complete a short essay and submit an endorsement by an unrelated individual to be eligible for the award.

The application form and further information are available on UNA's website www.una.ab.ca.

Completed applications must be received at the UNA Provincial Office no later than 4:30 pm, October 15th, 2007. The awards will be announced next January. ♡



UNA's Neisja Ruth and Silvie Montier went with their dogs, Dante (on the left with Silvie) and Kiora (on the right with Neisja) to do search and rescue after the August earthquake in southern Peru. Here they are joined by the family of the Mayor of Lima who were visiting to show support for the rescue effort and for survivors.

UNA staff on rescue mission to Peru

UNA Labour Relations Officer Silvie Montier and LRO assistant Neisja Ruth took their trained search dogs to Peru in August to help rescue victims of the severe earthquake. On leave from UNA, Silvie and Neisja went to the devastated desert city of Pisco in southern Peru where they helped search for survivors. They are members of the Edmonton-based Canadian Search and Disaster Dogs Association and their two dogs, Dante, a Belgian malinois, and Kiora, a border collie, worked hard in the search. The dogs – and Silvie and Neisja – worked up to 11 hours straight going through rubble that Silvie later said was just overwhelming. Unfortunately they found bodies but few survivors and the lack of success took a toll. The Edmonton Journal had a story on the expedition and Silvie had told them the dogs became depressed at not finding more live survivors. 🐾



Human service sector launches campaign to deal with staff shortage and low wages

Low wages and benefits are causing a serious staffing shortage in Alberta's services to families, children and the disabled says a group of provincial agencies. On August 29, the agencies launched whocaresalberta.com, a campaign to increase the pay for social agency workers. "We have two key objectives," said Anton Smith of the Alberta Association of Services for Children and Families, "increase salaries and benefits to people providing services and a three year social infrastructure plan for the province."

The representatives spoke at a news conference in Edmonton organized to launch the campaign. They are distributing postcards on the issue and ask concerned Albertans to visit the campaign website whocaresalberta.com to get involved. 🐾

Local 37 has float in Grande Prairie Canada Day Parade

UNA members from Local #37 had great fun entering in to the Canada Day Parade in Grande Prairie. UNA District Rep Roxann Dreger reported that things went well until the truck heated up because of the front banner but they did a quick fix and remained in the parade. "We dress in our uniforms and put a big nurses cap on the truck. The banner on the side says "Public Health a Canadian Value". The crowd support was fantastic, especially the seniors." 🐾

Right: Roxann Dreger with her dog in the parade. "Even my dogs were a big hit, except one person thought Rex's name was 'una' until I explained what UNA stands for."

Below: Local #37 marches for medicare in the Canada Day parade in Grande Prairie.





Celebration at the
UNA Provincial AGM
October 23-25, 2007

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