

# NewsBulletin



## UNA joins Wrong Way campaign against health cuts

More health cuts? Wrong Way! Nurses hold up the message at the June 15 UNA Presidents' meeting in Edmonton.

**Influenza A  
H1N1**  
are health personnel  
fully protected? - Page 10



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

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# Message from the President

Heather Smith

## That time again: Stop going the Wrong Way!

It's that time again. What do I mean you ask? Oh the usual I say, time to mount a province-wide campaign to thwart the government's assault on public health care. It's time to mobilize citizens, including nurses, to tell the government they're going the "wrong way". The wrong way with seniors' benefits, the wrong way with long term care. Cutting existing services is the wrong way, And of course the road they want to careen down with nurses and nursing is definitely the wrong way.

I encourage all UNA members to read the Wrong Way articles in this NewsBulletin. We also have a special kit of materials and information including: Who's your MLA? How to reach them and what you can say. It also has facts about nursing (and the truth about overtime).

You can get the information on UNA\*Net or by calling UNA Provincial Office at 780 425-1025 or 1-800-252-9394.

I know it's summer, a busy time at work, and for families. But a phone call, an email or a letter now can make a big difference for nurses and for all Albertans. Alberta nurses are really getting on board and putting the heat on.

You will also notice this NewsBulletin includes the Negotiations Survey. Although our provincial contract doesn't expire until March 31, 2010, it's time to start the process. The first step is your member survey. Our theme for negotiations for 2010 is: "Forward Together". I think it is particularly appropriate given the climate we have been thrust into.

Please take a few minutes to fill out the survey and return it to your Local, your President or a member of your Local executive. Every member has a say. Include your voice. 🍷



*Albertans are not being fooled this time. I took this photo of this articulate gentlemen at the May 9 Medicare Rally in Edmonton. Now there have been rallies all across Alberta.*

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# Presidents' meeting sets agenda for transitional negotiations

**U**NA is about to enter into “transitional negotiations” to adapt the Provincial Agreement to the change to Alberta Health Services as a single employer and a single, province-wide bargaining unit.



*President Heather Smith does a TV interview during a break at the June 15 Presidents' meeting.*

“This isn’t full scale negotiations,” said David Harrigan, UNA’s Director of Labour Relations. “The sole purpose is to amend the agreement so it is appropriate for a province-wide bargaining unit. How do we deal with transfers, layoffs, or other issues in one big unit? Also bringing in Cancer Board and the Alberta Alcohol Drug Addiction Commission (AADAC) which involves slightly more ‘harmonization’ of the agreements.”

The meeting of UNA Local Presidents held in Edmonton on June 15 voted on a number of proposals to take into these negotiations.

These talks are mandated by the Labour Relations Board under regulations that were first created under the old Bill 27. They do NOT in any way replace the full provincial contract negotiations which will take place next year.

Monday, June 22, was the date for the single bargaining units to come into effect and these negotiations are to start within 30 days. All current collective agreements remain in place until new ones are signed.

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Several unions are asked for a stay of some or all negotiations at a hearing of the Labour Relations Board on June 15 and 16. The Board may rule that all negotiations are on hold or, that only portions of the negotiations (such as bringing in the AADAC nurses from the AUPE agreement to the UNA agreement) are to be delayed. ♥♥

*Nurses at constituency map pinpointing the Local MLA they will be meeting.*



## Transitional Bargaining Committee

Representatives to the Transitional Bargaining Committee were elected at recent UNA District meetings. The members are:

**Heather Smith**  
*President, UNA*

**Elizabeth Froland**  
*(former East Central)*

**Susan Coleman**  
*(former Alberta Cancer Board)*

**Steve Johnson**  
*(former Chinook)*

**Marg Hayne**  
*(former Capital)*

Staff assigned:

**Linda Currie**  
*(former Palliser)*

**Lorraine Moulun**  
*(former Aspen)*

**Jeanine Arbour**  
*Labour Relations Officer*

**Diane Lantz**  
*(former Calgary)*

**Susan Gallivan**  
*(former Peace Country)*

**David Harrigan**  
*Director of Labour Relations*

**Susan Beatson**  
*(former DTHR)*

**Jodi Rutley**  
*(former Northern Lights)*



# voices in union



Canadian Federation of Nurses Unions

Nearly 800 nurses from across Canada gathered in Vancouver June 8-12 for the Canadian Federation of Nurses Unions biennial meeting.

CFNU launched ThinkNursing.ca about moving Towards a Better Workplace at the Convention. The website has new information about innovative steps to improve working conditions in nursing.

“Let’s make today’s reality of nurses being the sickest, the most overworked or the quickest to burnout – history, a thing of the past,” said CFNU President Linda Silas. She also said she was struck by two particular comments by nurses. “One was the message that I am tired of normalizing my abnormal work environment! The other was a message of hope: close the old window and let in new energy, by mobilizing nurses.”

The toll from the on-going national shortage of nurses was another recurring topic at the meeting. Nurses were shocked to hear that Alberta had “declared” that the shortage was over and is “pretending” not to need more nurses. 🐉

*UNA sent 170 delegates to the two days of educational workshops and two business meeting days at the CFNU Biennium in Vancouver in June.*



*Dragon dancers and BC Premier Gordon Campbell opened the show and welcomed CFNU delegates to the business portion of the Biennium.*



*CFNU President Linda Silas chaired the Biennium business meetings.*





## Nurses join campaign to protect health services

# More health cuts?

Cutting health services to Albertans is not the way the province should be going, says the United Nurses of Alberta.

UNA is mounting a province-wide lobbying effort to support the More health cuts? Wrong Way! campaign launched recently by Friends of Medicare.

UNA notes that the province has had a massive population increase and huge pressure on an under-capacity health care system. The system needs to be expanded and improved.

“Reducing staffing, reducing capacity is just a formula for failing Albertans,” Heather Smith says.

“We’ve been through this before,” says Heather Smith, “and we’ve seen the long-term damage cuts can do. With a hiring freeze and even possible layoffs, we are going to lose nurses and other caregivers that Alberta really does need.”

She points out that the government invested millions in educating more nurses and now many in the current graduating class can not find a job in the province.

*Continued on Page 6...*





# Too many nurses?

**A**lberta suddenly has too many nurses as health care switches to meeting budget demands rather than patient needs

With a cut back budget, Alberta's health system is pulling a massive switch from eagerly recruiting nurses to possibly laying nurses off.

"With moves like OR closures, and a hiring freeze we are witnessing a significant budget choke back on our health system. We are going from struggling to keep up with demand in an under-resourced system, to services that are reduced even more. Albertans are going to feel the effects in their care," says UNA President Heather Smith.

It has become clear that new CEO Stephen Duckett, an economist, is planning to meet government budget targets rather than the needs of Albertans.

UNA representatives met with Dr. Duckett on May 12th, Florence Nightingale's birthday, during National Nurses Week. President Heather Smith and others wanted to ask why the new health strategic plan singled out cuts in nurse staffing.

Duckett was clear that RN/RPN staffing would be reduced and they would attempt to do this through attrition and if possible avoid layoffs.

"This is a cold message to send to nurses who have done so much to keep our health services running," says Heather Smith. "Our system still needs all the RNs and LPNs we can get. But AHS seems to want to pit nurses against each other."

Alberta's Health and Wellness Minister Ron Liepert recently tried to blame health budget deficits on nurses' overtime. He told the Calgary Sun, "One of the largest cost factors is paying overtime, double time, and triple time to nurses." Liepert argued that the problem is caused by many nurses only working part-time. He told the Sun that only 23% of nurses in the former Calgary health region work full-time.

UNA responding by pointing out that it is the nursing shortage, not nurses, that cause overtime costs. 🇺🇦

*Continued from Page 5...*

"They'll leave and just like in the 1990s, they won't come back. This is absolutely the wrong way to manage our health system," Heather Smith says.

"It's ridiculous, just three months ago, we were scrambling to find nurses to hire, to keep up with the over-capacity beds and the needs of Albertans," Heather Smith says. "Now they say they have too many nurses. It is frankly, not believable."

UNA also points out there have been strong indicators the government plans to close smaller hospitals in rural communities and replace some with walk in urgent care centres.

"We must inform Albertans, so they are clear that an urgent care centre is NO substitute for a hospital," says Heather Smith.

For example, the website for the Okotoks Urgent Care Centre says: "People with life-threatening or potentially life-threatening conditions should NOT go to an Urgent Care Centre."

Closing a local hospital has a devastating impact on a smaller Alberta community. The effect is in part economic, but also more people choose to leave if a high level of health security is not available. 🇺🇦

**A hidden plan for private health care?  
A plan that would cost Albertans far more**

**D**eliberately choking back public health services is a step toward paying more to private clinics and corporations to pick up and provide more services. For years, the government agenda has been to reduce public health care and expand business health care.

Moving to more for-profit health services would be a costly change. It would leave Albertans with a mix of lower quality public services, and higher cost and quality private services only some could afford.

"I believe that down the road the public can not be the sole payer of the health system."

– Ron Liepert, CARNA conference in Banff May 23, 2009.

Opening up private health care opens the door to American medical corporations and health insurance companies to take over more and more of our health system.

Ed Stelmach and the Conservative government are making huge changes to the health system without informing or consulting Albertans. In fact they are attempting to HIDE these changes from the people of the province. 🇺🇦

**WRONG WAY**



# Hitting Alberta's smaller communities hard! Hospital closures loom

Possible closures of many of Alberta's smaller health centres in rural communities could be one of the most prominent aspects of health care cuts.

Friends of Medicare uncovered a memo from the former David Thompson Health Region, for example, that talked about closing or converting ten community health facilities into urgent care offices.

Three successive government documents, the Deloitte rural health region audits, the McKinsey Service Review and Vision 2020 all discuss "rationalizing", "merging" or "re-purposing" rural hospitals.

"Identify select sub-scale acute care facilities in urban, suburban, and rural areas that can be merged to improve effective scale; convert select facilities into advanced ambulatory centres;" – *McKinsey Service Optimization Review 2008*.

"Conduct a facility redevelopment plan after the organization undertakes a region-wide clinical service plan that determines: number of acute sites; regional program requirements; siting of ERs. – *Deloitte Audit of David Thompson Health Region*.

"Health Minister Ron Liepert's speculation that some smalltown hospitals could be converted to walk-in clinics or seniors care centres comes on the heels of audits that question the efficiency of the Athabasca facility, and several others in northern Alberta." --*Edmonton Journal, June 8, 2008*

But in the Legislature, Health Minister Ron Liepert denied reports of plans to close rural hospitals. However, he said rural communities would be consulted about "changes".

"The public can no longer expect that all aspects of health care will be delivered everywhere, all the time."

– *Ron Liepert, CARNA conference in Banff May 23, 2009*.

## "Re-purposing" to urgent care centres Local care, except when it really is urgent!

Indications are that the provincial government is preparing to close many rural hospitals in smaller centres and "re-purpose" others to "urgent care centres". Urgent care centres are more like a walk-in clinic than a hospital and have no in-patient beds or ability to treat life-threatening illness or trauma.

The government cites the Okotoks Urgent Care centre as an example of this new facility. Okotoks, they say, provides non-urgent care 12 hours a day, seven days a week, including immunization and well-child services, mental health and speech language services and pre and postpartum care.

The Okotoks Care Centre website says specifically: "People with life-threatening or potentially life-threatening conditions should NOT go to an Urgent Care Centre." ❗

## WORKING IN AN UNDERSTAFFED "URGENT CARE" "It was the shift from hell"

It was a lucky thing the crash happened during a weekday, says a nurse from the Fort MacLeod Emergency Department. Three victims were brought in on a Friday afternoon and there were three doctors in the adjacent clinic as well as two nurses on staff. One of the victims died shortly after arriving, but the staff desperately worked to stabilize and then revive the other two critically injured people, both of whom ended up being airlifted to Calgary.

"If that had been a Sunday or at night, I don't know what would have happened," the nurse says.

About six years ago, Fort Macleod had a full-service hospital. "We utilized very bed in our hospital when we had 12 beds," one nurse recalls. "We lost a lot of doctors who didn't want to work just in emergency."

Now, the Emergency Department has just an RN and an LPN on staff during the day and an RN and a Paramedic in the evenings and nights. The Fort MacLeod facility

is NOT an urgent care site, which typically are not open around the clock.

Doctors work in their adjacent clinic, are on-call, and check in evenings to see if they are needed.

But often the patients stack up. The assisted living facilities call ambulances to bring in people, because they have no nurses on site to assess them. The nurses can be dealing with this, when a minor trauma, burn or abrasion comes in, and then followed by a baby having trouble breathing.

"It puts a lot of pressure on us, when the doctors aren't there."

The guideline is that they ship patients they can't handle on to the regional hospital in Lethbridge. But, the nurse says they are often backed up and refuse to take more patients.

"We have many local people come in who are not well enough to go home. But we have no ability to keep them here and no where else will take them." ❗



# Nurse shortage acute

Some nurses forced to take 16 hour shifts

## “Don’t tell me we don’t need more nurses.”

On June 2, UNA asked nurses to report current examples of how the nursing shortage is affecting their work and their patients. Here is some of what the nurses are reporting. Note that the facilities and locations have been removed so as not to identify these nurses.

*“We have both an acute care and a Long Term Care unit which are very separated. Both units are staffed with one RN 24 hours a day so whenever someone is off they need to be replaced. Our full staff complement is 8.82 nurses, and with our present vacancies of 2 FTEs that means we are short over 22% of our RN staffing. All these empty shifts always have to be filled somehow.”*

*“I took a peek at my phone and I was called every day for overtime from the 21st-28th of May....I didn’t go back much farther in the caller ID.”*

*“Last Thursday, May 28th, the nurses scheduled to work the 12 hour night shift starting at 1900 hours were called in the mid-afternoon and asked if they could go in early at 1500 and work a 16 hour shift.”*

*“New staff that were still being precepted were told that they were to take a full assignment because we were so short. Thankfully, their preceptors put their foot down and threatened Professional Responsibility Complaints. A few staff worked 16 hour shifts to make do. Even with the 16 hour workers, we were still short!”*

*“We’ve been short a Full-time RN in Long Term Care as well as a .58 part-time position for several months now. Contract workers and current RNs (often on overtime) and sometimes managers have been filling these positions. Yet the job postings went down and haven’t been reposted. Since we only ever have one RN per shift, they absolutely need to be replaced. The current practice of using overtime and contract nurses is very expensive. We also need casuals for both units, as almost all sick time now is being covered by overtime. Current nurses are pretty good at picking up extra shifts at straight time, or changing around their shifts to allow for vacation coverage when they have lots of forewarning, but last minute call ins usually result in overtime. Don’t tell me we don’t need more nurses.”*

*“But now vacancies don’t seem to be getting posted (our manager has sent in the request but as of a couple of days ago it was not on the web). We are losing a nurse to Saskatchewan, home of the signing bonus. So once again we have some shifts with only one nurse to assess and treat up to 50 plus patients in the ER department. You would think with all the cutting in all areas (and of course I speak for rural where we are 2 hours from tertiary care) Mr. Liepert might worry if he should get chest pain out touring this great province. Is there a nursing shortage ...you bet there is!”*

*“June 1 and 2, 2009 The surgical unit worked one RN short, no one could be found to work. Four medical beds have been closed. We are not utilizing OR and procedures to their full potential. We are not rescheduling OR time, decreasing colonoscopy and gastroscopies.”*

*“On nights we have one RN in the ER. On the May long weekend she had someone on a nitro drip in ER waiting for a bed and then was chased by a drug addict and had to lock herself in the admitting area and wait for the RCMP to come. Rural nursing is extremely short and it is not looking good for us. No one is safe out here patients or staff.”*

*“On May 31 there was a sick call that was not replaced so four beds on Unit 28 were closed instead. We also had 9 patients in our Cardiac Care Unit awaiting angiograms because the Diagnostic Imaging department is now closed from 4-8pm when they used to be open.”*

*“In our hospital this past weekend 2 RN’s and 1 LPN each worked a 16 hour shift. All job postings have been taken down. We have at least 3 RN’s who want positions.”*

## Shortage or no shortage

There are critical shortages of health service providers. Alberta needs more than 1,500 nurses, and by 2020 the province may be short by more than 6,000 nurses.

– Vision 2020 Government’s Health care plan

“I have never been prepared to subscribe to the fact that we were short several thousand nurses.”

– Health and Wellness Minister Ron Liepert Global TV News June 3, 2009 🇨🇦



## AHS hiring freeze official

Just months ago there were hundreds of nursing jobs on the Capital Health and other Health Region websites, but counting up recently, there were only 10 RN jobs for the Edmonton area, and at one point NONE at all for the Calgary area.

Alberta Health Services has gone from desperately recruiting nurses to apparently having more than they need.

Dr. Stephen Duckett recently put out a memo declaring that no new positions can be created or advertised “unless approved by me”.

UNA says this about-face on nurse recruitment is a bad management practice.

“This type of budget see-saw is destructive in our system,” says UNA President Heather Smith. “We have to learn the lesson from the ‘90s when we lost almost a whole generation of nurses. We cannot afford to turn young nurses and new graduates away. It is such a waste, one that we will pay for later.”

## Maybe Saskatchewan is calling my name

Shelly is a young nurse, about to write her exams. For her last practicum she and eight other nurses took a placement across the world, in Africa. They left just a few weeks ago, confident that when they got back they would find jobs quickly.

Now back for a month, she has nothing. The only positions posted are part-time and she has applied for three of the 10 or so that are posted in the Edmonton area.

Shelly and her friends who came back from the practicum are a little bewildered.

“We are very frustrated. How could they go from needing so many nurses to needing none in such a short time.”

She is a little envious of another student who just months ago received a \$12,000 hiring bonus to work for 18 months in Saskatchewan. “Maybe Saskatchewan is calling my name,” says Shelly.

## Turn up the heat on MLAs!!!

No one doubts the cuts to public health care are a policy of Ed Stelmach and the provincial government. The Wrong Way! campaign will put pressure on these politicians to stop their drive to cut back the public health system in Alberta.

Everyone can help put the pressure on. All government MLAs need to hear that nurses and Albertans want our health care improved NOT cut.

### Get in touch!

Get in touch with your UNA Local and join the team putting on pressure.

Get in touch with Friends of Medicare and join the province-wide campaign.

Get in touch with YOUR MLA and put pressure directly on!

### GOOD Write or email your MLA!

Every letter counts and it does not have to be a long letter to let your MLA know your concerns.

End with a question they must respond to, like: Are you going to stop the cuts to our health system? Please let me know what steps you are taking on this important issue.

### BETTER Call your MLA or call the Constituency Office

Ask to speak directly to your elected representative. Have in mind just a few points you want to make, and be sure to ASK for action and indicate you want to hear more from the MLA about what he or she has done on this issue.

### BEST Set up a meeting with your MLA

It's usually a good idea to go in a small group, of two, three or four friends. Get your group together and call the local Constituency Office of your MLA and ask to set up a meeting.

MLAs are given SCRIPTS of answers to top constituent questions, prepared by the Public Affairs Bureau and the Minister of Health's office.

It's important however, to stand your ground and not back down from what you say. Be polite, but do not accept ridiculous statements from an MLA. And you should not leave the MLA feeling as though he or she charmed you and everything is all right now. Cutting public health care is UNACCEPTABLE! Be clear you are going to follow up. Celebrate with your team, meeting with an MLA has impact!

### Join the campaign

Friends of Medicare

www.friendsofmedicare.ca  
fominfo@telus.net 780 423 4581

Or contact your  
Local Executive  
or UNA Provincial  
Office 1-800-252-9394



# UNA advocates for maximum safety precautions for staff facing H1N1 outbreak

UNA – and nurses’ unions across Canada – insist on full protection for members faced with the H1N1 flu. Because the mode of transmission of the virus is not yet understood, nurses need fit-tested N95 respirators to protect against both cough and sneeze droplets and possible smaller, aerosolized, virus particles.

In a 2007 report from the Canadian Council of Academies commissioned by Health Canada they conclude that there is evidence that influenza is most likely transmitted by airborne particles and droplets. The ability of these organisms to be transmitted by smaller airborne particles increases the risk of infection for health care workers.

Individuals have contracted the virus as a result of travel to Mexico or contact with individuals who have traveled to Mexico. In addition, there have been a significant number of community contact cases in which individuals have no link to travel.

## Precautionary Principle

In 2006 the Canadian Federation of Nurses Unions (CFNU) issued a position statement on Personal Protective Equipment When Planning for a Pandemic. This position statement was based on the precautionary principle and called for the use of N95 respirators as a minimum standard when the exact mode of transmission of an organism is unknown.

The precautionary principle states that when an activity raises threats of harm to human health or the environment the highest level of precautionary measures available should be taken in the absence of full scientific certainty. This principle is very similar to the use of routine practices (universal precautions) in Infection Control and Prevention.

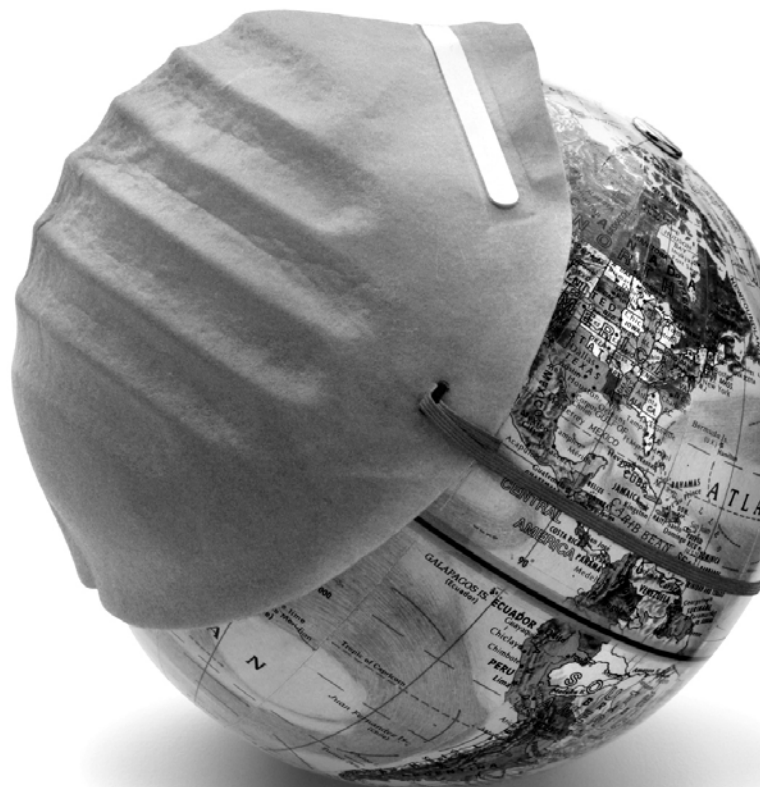
The January 9, 2007 final report of the SARS Commission showed broad support for the precautionary principle. Throughout the report the commissioner was unequivocal about the importance of this principle.

“Perhaps the most important lesson of SARS is the importance of the precautionary principle. SARS demonstrated over and over the importance of the principle that we cannot wait for scientific certainty before we take reasonable steps to reduce risk.”

## Recommended precautions for health workers remain

Until such time as there is scientific certainty regarding the mode of transmission of Swine Influenza A (H1N1) all Employees covered by the Multi-Employer/UNA Collective Agreement that are required to provide patient care for suspected or confirmed H1N1 influenza A cases must be provided with an appropriate supply of fit-tested N95 respirators and mandatory education regarding procedures for donning and doffing N95 respirators.

Along with respiratory protection until the manner of causation is known, in addition to routine practices, infection control measures for suspected and confirmed cases of the swine influenza should include contact precautions, respiratory hygiene, accommodation, eye protection, surveillance and reporting.





# Influenza A H1N1

## What You Need to Know:

Get Fit Tested! - The Multi-Employer/UNA Joint Committee has reached an agreement regarding N95 Respirator Provision and Fit Testing, which requires the employer to provide N95 respirator fit-testing to all employees covered by the Multi-Employer/UNA Collective Agreement. Fit-Testing is mandatory as per Article 35.02 (a)

.....  
*Ensure you have enough N95 respirators  
- The agreement obligates the Employer  
to ensure that an appropriate supply  
of N95 respirators is available.*  
.....

Ensure you have enough N95 respirators - The agreement obligates the Employer to ensure that an appropriate supply of N95 respirators is available.

You may be temporarily transferred - In the event of an emergency Article 44: Mobility (44.05 (e)) allows the Employer to reassign Employees from any site to perform work at any other site in emergency circumstances. An emergency is defined as "an unforeseen combination of circumstances or the resulting state that calls for immediate action".

Do not report to work if you are sick - Nurses should not be reporting to work if they have flu-like illness. Nurses who do report to work are putting patients and their co-workers at risk of infection and illness.

You do not have to put your health at risk - The agreement between the parties states that employees who have not been fit-tested for an N95 respirator or are unable to achieve an effective facial seal shall not be expected to enter or provide services in an area where a suspected or confirmed case of swine influenza A has been identified. These Employees may be deployed to another area.

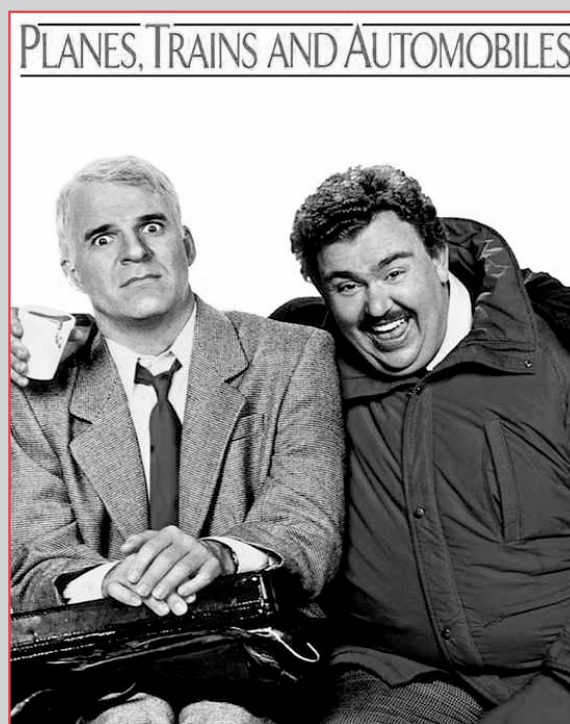
Check the website: [www.una.ab.ca](http://www.una.ab.ca)  
for additional information on N95 respirators  
and on refusing unsafe work. 🍷

## Alberta government going the wrong way on health care

Conservatives' real plan is to break system, pave way for private care

by David Eggen, Executive Director, Friends of Medicare

**A**t one point in John Hughes' classic 1986 movie *Planes, Trains and Automobiles*, John Candy and Steve Martin carelessly turn off an exit ramp and end up travelling the wrong way on a four-lane highway.



When concerned citizens in another car try to tell them they are going the wrong way, John Candy is dismissive and arrogant, exclaiming to Steve Martin, "How would he know where we are going?" and so the two buffoons continue at full speed down the wrong way. Suddenly, two semi-trailer trucks racing side by side appear on the horizon and a head-on collision is imminent. But in the fine tradition of slapstick comedy, their car somehow scrapes between the two trucks and the hapless comedians continue with their misadventures.

Real life is not so forgiving, and there's nothing remotely funny about more health cuts in store for Alberta. Health Minister Ron Liepert and Alberta Health Services CEO Stephen Duckett--with Premier Stelmach calling directions from somewhere in the back seat--have sent us all hurtling down the wrong way with more cuts, and putting both our health and our pocketbooks in jeopardy.

Continued on Page 12...



## the wrong way

Liepert, in his usual fashion, refuses to tell Albertans "where we are going" with his health-care plans. But what we have seen so far tells a pretty clear story.

A hiring freeze has been implemented, so hundreds of health-care jobs sit vacant. At the same time, overtime has been limited, which is leading to increased stress and exhausted staff. As a result, surgeries are being delayed and even cancelled, and Albertans are not getting the level of care they were before.

And not just so-called elective surgeries like joint replacement are being delayed. Surgeons are reporting the delay of cancer surgeries for multiple weeks due to the crisis. Plus, the vaunted Mazankowski Health Centre, our supposed jewel, sits empty awaiting health-care professionals to bring it to life.

Furthermore, Liepert is examining delisting medically necessary services, has ended universality for seniors' pharmaceuticals and downloaded costs for care in nursing homes onto seniors and their families.

*The government's warnings of "unsustainable health care" have returned, right on cue, to match the latest rounds of cuts.*

You get a pretty clear picture of the government's trajectory. Stelmach, Liepert and Duckett are sending our health-care vehicle hurtling the wrong way at highway speeds.

Liepert and Duckett say they must make the cuts to save money, but most of these cuts only postpone an inevitable expense, or download the cost onto the individual.

Either way, these cuts will cost us all more in the end and the quality of our health care will suffer.

As it happens, health expenditures in relation to gross domestic product in Alberta have stayed at between five and seven per cent for the last 15 years. We continue to compare favourably to other jurisdictions. The Canadian average is about 10 per cent, France and Switzerland are at about 11 per cent and the United States is at 15 per cent. To me, this sounds pretty sustainable.

This helps to reveal the real agenda behind Liepert's and Duckett's draconian actions. It is not about "saving medicare" or responding to the recession. People don't stop getting sick when the economy is weak.

The Alberta government's real plan is to destabilize our health-care system so it can implement private, for-profit experiments to "fix" medicare. They are purposefully breaking the health-care system so they can hire private contractors to repair it at inflated prices.

The research about private versus public health care is universally conclusive: private, for-profit health care costs more. A library full of studies have been done looking at the comparative costs -the Conference Board of Canada, Canadian Institute for Health Information, Wellesley Institute, Consumers' Association of Canada and the Parkland Institute have all done substantive research on the topic.

Their conclusions are the same: Canadians and Albertans would be wise to stick with a publicly financed, publicly administered, single-payer health-care system.

It is true that delivering quality public health care doesn't come without costs. And medicare is by no means perfect. Too many services are excluded, wait lists can be too long and still too many people fall between the cracks. But it can be improved affordably. Where there is a wrong way, there most certainly is a better way available, too.

What the Alberta government needs to do is give up on its misguided attempts to insert the profit motive into medicare, and commit once and for all to a publicly funded and delivered health-care system --which is what Albertans want.

We need to start putting our energies into improving health care, which we can do so without stretching the budget.

We need to look at new models for delivering primary care, such as nurse practitioners and teams of health professionals.

We need to expand the medicare umbrella so that it offers a more complete range of care--including pharmacare--to Albertans.

And we need to adopt more measures aimed at keeping people healthy in the first place, because as Tommy Douglas once said, "in the long run it's cheaper to keep people well than to be patching them up after they are sick."

Our main problem in Alberta is not the cost of our health-care vehicle, but the direction the government is driving the car. Albertans need to become more vocal; we need to shout as loudly as we can that the government is driving us the wrong way and demand that it turn the car around.

Call your MLA and tell them so. Join our campaign at: [www.friendsofmedicare.ca](http://www.friendsofmedicare.ca).

We need to get the message to government before the semis come bearing down on us. 🍷

*Published in the Edmonton Journal June 13, 2009.*



*UNA members were prominent at the May 9 Friends of Medicare rally at the Legislature, where the red and white umbrellas stood out to great effect.*



*Calgary labour activists had a particularly colourful ceremony this year to mark April 26, the Day of Mourning for Workers Killed or Injured on the Job. UNA was well represented at the event.*



**Good times:** Taking a break from a UNA workshop new Local executive members and activists wave for the camera. UNA's two education officers Tim Gough (3rd from right at the back) and Pippa Cowan have regularly scheduled workshops on topics ranging from "how to run a local" to Professional Responsibility Committees. Contact your Local if you are interested.





# Nursing News



When Local #302 North had their Nursing Week social Benita Kalinsky decided to dress up old-style in her nursing uniform and cap. She was quite the discussion starter at the fun event. Here with Benita, is Susan Coleman, president of the Local.

## H1N1 late June update

The number of confirmed cases of H1N1 began to rise rapidly in Alberta, particularly Edmonton, in mid-June according to a memo from Dr. Gerry Preddy issued on June 22. While the ICUs were filling up in Winnipeg from the outbreak on a northern reserve, three serious cases on respirators were reported in the University of Alberta Hospital.

One Edmonton-area long-term care centre reported several patient AND staff symptomatic as well. UNA has asked long-term care facilities to begin fit-testing staff for N-95 masks, but most responded that it was not required by the protocol.

UNA also learned from a number of sources that many suspected flu cases were NO longer getting tested, and one source said after there are over 100 community cases there is no point in testing. An AHS memo indicated: "It is not recommended that all people with fever/cough/illness have lab testing especially if symptoms are mild. If the patient is at higher risk for complications you may wish to do so. The results usually take 4-5 days, maybe longer."

That would suggest that the number of cases in Alberta, in Canada and in fact world-wide, would be FAR, FAR higher than those officially being reported.

In Canada, the official number of "confirmed" cases rose to 5,710 and 13 deaths were reported up until June 19. The memo notes that in two recent cases health staff were exposed to the virus before the diagnosis was confirmed. The implication of the memo was that health care workers should use full personal protection, including face shields or eye protection, in the case of influenza-like illness that could be H1N1. 🐾

## Suing Telus Sourcing for bad payroll

Health care workers throughout the former Calgary Health Region recently launched a \$50 million lawsuit against Telus Sourcing Solutions Inc., the region's payroll and benefits provider, for years of payroll errors that include missed pay periods, wage overpayments and underpayments, insufficient or nonexistent health benefit coverage and ongoing pension contribution blunders.

"When you go to work, you show up on time and expect to be paid on time, right? Well so do we," said Maureen Mackrory, a Social Worker employed at Calgary's Peter Lougheed medical centre and one the initial plaintiffs listed in the class action suit. 🐾

## Pretending there's no nursing shortage

In Ontario, budget cuts have forced layoffs of hundreds of nurses, but Alberta's health minister Ron Liepert recently said he "never subscribed to the theory of a shortage of thousands of nurses." Alberta has frozen hiring in its health system, effectively cutting hundreds of nurses from the work force.

One of the consequences of this new governmental "magical thinking" could be the loss of hundreds of the new nurses who are graduating this year and now may be looking outside their province, or even outside the country for their first job. Many, as we know well from the 1990s, will never come back.

One nurse quipped: How long is the wait time for the surgery to have these government folks' heads reattached and put on right? 🐾

## Canadian Health Coalition campaign against privatization

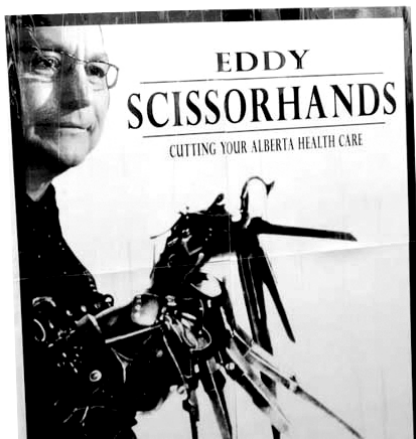
The Canadian Health Coalition has launched an important national campaign against health care privatization. Coalition speakers will be traveling across the country over the next few months to set the record straight on the myth of the European model, the perils of privatization and the truth about the threat of for-profit services. In town halls and information sessions across the country, health experts will be meeting Canadians and sharing their views on why and how to protect and improve our public health care. More on the new website: [www.medicare.ca](http://www.medicare.ca) 🐾

## Parkland Report: Health costs NOT out of control

The Parkland Institute at the University of Alberta has published a new report on the sustainability of public health care in the province. "When inflation and population are taken into consideration, health care spending has grown only slightly. And that growth is very affordable for Alberta," says Parkland's Research Director and report author, Diana Gibson. In fact, the Report shows a decline in spending in relation to the province's overall economic output, or GDP.

"Alberta's government has manufactured a crisis. The government claims costs are skyrocketing. They talk about how much costs have gone up as a proportion of provincial budget. What they don't talk about is inflation, population growth, revenue or GDP," Gibson says in the Report. The Report is available on-line at [www.ualberta.ca/parkland](http://www.ualberta.ca/parkland). 🐾





Poster held up at May 9th health care rally in front of the Legislature. Eddy Scissorhands: Cutting your Alberta health care.

## UNA Scholarship for 1<sup>st</sup> year nursing students

UNA is once again offering Nursing Scholarships to assist students in their first year of an accredited nursing program in Alberta.

The Scholarships encourage young people, particularly those with a family history in nursing, to take up the profession.

The Scholarships are \$750.00 each. The students must be related to a UNA member in good standing; they must submit a short essay and an endorsement (from an unrelated individual) to be eligible for the award.

More details and application forms are available on-line at Member Resources on the website, [www.una.ab.ca](http://www.una.ab.ca).

Completed applications must be received at the UNA Provincial Office no later than 4:30 pm, Thursday, October 15, 2009. The awards will be announced in late January 2010. 🍷

## On-line debate on nursing and health care heats up

In the past few months health care has been a hot story in the news media. The debate has gotten hot on the “comment” webpages for many news sites. These seem to be a popular spot for “venting”. One site that had a long discussion was commenting on the Journal’s front-page story: “Alta. nurses push back”. Nurses got into the act, including this one: “Nursing shortages will have a painful circular effect: the shortages on my unit affect whether or not drug addicts access treatment timely. If they don’t get in they are out breaking into your homes and cars and feeding illegitimate community resources as well as clogging ERs which could be helping other patients. Another issue being that my girlfriend who is an RN doesn’t even answer the phone anymore when the staffing office calls due to the ridiculous patient to staff ratio. What is going to happen when our RNs are enticed to move to other provinces/states for the better of her because of this government’s short-sightedness... Mr. Liepert?” 🍷

## Lethbridge campaign for dignity in long-term care

The son of a retired minister suffering from Alzheimer’s dementia is beginning an official campaign to re-open long term care beds at St. Michael’s health centre and to help stop the de-regulation of health care in Alberta.

Virgil Grandfield, a disaster relief worker and long-time resident of Lethbridge, will unfurl a campaign banner at his home across the street from St. Michael’s today. “I want to draw a ‘Line in the Sand for Medicare’ right here and now, for my dad and for the care of all the province’s seniors,” says Grandfield. “I will put out a call for volunteers - people of all parties and fans of all teams - to help us in the fight.”

Grandfield says, “My father gave his life to others, and his generation gave us the gift of Medicare. We want to take care of them and protect their gift from this government.” 🍷

*Four nurses recently took time to speak with CBC radio reporter Adrienne Lamb about conditions caused by the shortage and cuts in our health system. The nurses are (left to right) Stephen Hogan, Sheila Hogan, (Adrienne Lamb from CBC) Andrea Milligan and Kelti Reichart. Thanks to these nurses and to so many nurses who have taken the time to speak out in the media recently.*

## 800 nursing jobs cut in Ontario

Some 800 nursing positions have been cut in Ontario since last fall, the Ontario Nurses’ Association says. The union maintains hospitals are not replacing retiring nurses or those on maternity leave or disability. The added workload is being shouldered by existing nurses. Responding to a question on this subject in the legislature, Health and Long-Term Care Minister David Caplan said his government has added 10,000 nurses since coming into office in 2003 and “we’re hiring 900 more this year.” He also pointed out that Ontario is one of the few jurisdictions in the world to offer a full-time job opportunity to every nursing graduate.

ONA has launched a campaign on the cuts: [CuttingNursesCuttingCare.ca](http://CuttingNursesCuttingCare.ca) 🍷



# More health cuts?



[www.friendsofmedicare.org](http://www.friendsofmedicare.org)

Join the campaign to protect public health care in Alberta. See page 9!