United Nurses of Alberta

NewsBulletin

Edmonton nurse Sandra Brayer asks the question troubling many Albertans.

What about BOB?
Is Ron Liepert "softening up" health care for a fourth try at privatization?
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UNA tells CARNA: addiction is an illness
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Message from the President

Heather Smith

Although it is still officially summer, it sure feels like we are well into fall in Alberta. As articles in this NewsBulletin indicate, we can expect a busy fall and winter ahead as the plans for health regions and delivery changes start to unfold.

I was on holidays in northern Ontario in mid-August when Health & Wellness Minister Ron Liepert suggested we might not have a nursing shortage at all, if every part-time and casual nurse just worked one additional shift per week.

In our membership survey this spring, close to 30% of our members indicated they are already working one or two extra shifts per week. Only 20% of members indicated they wanted a higher a FTE (full-time equivalent), nine percent indicated they were seeking a full-time position. However just over ten percent wanted to reduce their hours.

We asked why members opted to work part-time or casual. One third responded they did so because they had young children. Twenty-one percent worked less than full-time to have more control over their lives. Fifteen percent indicated work related stress and exhaustion. Simply work one more shift a week? Family responsibilities don't just evaporate Mr. Liepert. Nurses should not be asked to forgo their own health and well-being.

Dismissing or ignoring the reality of the shortage is irresponsible for all Albertans. But, thoughtful, progressive retention and recruitment initiatives can be effective.

On the subject of retention and recruitment, the Joint Staffing Task Force Committee, new in our 2007 Collective Agreement, is now up and running. I want to touch on one of the items we discussed at our September meeting, Internationally Educated Nurses (IEN's).

While some of the regions have been aggressively recruiting internationally (and inter-provincially), in many cases, credential recognition for IEN's has been slow. Hundreds are waiting RN licenses to practice in Alberta. Some are licensed to practice as LPN's (Licensed Practical Nurses) and more recently as Temporary Permit Holders with practice restrictions while awaiting full RN registration. Capital Health region has approximately five IEN's entering their workforce each week. The Task Force wants to support successful transition into the Alberta nursing workforce.

We would like to hear from "New to Alberta" nurses. If you are new here, from another province or another country, welcome to Alberta and welcome to UNA. I have a special email box at newtoalberta@una.ab.ca for new members to provide feedback. What issues do you face? What suggestions do you have to assist other "New to Alberta" nurses. I also encourage other UNA members to tell us what works with integration of new colleagues. We want to identify issues and successes. Please send an email.

Finally, a federal election is upon us. Please check the UNA website www.una.ab.ca for up-to-date election information. UNA will be mailing a special election package prepared by the Canadian Federation of Nurses Unions (CFNU). The UNA website and the CFNU website (www.nursesunions.ca) both are promoting: "Nurses Issues are Election Issues - Make Your Vote Count".

Heather Smith
President, UNA

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What about **BOB**?*

Disruption and dismissal haunt Alberta's health system

The **Big **O**le **B**oard.*

Rapidly imposing the Big Ole Board (Alberta's health "superboard") has sent shockwaves throughout Alberta's health system.

It would be an understatement to say there is poor morale in management in Alberta's health services these days. The huge shake up in administration means no one knows whether they will still have a job next week.

Even the former CEOs were not immune. Health and Wellness departmental officials assured everyone the transition to the provincial "superboard" would be gradual running up to next April. Then the Board fired all of the CEOs in July catching at least some of them completely off-guard, according to reports from inside.

Liepert and the Alberta Health Services Board have appointed what some consider a "skeleton" management structure, but no one knows how this will impact other levels of administration in each of the former Health Regions.

"We are hearing that morale in all areas of administration has spiralled down into an abyss," says UNA President Heather Smith. "You can certainly see why."

It also came out in August that Liepert has total control to do whatever he decides with health services. A Memorandum of Understanding leaked to Liberal MLA Hugh MacDonald spelled it out: the new Alberta Health Services Board has to do whatever the minister says.

The wording couldn't be more specific: "The Board shall comply with all directions of the minister."

"It couldn't be more wrong," says Heather Smith. "This is absolutely the worst possible way to manage a huge and complex service delivery system like Alberta's health care. Once more it looks like the Conservative government is trying to make our public health care system fail."

Smith said that the disruption of creating the Health Regions in 1994-95 took years to settle out.

"Now that the Regions were becoming proficient in managing health services, with real improvements in services happening steadily, the government has effectively picked up the scrabble box and shaken all the letters again."

The disruption in the health system may be deliberately done to clear the decks for major changes in health care. Some observers suggest that Liepert and Health and Wellness are apparently relying on big corporate consultants to do their health policy planning. During the Third Way the government paid over a million dollars for a report from consulting and insurance giant AON. This year we've already seen a major audit report from Deloitte and now a report on Calgary services from McKinsey. These are big multinational firms with ties into U.S. health care and insurance. Deloitte's Center for Health Solutions out of Washington, D.C. brought an interesting message to a health meeting in Toronto earlier this year. Deloitte's experts' topic: "The need for disruptive change in the health care industry."

"Disruption also impacts sick Albertans who may be forced to wait more for care," said Heather Smith. "We need a smooth flowing system and we need changes to be smooth too, NOT disruptive."

Elections coming up at 2008 Annual General Meeting

President Heather Smith and Secretary-Treasurer Karen Craik were acclaimed unopposed for two-year terms, when nominations closed on August 28, 2008.

There will be elections at the Annual General Meeting for a number of Provincial Executive Board positions.

North District

Nomintated:

- Sue Gallivan – Acclaimed.

North Central District

Four positions to be elected.

Nominated:

- Jennifer Castro
- Christina Doktor
- Karen Kuprys
- Keith Lang
- Beverley Lawrence

Central District

Three positions to be elected.
(two 2-year and one 1-year terms)

Nominated:

- Marilyn Coady
- Dianne McInroy
- Sandra Zak
- Wanda Zimmerman

South Central District

Three positions to be elected

Nominated:

- Holly Heffernan
- Blanche Hitchcow
- Joanne Rhodes
- Lois Taylor

South District

One position to be elected.

Nominated:

- John Terry
- Merlin Zobell

Trial Committee members from Regions will also be elected at the AGM.

2008 UNA AGM Framing our future together

Fun Rainbow Gala
set to help kids for tenth year

For the tenth straight year nurses are going to have fun at the Rainbow Gala in support of the Rainbow Society and the great work it does for kids. The Gala, at the Fantasyland Hotel in Edmonton, is the great dinner, silent auction and fashion show that brings together hundreds of UNA members for a really good time. A highlight is the members as models in the fashion show... always fun.

The theme this year is "The Road to AHHHHs." You can bet there will be plenty of oooohhhs and aaaahhhhs at the event.

The Gala and supporting the Society has long been a project of UNA Local #301 but for the last few years UNA provincially has also supported the event.

The Rainbow Society assists children with chronic or serious illnesses to realize some dream or enjoy some special time with their family. Last year UNA sponsored short TV spots which documented some of the great stories of families the Rainbow Society had helped. You can learn more from their website: www.rainbowsociety.ab.ca.

Every UNA member is warmly invited. Tickets are $60 each or a table of 10 can be purchased for $540. Call 780 469-3306 to order your tickets.

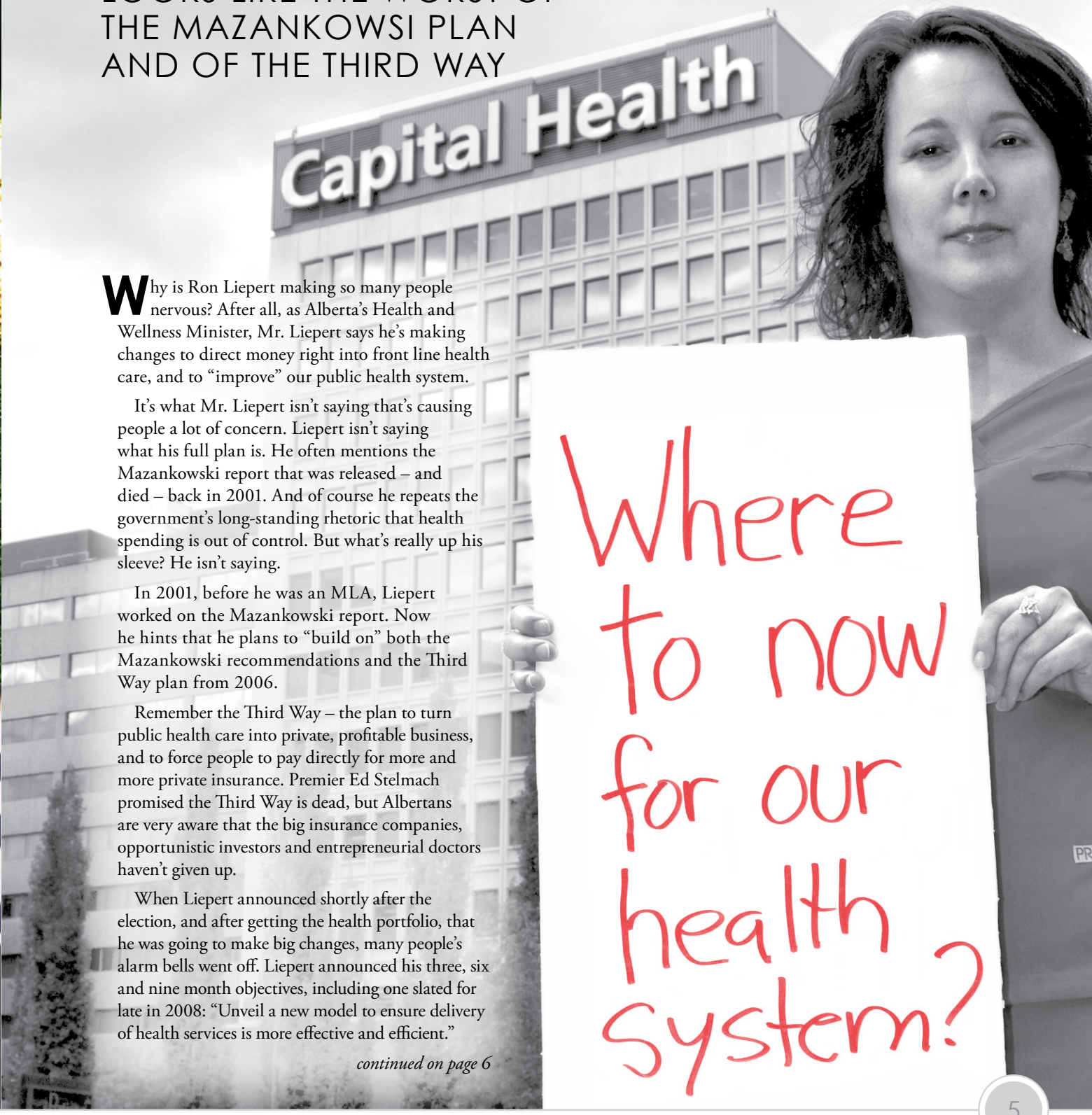
The 10th Annual Rainbow Gala
Thursday October 9, 2008
Beverly Hills Ballroom, Fantasyland Hotel

UNA's Director of Labour Relations David Harrigan was invited recently to speak at the convention of the New South Wales Nursing Association (NSWNA) in Australia. The Australian nurses were delighted to hear how successful Alberta nurses are with our collective bargaining, he reported.

With David, on the left, NSWNA Assistant Secretary Judith Kiejda, and on the right, NSWNA General Secretary Brett Holmes.

Hidden agenda for Alberta health care

LOOKS LIKE THE WORST OF THE MAZANKOWSI PLAN AND OF THE THIRD WAY



Why is Ron Liepert making so many people nervous? After all, as Alberta's Health and Wellness Minister, Mr. Liepert says he's making changes to direct money right into front line health care, and to "improve" our public health system.

It's what Mr. Liepert isn't saying that's causing people a lot of concern. Liepert isn't saying what his full plan is. He often mentions the Mazankowski report that was released – and died – back in 2001. And of course he repeats the government's long-standing rhetoric that health spending is out of control. But what's really up his sleeve? He isn't saying.

In 2001, before he was an MLA, Liepert worked on the Mazankowski report. Now he hints that he plans to "build on" both the Mazankowski recommendations and the Third Way plan from 2006.

Remember the Third Way – the plan to turn public health care into private, profitable business, and to force people to pay directly for more and more private insurance. Premier Ed Stelmach promised the Third Way is dead, but Albertans are very aware that the big insurance companies, opportunistic investors and entrepreneurial doctors haven't given up.

When Liepert announced shortly after the election, and after getting the health portfolio, that he was going to make big changes, many people's alarm bells went off. Liepert announced his three, six and nine month objectives, including one slated for late in 2008: "Unveil a new model to ensure delivery of health services is more effective and efficient."

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Clearing the decks: disruption prepares for change

Liepert's first step came early, he moved fast to "blow up" the Health Regions. The Regions had become fairly successful at running things. Although only a little over 12 years old, they were just coming of age. Word leaked out that the Stelmach Conservatives hated the Regions, and all the power they had. After all, the Regions administered nearly a third of provincial spending, the huge health care chunk. It also didn't help of course that before and during the election campaign the Regions, particularly Jack Davis, the CEO in Calgary, blamed health care delivery problems on the province's inadequate funding.

When he announced the end of the Health Regions, Liepert said that the process would take nearly a year. His PR people were busy reassuring everyone that no immediate changes would happen, and it would phase in by April 1, 2009. Then in July, Liepert suddenly fired all nine of the Region's CEOs and turned it over to a new structure with an insurance businessman, Ken Hughes as the new Board chair and a corporate health executive, Charlotte Robb as the CEO. His Deputy Minister Paddy Meade moved across to become an executive, in flagrant disregard of a cooling off period for high level civil servants.

Liepert also got rid of four of the province's top public health doctors who resigned in short order. Liepert said it was over money. Then a month later he said it wasn't. Gag terms in contracts mean we're still no wiser about what was really going on.

It also came out recently that Liepert is keeping a tight rein on the "superboard". A Memorandum of Understanding leaked to Liberal MLA Hugh MacDonald spelled it out: the new Alberta Health Services Board has to do whatever the minister says.

MacDonald raised concerns that the structure gives Liepert complete power to turn more and more health services over to for-profit health businesses. "What that means to Albertans is more private health care and less public health care," he said.

Hints about Liepert's business plans for health care

Liepert has been quoted numerous times saying he "likes" private health service delivery.

"The most difficult thing is that, in my constituency as an MLA, a move to privatization would be hailed as the good thing... My biggest challenge today is to keep at bay

a large percentage of Albertans who want us to jump there right away. And I'm saying we're not going to do that. We've tried that and it hasn't worked. What we're going to do is fix the system from within," he told Jason Markusoff of the Edmonton Journal.

He also apparently told Danielle Smith of the Canadian Federation of Independent Business that he "likes" individual medical savings account, an idea that was one of the Mazankowski report options.

Smith said he also is interested in patient rostering, that is, paying a private health care delivery company to service a whole group of patients, much like the Health Management Organization or HMO concept in the U.S.

"Rostering" and "savings accounts" are market mechanisms that encourage different health businesses to offer competitive services. They could commercialize whole sectors of our health system.

In her column in the Calgary Herald, Danielle Smith says we should give "doctors and patients more choice over how health-care dollars are spent."

It seems Liepert is considering contracting out services currently provided by the public health regions to business corporations. Some of those corporations could be American, as we have few large scale for-profit health businesses in Canada. Others could however be some of the doctor entrepreneurs who have been trying for years with

projects like the private Health Resource Centre and the Copeman Clinic in Calgary to actually get private health services up and running.

A further possibility is that the province's Primary Health Care Networks – doctor groups that contract with the government and Health Regions – could see their responsibilities expand dramatically beyond providing what have been essentially "doctor's office" services.

This would finally move toward what Ralph Klein wanted to do for so many years: bring business into the province's health system. In 2000 Bill 11 was the target of such a massive public outcry that it was completely watered down. Then Klein's Third Way, attempted without a specific plan or law that opponents could target, also died. The Third Way came down when Klein's leadership crashed, partly because of Conservative anxiety about public reaction.

Liepert has made many angry

With the roughshod destruction of the Health Regions, Liepert has made some significant enemies in the province's health circles already. Frequent comments, like his remarks about personal responsibility on the syphilis outbreak, and his move to scrap a broad information program on syphilis have also brought him negative feedback.

There's been a stream of letters to the newspapers about the disruption and some of the change rumblings.

Even the Alberta Medical Association – the doctors that health ministers always work hard to keep on side – has some strong words for Liepert. "The Alberta Health Services Board is not merely tinkering and it presages huge change, but it doesn't have much going for it," says the editorial in a recent Doctors' Digest. They say it looks a lot like the Third Way: "What better vehicle to delist services, develop user fees or private hospitals?"

Throwing money at "bad press"

Then in August, after quite the spectacular run of bad press, Liepert fell back on the favourite Conservative response to a "public relations problem": throw the people's money around. In short order, Liepert announced nearly $100 million in capital spending to beef up health care facilities, the Sheldon Chumir Centre in Calgary and the University of Alberta Hospital Emergency and heart centre in Edmonton. There is still of course the problem he has not handled, finding the people to staff expanding facilities, but the reporters dutifully wrote headlines about the minister fixing health care.

One more time, the "4th try"

In 2006, then health minister Iris Evans convened a major panel of international experts to a Calgary conference to come up with new solutions (a "third way") to the "unsustainable" health costs of Alberta's public system. For two days the conference heard from Europeans and others about other options – not American, and not Canadian – about some type of "third way". But at the end of it, Evans had to admit that the consensus was that commercial health care costs more.

That has never slowed down the people who want to make money from health businesses and for-profit medicine. Now, the newly emboldened Conservative regime of Premier Stelmach apparently feels they have a mandate to do whatever they choose in health care, despite the fact that changing health care didn't come up during the election. Stelmach didn't breathe a word about private health care during the campaign and even toned down the "unsustainable" rhetoric. But with the big majority, and the Canada-wide health business offensive, they apparently are prepping to try one more time to crack open health care and the money-making opportunities available to friendly entrepreneurs. You can nearly hear the eager insurance executives rubbing their hands together in anticipation.

Parkland study shows province can, and should, increase long-term care services

The Parkland Institute at the University of Alberta has released a study showing that quality seniors' care is affordable in Alberta and that we need to invest now in a public seniors' care system so that it will be there when we need it.

Economist Greg Flanagan prepared the Parkland study and reports that the proportion of seniors in the Alberta population will increase by almost fifty percent within ten years, and double in the next 20 years.

However, Flanagan concludes that seniors care will NOT be unaffordable and that in fact government should be planning and preparing for the increasing population. "It is clear that the healthcare for seniors requires a considerable injection of new resources right now, both to serve current seniors better and to be prepared for the future substantial increase in the senior population cohort."

While Flanagan's report says seniors' care costs are going to go up, it also notes the province can afford it and that publicly provided services will be most cost effective.

The Parkland report points out that the provincial government has consistently used the threat of aging baby boomers to undermine confidence in the sustainability of public healthcare. According to the government, "In coming years, Alberta's healthcare system will face increasing pressure from an aging population, new medical advances and the rising cost of prescription drugs. Without making changes, Alberta's public healthcare system will not be sustainable."

But Flanagan takes a different tack in his report: "Reducing public expenditure will not make them [care costs] go away. Instead it would only shift them to private personal out-of-pocket expenses, for those who can afford it, and private insurance for those who have it. Or it will drive costs into the implicit realm (costs not accounted in exchanged dollars) where it increases stress on care givers, increases absenteeism from work, and reduces productivity and Gross Domestic Product. Most importantly, shifting costs will undermine the highly valued universality and equity aspects of Medicare."

For more information on the report visit the Parkland Institute website at www.ualberta.ca/parkland

Seniors deserve better!

8 Public Forums on the Future of Seniors' Care in Alberta

Economist Greg Flanagan will talk about the affordability of seniors' care and Friends of Medicare and Public Interest Alberta representatives will focus on seniors' care issues in a series of public forums on long-term care going on across Alberta in September and October.

The forums will be:

Medicine Hat
September 22 - 7:30 PM
Medicine Hat Public Library, Theatre

Lethbridge
September 23 - 7:00 PM
Lethbridge College, Fredericks Lecture Theatre (CE1365)

Calgary
September 24 - 7:00 PM
Unitarian Church
1703 1st St. NW

Red Deer
September 25 - 7:00 PM
Red Deer and District Museum

Edmonton
September 29 - 7:00 PM
Stanley Milner Library
Edmonton Room

Lloydminster
September 30 - 7:00 PM
Legacy Centre
5101- 46 St.

Hinton
October 1 - 7:00 PM
Royal Canadian Legion

Grande Prairie
October 2 - 7:00 PM
Grande Prairie Public Library
9910- 99 Ave.

More information at:
www.friendsofmedicare.ab.ca

Parallel, private health care:

THE WOLF IN SHEEP'S CLOTHING

Those who promote further privatization of Canada's public-private mix in our health care system ignore comparisons with the USA, since its largely private system is so terribly flawed with high costs and limited access. Instead they use comparisons with other countries to propose a bewildering array of variations on privatization. A recent one is the "parallel" system variation which exists in some other countries, especially in Europe. This system allows private, for-profit facilities to operate alongside public ones, so that well-to-do patients can jump the queue into the private clinic. Proponents argue that this practice frees up places in the public queue so that everyone can get faster treatment.

A 2006 study estimated that wait times in England, which now has a fully developed parallel system, were three times longer than the most exaggerated wait times in Canada. Australia and New Zealand also have parallel systems. Their public system wait times are also longer than in countries which inhibit the growth of the private system. When cataract surgery was being done in Manitoba in private clinics, the shortest wait was for patients paying for private care. In the middle were patients whose doctors practiced only in the public system. The longest wait times occurred in the public queue where doctors were also in private practice. This is consistent with the evidence from England where doctors are offering patients more timely treatment in their private practice to the neglect of patients who cannot afford the fee. They have what economists call a "perverse incentive" to keep public waiting lists long, to encourage patients to pay for private care. Since health care professionals can't be in two places at once, it's hard to see how their movement from the public to the private system is going to help the public system. In fact, studies in Belgium and Australia have identified the tendency of private facilities and insurers to leave the more expensive cases to the public system and "cherry pick" the healthier and least expensive to treat.

There are two barriers in Canada to this happening. One is the Canada Health Act which prohibits doctors from extra billing for insured services. This does not prevent doctors from setting up privately, but it does act as a disincentive to do so. The other is that six provinces, including Manitoba, prohibit doctors from practicing simultaneously in the public and private system. Canada is not the only country to "ban private health care"; Sweden, Greece and Italy also prohibit practice in both systems. Other countries use different ways to achieve the same results.

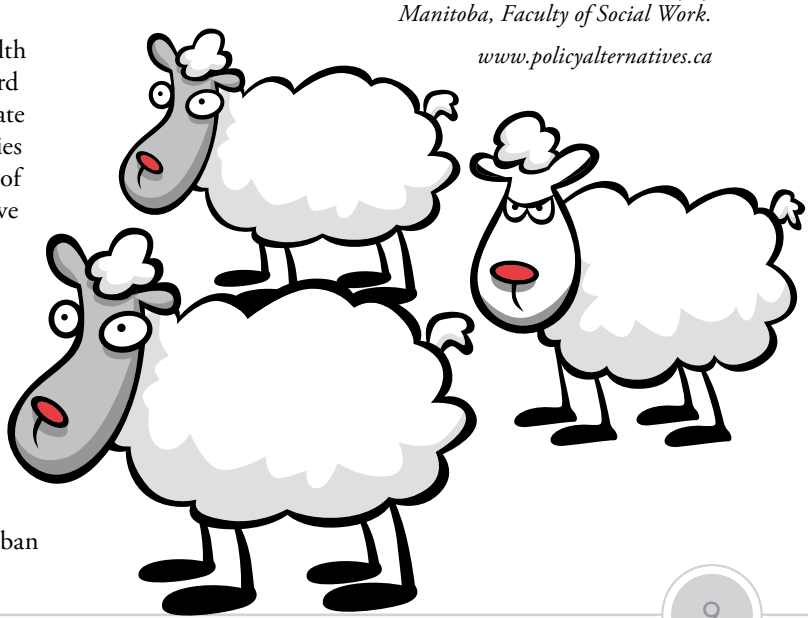
Holland has a parallel system, but patients can't move between the two systems. France prohibits doctors in private practice to charge more than they would get in the public system. All these prohibitions are there because their removal does NOT ease wait times in the public system. Furthermore it leads to an expansion of the private system AT THE EXPENSE OF those in the public system.

The parallel system puts other pressures on the public system. A fee-paying patient who jumps the queue for say an MRI, also jumps the queue into follow-up treatment in the public system if something is found amiss. This backs up the queue further for the public patient who hasn't even got the MRI yet. Even worse, research in England found that there was an astonishingly high rate of complications (around 20% compared to between 1 and 2% in the public system) from hip surgeries done in private clinics. These patients all ended up in the public system for restorative work.

The case for a parallel system is based on the myth that everybody wins. But the parallel system clearly compromises access to care for those often most in need who cannot afford private care. Health care based on need, not ability to pay, is one of the features of our current system which most Canadians wish to preserve.

Excerpt from a Fast Facts from the Canadian Centre for Policy Alternatives (CCPA) by Pete Hudson, a CCPA Manitoba Research Associate and a Senior Scholar, University of Manitoba, Faculty of Social Work.

www.policyalternatives.ca



New agreement allows LAPP members to transfer in other pensions

December 31, 2008 deadline for some transfers

A new National Transfer Agreement for pensions allows members in Alberta's Local Authorities Pension Plan (LAPP) to transfer in entitlements from a number of other Alberta and Canadian pension plans. The agreement also allows Alberta LAPP members who move and change jobs to transfer out to other plans as well.

Bringing in a previous pension entitlement can often allow an earlier retirement and/or retirement with a higher pension.

The deadline to arrange a transfer is December 31, 2008 or one year from joining LAPP. This year is the one-year window opportunity to transfer in old entitlements.

LAPP members who have entitlements from any of these other pension plans should contact the Alberta Pension Administration to learn about the advantages of transferring in.

Transferring from Alberta's Public Service Pension Plan

Transferring entitlement in from Alberta's Public Service Pension Plan (PSPP) to LAPP has been in place since 2007. New LAPP members who have previous PSPP entitlements should also contact LAPP about choices you need to make when transferring in.

THE ELIGIBLE PENSION PLANS ARE:

Alberta plans

- Management Employees Pension Plan (MEPP)
- Alberta Teachers' Retirement Fund (ATRF)

Other public sector plans
(under the National Transfer Agreement)

- Newfoundland and Labrador Public Service Pension Plan
- Nova Scotia Public Service Superannuation Plan
- Prince Edward Island Civil Service Superannuation Plan
- New Brunswick Public Service Superannuation Plan
- Province of Quebec (La Commission administrative des régimes de retraite et d'assurances)
- Manitoba Civil Service Superannuation Fund
- British Columbia Public Service Pension Plan
- British Columbia College Pension Plan
- British Columbia Municipal Pension Plan
- British Columbia Teachers' Pension Plan
- Ontario Pension Board*
- OPSEU Pension Trust*

**Currently under negotiation*

plan for your future

Treat addictions as an illness

UNA tells CARNA

UNA has asked the College and Association of Registered Nurses of Alberta (CARNA) to change the way it treats nurses who are reported for substance abuse or addiction problems.

UNA is concerned that CARNA is out of step with human rights standards and with medical practice when it punishes employees who run into substance abuse problems.

UNA is also urging CARNA to use the much less public Alternative Complaint Resolution process rather than full open public hearings in substance abuse cases and for some other reported problems.

> *"There is wide agreement from the medical community and the regulatory community that substance addiction is a disease."*
>
> *President Heather Smith*

In April, UNA held a high-level meeting with CARNA, which included a medical addiction specialist. Following the meeting UNA wrote to the College to ask for changes.

"There is wide agreement from the medical community and the regulatory community that substance addiction is a disease," wrote President Heather Smith in the UNA letter. "By failing to acknowledge the link between the disease and the symptoms, CARNA is potentially in contravention of established human rights law," the letter continued.

CARNA usually imposes punitive sanctions on nurses who have pilfered narcotics, or relapsed in addiction, two common symptoms of the addiction disease. UNA maintains these should be treated as symptoms which require rehabilitation.

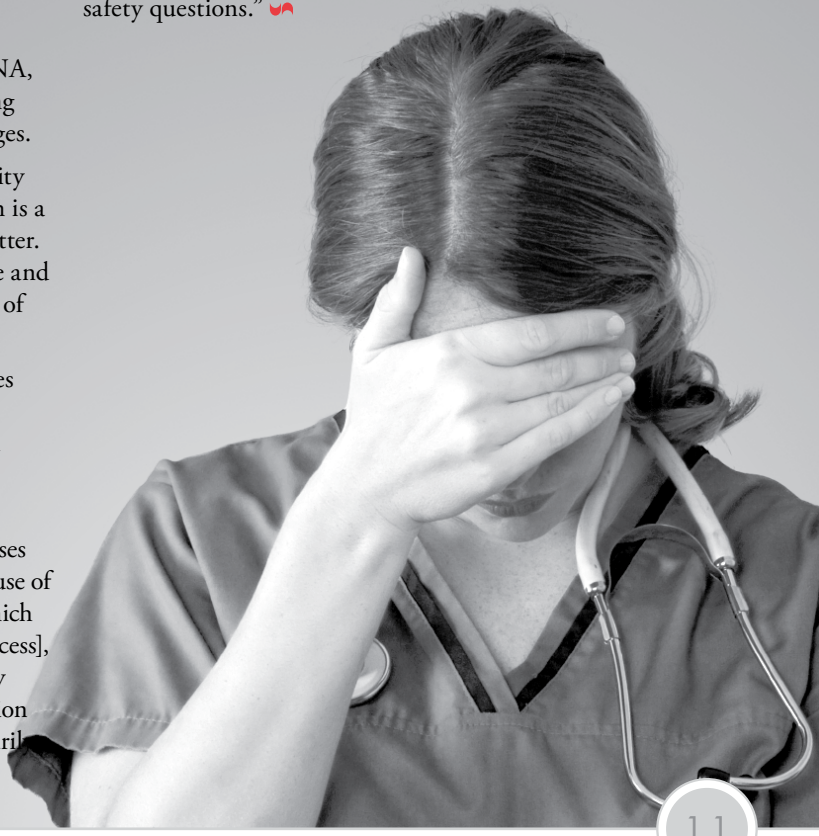
CARNA has also taken all 104 complaints against nurses in 2006/2007 to full public hearing rather than making use of the Alternative Complaints Resolution (ACR) process which protects the nurses' privacy. "As a result [of the public process], there is great hesitation on the part of members to actively participate in the hearing process, impeding both admission of any substance problems and any willingness to voluntarily seek treatment," Heather Smith explains in the letter.

Nearly 20% of Canadians experience substance abuse problems

Nurses have a similar – or even lower – level of substance abuse problems as the general Canadian population, says a letter written to CARNA by six medical addictions specialists. But the number of nurses reported to CARNA is FAR lower than the 13.5% (alcohol abuse) and 6.2% (drug abuse) of people who experience substance abuse and dependence. "An extremely small number of nurses are identified through the existing process," the doctors note.

"The disciplinary approach by CARNA to addiction discourages self-identification, as well as reporting by colleagues – acknowledged to be the primary source of reporting," the doctors say.

They suggest that a rehabilitative – rather than punitive – process for nurses caught up in substance abuse would help more nurses deal with the illness. The doctors say that, statistically, it is most likely there are many Alberta nurses who are not getting help. "This is raising serious public safety questions."



CFNU's high profile "think tank" event raised the profile of health care issues during the Canadian Premiers' summit in Quebec City.

Nurses pressure Premiers

UNA Vice President Bev Dick with CUPE National President Paul Moist at the Quebec City CFNU event.

Once again this year Canadian nurses pushed for health care to be front and centre at the annual gathering of provincial Premiers.

The Canadian Federation of Nurses Unions (CFNU) hosted a think tank called "Achieving our Health Care Vision" on the opening day of what is called the "Council of the Federation" in Quebec City in July. "Achieving our Health Care Vision" brought together an impressive group of experts in the healthcare field, including nurses, doctors, healthcare technicians, economists, pharmacists, lawyers and others.

The participants at the think tank had came together to discuss the challenges faced by our health care system. The session was facilitated by Lillian Bayne, former Associate Executive Director and Special Advisor to the Romanow Commission. The assembly of this diverse group of experts and stakeholders in the healthcare field produced the think tank's Key Considerations, they are:

- Privatization, including P3s, are not the way to go;
- The need for the retention and renewal of Canada's healthcare workforce has reached crisis levels in many parts of the country and must be addressed through a concerted, pan-Canadian approach that involves all governments;
- A national pharmacare program is key to keeping healthcare costs manageable. Provinces need to work together and with the federal government to realize this end; and
- Canadians expect wise, prudent and cautious spending of public funds. Greater transparency and informed public debate are needed over how our health care dollars are spent.

CFNU President, Linda Silas, released the Key Considerations at a press conference in Quebec city on the last day of the Premiers' meeting. At the press conference, she urged the premiers to take action on the healthcare and address the sustainability of health care system by addressing the urgent situation of the nursing shortage.

STAFF

UNA has two new Labour Relations Officers working out of the Provincial Office in Edmonton. Cherie Langlois-Klassen has a Bachelor and Master of Science in pharmacology and a Bachelor of Laws, and was practicing law with an Edmonton firm. Cherie is replacing LRO Graham Paul who has resigned.

Marlene Neher has also recently begun as new LRO. Marlene worked in Human Resources for the Aspen Regional Health Authority and previously worked with the Staff Nurses Associations of Alberta.

Marlene Neher (left) Cherie Langlois-Klassen (right)

Skydiving

"I've always wanted to do that"

by Duane McEwan

It starts simply enough. Over coffee you hear someone mention, "I've always wanted to do that". Someone else says: "You couldn't pay me enough money to ever do that." About then curiosity gets the better of me and I have to ask, "Do what"? "SKYDIVING!" is the reply. I remember smiling smugly and saying, "I can make that happen." After a few emails and a phone call to my friends we were all set.

It was Christine Gibson, President of UNA Local #349, who wanted to try skydiving, and then she called to ask if her son Robin could come and jump too? Absolutely, mothers and sons golf together, ski together why not skydive? So on July 12th we met bright and early at Eden North skydiving centre so Christine, Robin and several others could take the classes and make their 1st jump.

The first jump course is about 5 1/2 hours long and the students were taught everything they needed to know, from how your parachute works to safety and emergency procedures to flying your parachute. About 3 pm our new students were out of class, waiting for their ride to 3500 feet. There were lots of smiles, nervous laughter, and excitement. Time could not move fast enough for some and too quickly for others.

Finally, the time came as each student heard their name called out and they were introduced to their jump master, properly fitted with parachutes, helmets, and radios. A quick trip to the mock up for one more run through of the correct exit procedures and any final questions. Soon the students were in the Cessna 182 climbing to 3,500 feet above the dropzone. As the nervous excitement built, the jumpmaster did a final pin check and readied the first jumper. He yells "DOOR", it opens up and the wind rushes in. It is about then that the reality really sets in.

The jumpmaster carefully takes you through the exit and soon you are hanging from the strut of the plane. Your jumpmaster has this great big smile on his face and he yells "Ready?" you nod and let go. After about a three second freefall your chute unfurls and you suddenly hear a voice on your radio saying welcome to the world of skydiving.

Christine and her son Robin each jumped. It's only about five or six minutes in the air, but to many it seems much longer. After the short ride the radio person safely lands you on the ground. I was waiting on the ground to meet them. With skydiving one thing is certain: everyone has a smile on their face that stretches from ear to ear and seems like it will last forever. I have the pictures to prove it.

It was a great day, a lot of fun and an experience that will never be forgotten. And it all started with that simple comment: "I've always wanted to do that".

UNA Labour Relations Officer Duane McEwan has been a skydiver for many years and has completed 125 jumps.

Nursing News

UNA awarding seven scholarships to first-year nursing students

This year UNA will be awarding seven Nursing Scholarships to 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 a UNA member in good standing, complete a short essay and submit an endorsement (from an unrelated individual) to be eligible for the award. The deadline to apply is October 15th. More information and the application form is all available on the UNA website at: www.una.ab.ca/resources/scholarship/

Cease and Desist order for Liepert

Friends of Medicare has launched a petition calling on the Health Minister to cease and desist from further dismantling of our public health care structure. The petition calls on the government to disclose full details of any Health and Wellness plan for the health system. Friends of Medicare says Mr. Liepert has announced significant changes without making public any overall plan or blueprint for the changes. "Mr. Liepert must not undertake any new expansion of for-profit business delivery of health care services." More info and a copy of the petition is available on the Friends of Medicare website at: www.friendsofmedicare.ab.ca.

Welcome to new members at Touchmark

New UNA members at the Touchmark at Wedgewood facility in Edmonton already have their first collective agreement which was quickly negotiated. The new members get provincial salary rates, and a cost of living lump sum, along with many provisions in a first agreement.

Extendicare nurses get agreement

On June 24th, UNA's Extendicare negotiating committee reached a Memorandum of Agreement on behalf of the nine UNA Locals in negotiations. The agreement gives them parity with the provincial agreement in most areas, including salaries, the long service 2% increment and the lump sum. The weekend and shift premiums and seniority portability, which were some of the sticking points that had led to a strike vote at one Extendicare facility, were all resolved with parity or very close to parity with the provincial agreement. Full recognition of previous experience will mean a big change for some members who will jump years up on the salary scale. Congratulations to Extendicare nurses who, after considerable stress, reached a good new agreement!

Edith Cavell and Grande Prairie Care Centre get provincial parity

New contracts were recently settled for UNA nurses at Edith Cavell Nursing Home in Lethbridge and for the Grande Prairie Care Centre. Besides parity with provincial salaries, the 20 year 2% increment and the lump sum payment, the nurses got significant increases in shift differentials which will rise to provincial rates.

Rivera also gets provincial rates

UNA nurses at Rivera facilities, formerly called Central Care and earlier Central Park Lodges, will also bring signficant increases in shift differentials, which along with salaries, will rise to provincial levels. The nurses also get the 2% long service increment and the lump sum that is in the provincial agreement.

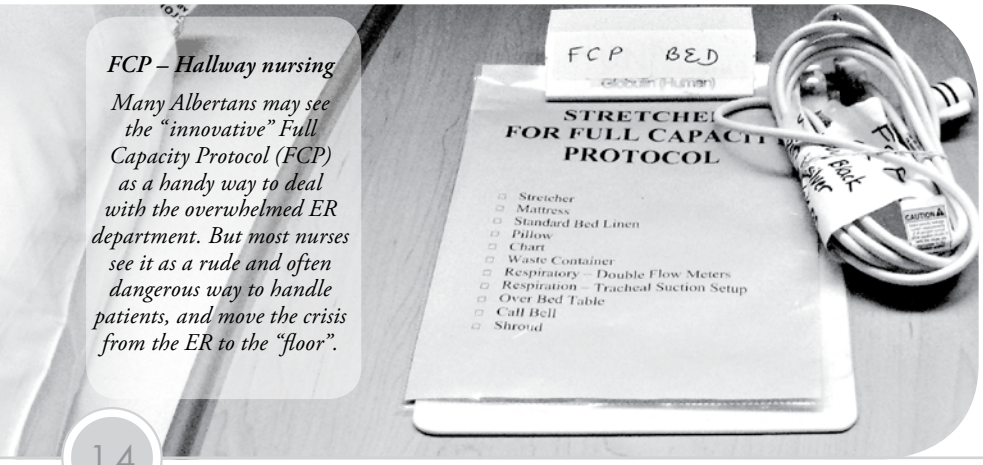
Holding on to new nurses

Newly graduated Registered nurses are entering an often challenging workplace. Reports came out recently about how to hold on to these desperately needed nurses. Currently many decide within a year or two that nursing may not be for them.

Firm numbers on attrition of new nurses are not available, although some sources including a 2003 Alberta government report say as many as 30% of new nurses leave the profession in the first five years.

American numbers show that new nurses leave, or change jobs fast: 30% turnover rates among nurses in their first year of practice, which climbed to 57% by the second year.

In August, a nursing educator conference at the University of Calgary took on tough questions about retaining new nurses. *Change, Chaos, and Courage: Educating for Nursing Excellence* looked at the roles of clinical placements, mentoring and more in retaining new nurses.



FCP – Hallway nursing

Many Albertans may see the "innovative" Full Capacity Protocol (FCP) as a handy way to deal with the overwhelmed ER department. But most nurses see it as a rude and often dangerous way to handle patients, and move the crisis from the ER to the "floor".

Handing out the burgers for Labour Day

Local #33 President Marg Hayne and many Edmonton trade unionists again rolled up their sleeves to put on the Labour Day Barbecue for the Unemployed. Hundreds of people, singles and families, came out to eat at the annual event.

Summit on health workforce shows new emphasis on efficiency

Although recently released numbers on nursing show the shortage is still worsening, the Alberta government has not announced significant new efforts to deal with the growing problem.

Several projects under the Health Workforce Action Plan are continuing according to Linda Mattern, the Executive Director at Health and Wellness for Workforce Policy and Planning Branch. Mattern said that expanding health training programs continues to be the largest strategy in the Plan, but it still is only targeting 2,000 RN grads by 2012. That's the increase Premier Ed Stelmach made as his first promise going in to the provincial election earlier this year.

Mattern also said the Action Plan is funding projects to increase clinical training capacity because "it's very difficult to free up preceptor time."

Mattern was speaking at the second "Health Workforce Summit" meeting held in Edmonton June 19. Much of the focus of the summit was NOT on expanding the workforce but on making it more "efficient" and doing more with less, both messages that are not encouraging for nurses. The "new focus" Mattern noted is "optimizing the utilization of Alberta's health workforce", using technology and "high performing work environments".

Law suit charges long-term care fee increases unfair

A major law suit on behalf of about 20,000 long-term care residents charges that the province unfairly raised accommodation rates. The law suit was cleared to go ahead by Court of Queen's Bench Justice Sheila Greckol. The suit, which could cost the government more than $100 million, will now go to trial.

The non-profit Elder Advocates of Alberta say that when the government raised nursing home rates by more than 40 per cent in 2003, the money was used to pay health care costs, which are the responsibility of the government, not the residents.

"These are sick, elderly frail people with chronic illnesses," said lawyer James Darwish. "They have been overcharged ... and the government is using seniors' money to pay for health care. That is wrong."

MRSA hits crowded hospitals more

The MRSA (meticillin-resistant Staphylococcus aureus) epidemic emerged world-wide "at the same time that policies promoting higher patient throughput in hospitals have led to many services operating at, or near, full capacity," reports the Lancet medical journal from Britain. "Overcrowding and understaffing lead to failure of MRSA control programmes via decreased health-care worker hand-hygiene compliance, increased movement of patients and staff between hospital wards, decreased levels of cohorting, and overburdenbing of screening and isolation facilities," concluded the piece published in the July, 2008 edition.

Handing out the workers' newspaper

UNA President Heather Smith joined strikers handing out their own newspaper when in Quebec City for the Premiers' summit. The strikers were in the process of negotiating back to work provisions.

UNA's 31st Annual General Meeting

Over 600 UNA members will gather in Edmonton to discuss UNA's future, **October 28th, 29th and 30th 2008.**

2008 UNA AGM

Framing our future together

UNA Members at the 2007 AGM.

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