

News Bulletin

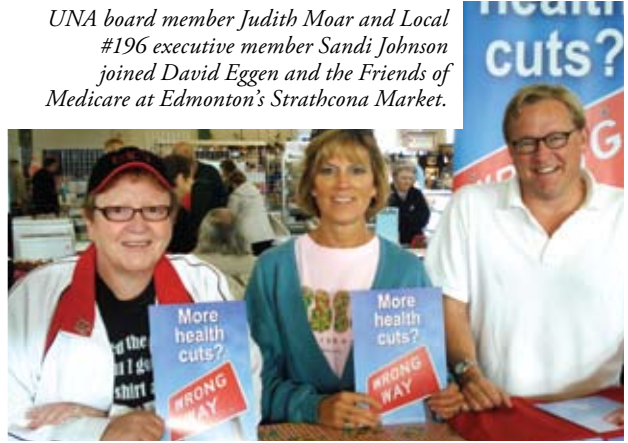


Nurses intensify “Wrong Way” campaign

Government attacks on public health care continue... see page 3



Medicine Hat nurses were out for their summer Wrong Way rally.



UNA board member Judith Moar and Local #196 executive member Sandi Johnson joined David Eggen and the Friends of Medicare at Edmonton's Strathcona Market.



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Message from the President

Heather Smith

I've come to the conclusion that no mistake is too big for the Alberta government and health care employers not to make twice.

Fall is normally a very busy time, but since my return from vacation in August it has been a virtual whirlwind, perhaps a hurricane of activity.

The closure of acute care bed at Alberta Hospital in Edmonton. Alberta Health Services (AHS) announced promises to improve access and quality of services for Albertans, just a day before announcing a 3% budget reduction as part of the plan to deal with a \$1.3 billion dollar deficit. They suddenly announced a "Voluntary Exit" severance program. Bed reductions in Brooks. The closure of 350 acute care beds in Edmonton and Calgary. All this and more against a backdrop of an impending H1N1 pandemic.

The stream of recent events and announcements, and the speed of changes in work availability and job options have no doubt shocked members who entered our profession in recent years. For others it is a brutal reliving of the 1990's. Once again we see our professional contribution transformed from 'we want you, we need you, we value you' to 'we want you to go away'. CEO Stephen Duckett calls it "mischievous" to talk about layoffs. Stephen Duckett has himself been talking about layoff since May when he told David Harrigan and me "there are too many RN's in acute care". He has said he hopes to avoid "involuntary layoffs". Voluntary or involuntary, they are layoffs. AHS has thus far refused to tell UNA how many RN jobs have been cut by the "vacancy management program" (the hiring freeze that isn't a hiring freeze).

AHS has made a deliberate attempt to silence and intimidate workers by cultivating the misconception that the new Code of Conduct is a "gag order". They can't take away nurses rights as citizens and as professionals.

The so-called "gag order" does seem to be a deliberate part of their efforts to hide the reality of the cuts from Albertans. AHS and Mr. Duckett talk about transparency being one of their priorities, but the word has a far different definition in my dictionary.

Throughout the spring and summer there has been unprecedented speculation and comment about our upcoming negotiations. In September, Locals submitted proposals for the upcoming round, based partly on the input they received from surveys sent out in the June NewsBulletin). November 24, 25 and 26th we hold the provincial Demand Setting Meeting to formulate and vote on priorities going in to bargaining. Between now and then is the time to attend your Local meetings and tell your representatives attending the meeting what your priorities are.

There are some things about all this that you must remember. The first is that the cuts DO impact our patients, get them less care and make them wait longer for care. The second thing is that the province is growing and our health system needs to be expanding, not shrinking. It is SO wrong to be going the "wrong way". The final thing is the myth that we cannot afford public health care. Our provincial government has badly failed to adequately financially manage our province's finances. They are failing in one of their core jobs, to provide the essential health services all our families depend on. Nurses, need to tell all Albertans, it doesn't have to be this way. We don't have to go the wrong way. 🍷

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*Heather Smith and Elisabeth Ballermann,
President of the Health Sciences Association of
Alberta interviewed by Global TV's Erin Chalmers*

AHS announces closure of a full hospital worth of beds

In another reminder of the brutal cuts and hospital closures of the 1990s, on September 16 Alberta Health Services announced the closure of “up to” 300 acute hospital beds in Calgary and Edmonton.

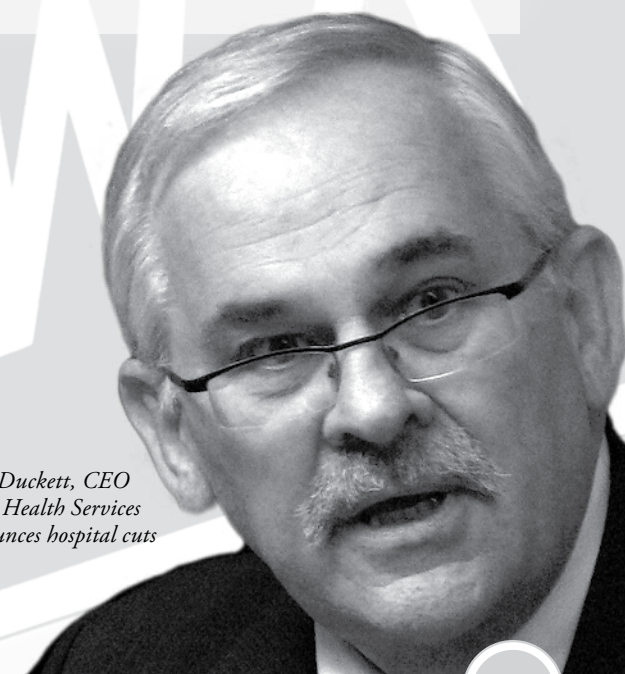
“They announced the closure of effectively a full hospital’s worth of beds, which is going to have a significant impact on patients,” UNA President Heather Smith says.

AHS announced it was expanding with 800 “new” community spaces for 350 patients waiting in acute care beds and for the 150 mental health patients to be moved from Alberta Hospital Edmonton.

“Our hospitals are overflowing with patients in stretchers in the Emergency departments and on “overcapacity beds” in corridors now. Moving out patients who can go to long-term care should help with our capacity problems, free up beds. But instead it is a straight cut and reduction in the number of beds, beds Albertans really do need,” Heather Smith pointed out.

Heather Smith acknowledged the importance of expanding long-term and community care to move patients who no longer need acute care. She also pointed out that most of the “new” community spaces will be assisted living, many of them for-profit facilities, where patients and their families will be forced to pay more for the care and supplies they would have been provided in a nursing home.

“Our hospitals are overflowing with patients in stretchers in the Emergency departments and on “overcapacity beds” in corridors now.



*Stephen Duckett, CEO
of Alberta Health Services
announces hospital cuts*

Continued on Page 6



High River nurses marched down their main street to protest health care cuts.



Nurses met with Calgary Liberal MLAs Harry Chase (left) and Kent Hebr, (2nd from right). The nurses are left to right: Cody McDonald (Local # 95), Provincial Secretary-Treasurer Karen Craik, Kevin Champagne and Ruth Duffy (Local 115), and Cynthia Perkins from Local #121.



Bonnie Cowan (Right), President of Local #128 and another nurse put up an information table at the fairgrounds and on the parade route "Discovery Daze" in Redwater.



Citizens joined the Wrong Way! rally with their own sign in Medicine Hat.



Nurses were well represented at the Rycroft Fair and Races event on the July 4th weekend. Nurses from Local 41, Central Peace Hospital, and Local #37 Queen Elizabeth II Hospital in Grande Prairie, decorated Roxann Dreger's truck for the event.



Duckett says no layoffs and don't trust warnings about layoffs

But layoffs and staff reductions already cutting into patient care

Although AHS CEO Stephen Duckett says repeatedly he wants to avoid layoffs as he cuts back health services, layoffs are already happening at one rural hospital.

Several LPNs and Nursing Assistants at the Brooks Health Centre will be laid off as a result of major downsizing at the facility. Seventeen Registered Nurses have also received position elimination notices, lay-offs, although most of them are expected to move into other positions.

"We are not currently looking at lay-offs and we will not consider lay-offs unless and until it becomes absolutely necessary. Any rumours or statements you have heard to the contrary about layoffs this week for example, are wrong, misleading and mischievous," Duckett said on his blog today, in an apparent reference to recently reported remarks from UNA President Heather Smith. "Please bear that in mind the next time you hear a rumour from that source," Duckett says.

But it's no rumour that layoffs in Brooks are already happening.

Registered Nurses at Brooks may also face lay-offs in the near future, when nurses now on maternity or other leaves try to return to find there are no jobs.

The normal full RN complement in the Brooks hospital four months ago was about 15 and three-quarters, Full time equivalent (FTE) RN positions. (Only five of which were full-time jobs, the others part-time). But several vacant positions have not been

filled and other nurses have been on maternity or other leaves. The new plan is for a total of 7.86 FTE or a cut by nearly half of the RNs in the acute hospital.

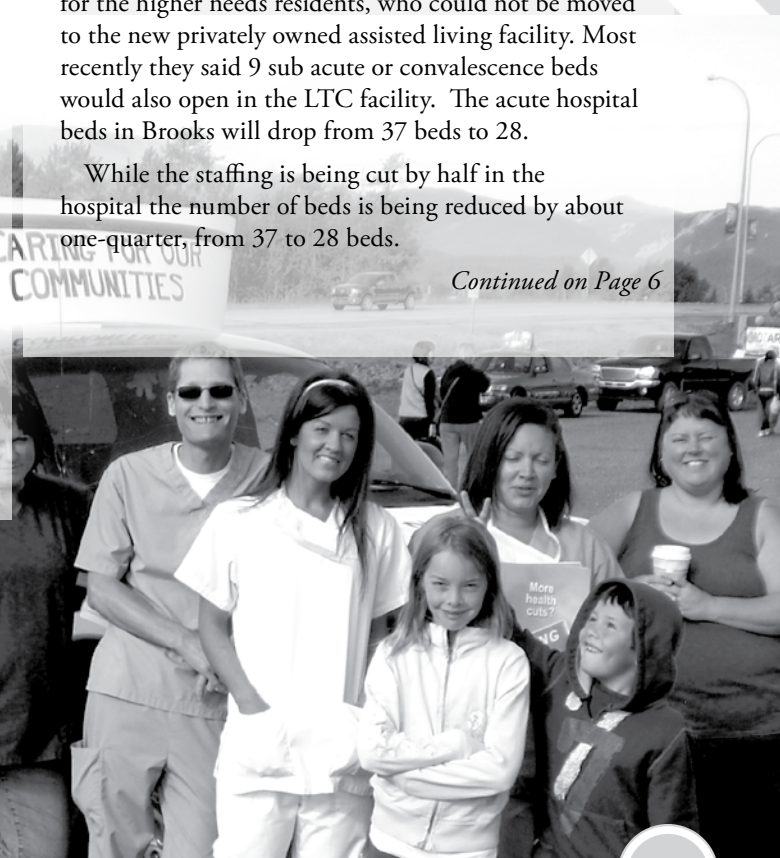
"Mr. Liepert and Mr. Duckett have repeatedly said there's no hiring freeze, it's just 'vacancy management', but many, probably hundreds of nursing positions are being eliminated," says UNA President Heather Smith. "It's very coy to say there are no lay-offs, when there actually are, and, really, if the nursing jobs are gone, it doesn't matter if it's lay-offs or attrition, the nurses are not there to provide the care."

Management at Brooks some months ago announced they were going to completely close the Long-term care building at the hospital, which previously had 75 LTC beds. Then they announced 15 beds would be kept open for the higher needs residents, who could not be moved to the new privately owned assisted living facility. Most recently they said 9 sub acute or convalescence beds would also open in the LTC facility. The acute hospital beds in Brooks will drop from 37 beds to 28.

While the staffing is being cut by half in the hospital the number of beds is being reduced by about one-quarter, from 37 to 28 beds.

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UNA Board member Roxann Dreier's UNA truck was there for the Grande Cache Fortieth Anniversary Parade. Members from the Grande Cache Local #63 included new president Vanessa Tweedie (in white) as well as visitors Roxann (left) and Sheila Dorscheid (right).



Layoffs already happening

“Brooks may be the perfect example of Mr. Duckett’s plan to move people out of hospital and into long-term care or assisted living. It’s a cost-transfer change, not a saving,” says Heather Smith.

She points out that it often also involves reduced levels of care, particularly for residents of long-term care who are moved to assistant living.

“Many people we were caring for in long-term care are now forced to pay extra for the very care, baths, nursing care, support, that we were supplying before. It saves government money but at the expense of some of the most vulnerable in our society.”

“Duckett does not have a magic way to save money without hurting patients,” Heather Smith says. “Reducing costs means reducing staff, which inevitably affects patients.”

We also need the hospital beds opened up, not closed down. Moving out the patients who are appropriate to long-term care should be freeing up the acute hospital beds we need in our hospitals. 🍷



Local #63 Secretary Mel Mckale is not really pregnant.



Marching in the Grande Cache parade: Past President Local #63 Grande Cache Health Centre Russel Adams, (left) Lindsey Wallace and newly Elected President Vanessa Tweedie (right).

300 hospital bed closures

She also said assisted living beds would likely not be sufficient care for many or most of the patients waiting in acute beds for placement.

AHS CEO Stephen Duckett would not say how many staff positions would be eliminated or specifically how \$51 million would be saved when he was grilled by reporters at the news conference.

At the conference Duckett was forced to admit that many of the 800 new “community beds” had been announced earlier, like the 200 beds at the new Garrison Green facility in Calgary.

“I’m no health economist, but it seems to me that re-announcing “new” beds that were announced before and are already slated to open is NOT an expansion of capacity,” says UNA Director of Labour Relations David Harrigan.

David Harrigan also deplored the minimal and manipulative information AHS released about the changes.

“They are deliberately trying to hide from Albertans the fact they are shrinking our already overstretched hospital system,” he said.

“All hospital beds will continue to be staffed until new capacity comes on stream.” was the wording of the AHS news release, but AHS officials and Duckett confirmed that up to 300 beds would be unstaffed, and closed.

In an earlier briefing meeting with AHS officials, David Harrigan asked repeatedly what the announcement would mean in terms of staff reductions. AHS officials said they did not know.

Heather Smith said there must be a fiscal projection. If they calculate how much money they are going to save, \$51 million, by closing beds, they must have staffing projections too, she said.

Duckett also said the beds could be re-opened for “surge capacity” during the pandemic.

“They are going to let the nurses and staff go, and then expect them to come running back for a temporary job during a pandemic?” asked Heather Smith. “That’s not real planning.” 🍷



More bed closures pending

Shipping out to Afghanistan

Edmonton, Calgary
expected to lose
350 in next three
years, health union
presidents say

Staffing cuts mean less care for Albertans say nurses

Cuts of over 5,000 employees amount to devastation like the 1990s

Alberta Health Services budget cuts will trim thousands more staff from the public health system, and it will inevitably hurt services.

“It’s like a re-run of the 1990s,” says UNA President Heather Smith. “The province is again dealing with a short-term money problem by further cuts to public health care. Like the 90s, these staff cuts have long-term and serious consequences for Albertans. More staff cuts are just the wrong way to go.”

Although AHS has not released numbers, hundreds, if not thousands of positions have already been cut with the hiring freeze, which AHS now calls “vacancy management” or “not filling vacant positions”.

Now, with a 3% across the board budget cut the system will lose thousands more. The staff cuts of 3% out of about 90,000 employees province-wide would be about 3,000 Full-Time Equivalents which translates to a loss of about 5,000 staff people.

AHS CEO Stephen Duckett keeps insisting that the cuts will come where they do NOT impact patient care, but nurses across the province already report shifts left vacant, and concerns about patient safety.

“It’s incredible and impossible that AHS is cutting more nurses now, when we already had a serious staff shortage, and not seriously impact our patients,” says Heather Smith.

AHS announces “voluntary exit” with few details,

Late in August, AHS suddenly announced it was looking for volunteers to take an unspecified exit package to reduce the workforce. AHS also said it would have

to negotiate details with the unions, but at an initial meeting to talk about the plan AHS officials suggested managers would get 2 weeks severance pay for each year of service, non-union staff would get 1.5 weeks (to a maximum of 52 weeks) and unionized staff, the large majority of Employees, would only be offered 1 week to a maximum of 26 weeks.

AHS also said there would be no pay-out of sick leave banks, no benefits, no bridging of pension. Years of service would be based on most recent date of hire - so an employee who spent 10 years at the Foothills, then 10 years at the Royal Alex, would only be credited for 10 years, not 20.

“It was a complete non-starter for all the health care unions,” said UNA’s Director of Labour Relations David Harrigan.

No agreement on the voluntary exit has been made, and no immediate plans to negotiate one were in place at press time.

“AHS claimed that they have no numbers at all as to how many packages might be granted, how many positions they are looking to eliminate, what areas they are looking at,” David Harrigan says.

AHS publicly announced that “voluntary severance” would be available, and then came to the unions with a plan that is unacceptable and unworkable. They told the unions there are no target numbers to reduce, at the same time as CEO Duckett is quoted in the newspaper saying there are targets but he can’t specify because they change every day.

“It’s not at all clear that AHS has a definite plan at all,” says David Harrigan. “Some people speculate they are just making things up from day to day. That they just plan to randomly hack at health care for as long as they can.”

Continued on Page 9

Hot summer in Alberta as nurses put push on Wrong Way! campaign

Alberta nurses turned up the heat for the Wrong Way! campaign over the summer. In communities right across the province, nurses held rallies, lobbied their MLAs and put a great deal of public pressure on the government NOT to do “more health cuts.”

“We had a huge impact, you can be sure,” said UNA President Heather Smith. “We can’t stop now, because the cuts are still going on, but we started something that has a real political effect.”

Many nurses had direct meetings with their MLA; some with friendly MLAs, some of which were almost hostile, none less than Ron Liepert himself.

When nurses from Local #86 met with their MLA Genia Leskiw they asked her how capable she felt to

truly represent the will of her constituents given what happened to MLA Guy Boutilier.

“She wasn’t expecting that!” says Frances Galambos President of UNA Local 86. “She assured us that her concern for her constituents is paramount. We told her that we will stay in contact as more health care plans unfold.”

Nurses from Barrhead made a huge impact by meeting with local municipal councils. “We need to stand up for our healthcare system,” Donna Nelson, President of Local #136 told them. Woodlands County Mayor Jim Rennie told Nelson that he, along with the county councillors, fully supported the nurses.

“It’s quite amazing how nurses found many different ways to keep the pressure on over the summer,” Heather Smith said. “We can’t stop now. They are determined to cut back and privatize and we have to speak up for our universal public health care.” ♡

Liepert tries to brush off nurses

Meeting with a red-faced and angry health minister wasn’t what Local #115 President Kevin Champagne and Vice-President Kathleen Hamnett had in mind when they booked a meeting with Ron Liepert who also happens to be their local MLA.

Kathleen Hamnett reported later that Liepert was upset he was not forewarned about the small rally in front of his office. Kevin politely said he had let others know the meeting was that day and he did not have control of them coming out to show support. Liepert said “well you’ve got your 5-10 minutes of my time for the questions you sent me.”

After about 5 minutes Liepert stood up and announced the meeting was over. “I am not having any discussions with the Union,” he said. ♡



A flustered Ron Liepert speaks briefly to UNA and Alberta Union of Provincial Employees at a rally outside his office in July.

No nurses disciplined for speaking out

Code of Conduct does NOT intimidate nurses

After a hot summer of public events and nurses speaking out about health care issues NO nurses have been disciplined by the Employer for public statements.

Nurses have written dozens of letters to the editor, NONE have been disciplined.

Many nurses have written to or met with their MLA, NONE were disciplined.

“We still have the right to free speech, and in fact a responsibility to speak out about health policy,” says UNA President Heather Smith. “Some managers may still be using the Code of Conduct to try to intimidate nurses from exercising their democratic rights, but it’s not working. Nurses have been very vocal.”

One exception was a single nurse who received a letter of warning after very imprudently promising at a public meeting to release employer information about policy changes.

Nurses have every right to speak on public policy. All employees however should be cautious and avoid making public statements specific patients, units or specific safety concerns in a named facility. ♡

“It’s not a hiring freeze”

Alberta Health Services recently supplied UNA with spreadsheets showing 637 newly-hired nurses in the first two months of fiscal 2009. By far the largest number of these new positions are casual or temporary positions. As well, the majority are student nurses working as undergraduate nurses, not fully-qualified Registered nurses.

AHS was responding to a grievance from UNA which disputed the employer’s claims of 50 new nurses a week being hired, with an increased head count of 500 since the beginning of the year.

Technically AHS can claim over 500 new hires, but the fact is that 335 of them are students and not yet fully qualified nurses. By far the largest part of this group was hired as casuals or temporary, most likely to cover vacation time over the summer.

AHS did NOT provide a listing of how many nurses have left positions this year, as well, and how many of these hires are replacing nurses who have left. We do know many nursing vacancies are being left unfilled. So despite this hiring, the nursing workforce is being reduced.

Continued from Page 7

A health system already cut to the bone....

Drastic reductions in health care in Alberta over several years mean ill citizens have to wait unduly long for many services. Many patients are discharged before they are fully recovered with the expectation family and friends will take care of them.

Alberta’s health system has been dramatically reduced since the 1990s.

Hospital beds are down from 14,733 in 1988 when there were about 2.4 million Albertans to 6,800 beds in June 2009 when there are about 3.6 million people.^{[1] [2]}

Although accurate numbers of acute care beds in Alberta were elusive under the regional health authorities,^[3] the new Alberta Health Services Board (AHS) website pegs the current number of acute care beds as 6,800 in June 2009. ❧

^[1] *Hospital Care in Alberta Statistical Supplement, 1988 and 1989; Canada Health Act Annual Reports, Health Canada, 1994-1995: page 53, 1998-1999: page 60*

^[2] *Stats Canada reports that between 86/87 and 94/95, some of these approved hospital beds were extended care or auxiliary hospital beds reclassified as residential care facilities and therefore not included in later hospital surveys.*

^[3] *For example, in 2000, the Alberta Finance website reported “6, 517 staffed acute care beds” rising to 7, 958 in 2007 with reporting of these statistics discontinued in 2008.*

^[4] *AHS, accessed June 2009, <http://www.albertahealthservices.ca/11734.htm>*

The AHS information does show they hired 182 new grad nurses with temporary permits. That is a small part of the graduating class of over 1,000 RNs coming out of the province’s nursing schools this year. And most of the new grads were hired as casuals or temporary as well. Only 39 got full-time positions and 26 got part-time positions.

Few full-time positions

Just months ago, Health Minister Ron Liepert suggested that the nursing shortage was largely caused because too few nurses work full-time. But of the 637 jobs listed, only 105 were full-time for qualified Registered nurses. Even if you include the number of full-time student nurses positions, 177, the great majority of jobs AHS created were temporary, casual or part-time. ❧

Losing a tremendous resource, NURSING GRADUATES

Stephen Duckett has insisted there is no hiring freeze and said AHS has been hiring 50 nurses a week. UNA filed a grievance challenging this and was provided with spreadsheets of nurse hiring records for April and May showing that 637 nurses had been hired. But 335 of those hires were undergraduate nursing students, who have been hired temporarily to help with staffing during the summer vacation months. They are not yet licensed nurses. From the new graduating class of Registered nurses only 39 got full-time jobs, 26 got part-time jobs. The rest of the 182 new grads hired, 117, got only casual or temporary jobs.

“Just months ago, the nursing shortage was the big issue. Then Mr. Liepert said the problem was too few nurses working full-time,” notes Heather Smith. “When a graduating class of somewhere around 1,000 nurses becomes available we should be scooping them all up. But what is AHS doing? They are hiring only a small portion, and most of those part-time or casual.” ❧

Closing large parts of Alberta Hospital Edmonton sparks public outrage

AHS Code of Conduct comes under fire for muzzling employees

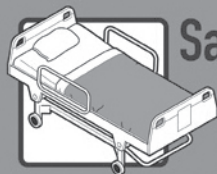
Alberta Health Services is now promising to revise the new Code of Conduct for employees, after MLA Rachel Notley, UNA and other organizations suggested it tries to take away the democratic rights of employees to discuss health policy and advocate for good care.

News media reported on UNA's grievance filed on the code noting that it asks employees to spy on each other and report colleagues if they suspect conduct violates the code.

"It's sort of McCarthyism," Director of Labour Relations David Harrigan, told the Calgary Herald. "We think it's unfair and we think it violates our collective agreement."

The code has the broadest possible terms, including phrasing such as: "If your personal conduct could reasonably result in valid allegations or criticism from our fellow Albertans, then the conduct is questionable and may be improper."

UNA's grievance says "The overall tone of the policy, as well as the method of introduction is offensive, condescending and unreasonable." ❗



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On a Friday afternoon late in August, Alberta Health Services announced it is accelerating its "move to community-based mental health care" but the announcement was a poor attempt at disguising a major cut in mental health hospital bed capacity.

Details in the announcement revealed AHS planned to close several of AHE's buildings and only the forensic unit was guaranteed to remain open.

Widespread reaction from mental health community and even Edmonton's mayor Stephen Mandel condemned what many see as an abandoning the care of the most seriously mentally ill who need acute hospitalization.

"It's a reduction in the bed capacity in our system and in a crucial part of our system, the mental health part," David Harrigan says.

"We've seen this exercise with community living before, beds closed and mental health patients moved out into the community so they can sleep downtown on the streets," says David Harrigan.

The massive closure is clearly a cost cutting measure. A briefing document from AHS in a Q and A form, asks: "Is this a cost cutting measure?" and responds with the statement: "AHS is facing a significant budget shortfall which must be addressed." The document is attached.

AHE is currently operating with more patients than it officially has room for. Patients are sometimes put in "overcapacity" beds when no other hospital or service can take them.

"We have to take the unstable people when no else can take them, there's no where else for them to go," says one nurse from the hospital.

Nurses point out that the in-patient treatment for unstable mental health patients cannot be replaced by community care.

"We provide a necessary service, but it is only one part of the spectrum," says one community mental health nurse. "The in-patient assessment and treatment is crucial for many patients. The idea that they would consider doing this is a travesty. The expertise that they have at Alberta Hospital Edmonton is second to none. You cannot do what they do in the community. Everything that could be transferred to community already has been," she says. ❗

Making the Cut: Rural Nurses in Alberta

By Deanna Sykes, RN



There were no breaks that night – we keep working because we care about the people in our community.

There were no breaks that night – we keep working because we care about the people in our community. There are many similar shifts where the burden of giving nursing care is heavy and exhausting.

But, the Alberta government is talking about closing rural hospitals. This would force nurses and other health care professionals to move to larger centres leaving these smaller vulnerable communities less access to health resources. Slashing rural facilities will not enhance quality services but cut off the lifeblood of community health. Canadian research reports that rural nurses contribute to the health, socioeconomic well-being, and sustainability of these communities.¹

Closing rural hospitals would also increase the demands on larger urban facilities. It would increase wait times, decrease access and availability of health care services to rural communities, and increase the burden of health professionals in the larger urban hospital.

From 1996 to 2006 there has been a 21.4% increase in seniors living in rural Alberta.² We have first-hand experience that the elderly are vulnerable, with increasingly complex health needs. These needs would be best met in their own communities.

Demands of rural communities are increasing - this is not the time to cut services but to increase them.

Nurses have an ethical responsibility to advocate for health care policies that promote and sustain health care for all – our voices must not be smothered by budget bureaucrats. Nurses need to take a stand and ensure a united voice is heard. The most important first cut the Alberta Government should make is to cut rural nurses INTO the process of policy development for health care reform. Sustainability of health care resources is our business. ♥♥

I work as an RN in a busy emergency department in rural Alberta. I witness firsthand how lives are saved and sustained by having access to appropriate health care professionals and services. There are generally two RN's who work in our ER; last evening, I was working and the other RN scheduled to work called in sick. The RN from the previous shift decided to stay an extra four hours to help out – not because she wanted double time but because there was no one else to replace her. The on-call RN was called for the last four hours as there was no one else. I had a full ER and waiting room: a man with chest pain came in and required 1:1 care in the trauma room; another man with a broken sternum and a critical K+ of 1.6; a woman 8 months pregnant thought she might be going into labour; another fell off a horse; and all the other minor things that come into any ER filled the waiting room.

¹ MacLeod, M., Kulig, J., Stewart, N., & Pitblado, R. (2008). *Nursing practice in rural and remote Canada: The final report to Canadian health services research*. Retrieved August 2, 2009, from <http://www.ruralnursing.unbc.ca/reports/study/RRNFinalReport.pdf>

² Government of Alberta. (2006). *The demographic shift*. Retrieved August 2, 2009, from [http://www1.agric.gov.ab.ca/\\$department/deptdocs.nsf/all/csi12639](http://www1.agric.gov.ab.ca/$department/deptdocs.nsf/all/csi12639)

Nurses' complaint about Duckett ethics makes headlines

On Friday, September 18, UNA filed a Code of Conduct complaint about misleading or untrue remarks AHS CEO Stephen Duckett has been making about nursing in Alberta.

The complaint notes that "His mistruths are creating an environment that hinders nurses' ability to perform their functions." UNA also charged Duckett's remarks are tantamount to bullying.

It's the first time the union has ever filed such a formal complaint, Bev Dick, first vice-president told the Edmonton Sun. "I think we would want him to recognize you can't have two sets of rules, one for the peasants and one for the king," she said.

The complaint specified four instances of public statements by Duckett that misrepresented nursing or circumstances in Alberta health care.

On September 18, 2009, CEO Stephen Duckett was quoted in the media as saying, "Somewhere between 25% and 70% of what a nurse does in a hospital ward could be done by someone else." In fact the CARNA study he was supposedly quoting said 27%.

On September 15, 2009, CEO Duckett wrote on his blog, "We are not currently looking at lay-offs and we will not consider lay-offs unless and until it becomes absolutely necessary." But, on Friday September 11, 2009, representatives of AHS met with the nursing and other staff at Brooks and announced that layoffs will occur.

On September 18, 2009, CEO Duckett was quoted in the media saying: "I don't want to say part time is a bad

of shifts and get paid for six days a week.' That's not on." But of course, it is only the employer who can determine who works and when. No employee can decide if she will work additional shifts.

And, in an article published in the Calgary Sun Sept. 18, Duckett also said "A nurse working in our system for a long time gets more money than any other province. Not only that, in order to get that money they work fewer hours because of the length of time for lunch breaks and morning tea breaks and afternoon tea breaks and coffee breaks and everything else."

Like the others, this incorrect statement is highly misleading. "Nurses have one meal break, which is unpaid. Nurses have two paid rest periods per shift, as scheduled by the Employer, each of which is 15 minutes in length. This does not result in nurses in Alberta working fewer hours. Nurse agreements in all but one Canadian province provide for rest periods of this length or longer.

UNA's complaint says Duckett's remarks conflict with several points in the AHS Code of Conduct.

"CEO Duckett's conduct has adversely affected the interests of Alberta Health Services and has caused serious morale issues. He has not chosen his words carefully when speaking with the media. His mistruths are creating an environment that hinders nurses' ability to perform their functions and in many ways must hinder his own ability to function."

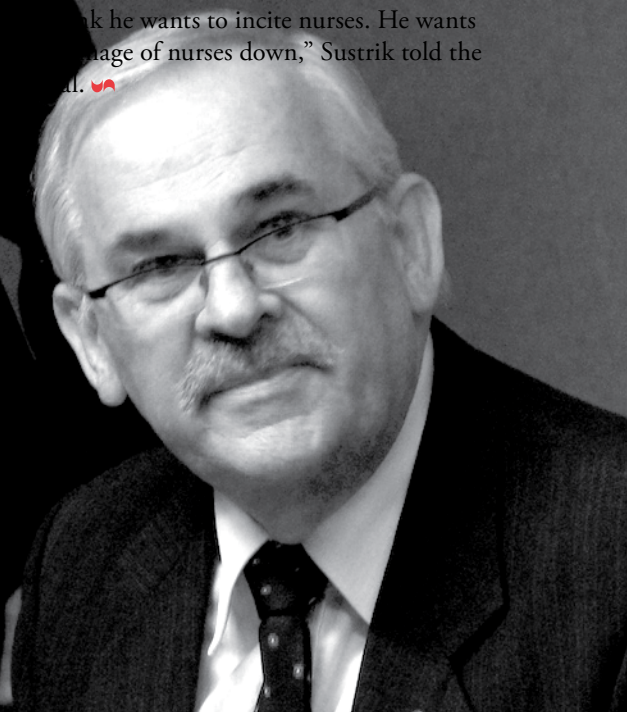
UNA Secretary Treasurer Karen Craik, and 2nd Vice-President Jane Sustrik jointly made the complaint.

...think he wants to incite nurses. He wants to bring the morale of nurses down," Sustrik told the ...

Duckett bullying nurses, union says

Complaint filed over 'mistruths'
by Alberta Health Services CEO

Edmonton Journal September 21 2009



Alberta Health Services Quick Facts

Facilities

- 102 Acute Care hospitals
- 6,800 Acute Care hospital beds
- 18,000 Long term Care & Supportive Living beds / spaces
- 7 Urgent Care Centres

Annual Service Volumes (2008 – 2009)

- 1.9 Million Emergency visits
- 163,000 Urgent Care visits
- 354,000 Hospital discharges
- 247,000 Surgeries
- 50,000 Births
- 60 Million Laboratory procedures
- 147,000 MRI exams
- 419,000 CT exams
- Approximately 10 Million Home Care hours
- 900,000 Health Link calls
- More than 500,000 Albertans see a physician for mental health concerns.
- Albertans were surveyed about their satisfaction with mental health services. Approximately 90% indicated they were satisfied with the treatment received.
- Annually more than 45,000 cancer patients receive treatment, care and support.
- Total cancer patient visits were 495,000.
- Approximately 16,000 Albertans are newly diagnosed with cancer each year. ♥



Twitter with UNA at unitednurses

It can be hard to keep up with the constantly growing number of nursing sources, (and nurses!) on the internet. Facebook, Twitter, blogs and websites on nursing topics are all over the place.

UNA is now on Twitter, with the simple name: unitednurses. (Go to www.twitter.com, search for “unitednurses”.) Feel free to “follow” us. Twitter provides a steady stream of new nursing references like this headline, for example:

“Swine flu update: Do Tamiflu’s risks outweigh benefits for children? Is understaffing putting nurses at risk? tiny.cc/VQH35”

H1N1 protection info

Quite a variety of different guidelines for H1N1 protection standards for nurses. But overall a great deal of information available on the web.

- ▶ Center for Disease Control (U.S.)
www.cdc.gov/h1n1flu/clinicians/

“All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a fit-tested disposable N95 respirator or better.”

- ▶ Public Health Agency of Canada
www.phac-aspc.gc.ca/alert-alerte/swine-porcine/hp-index-eng.php

- ▶ Alberta Health Services
www.albertahealthservices.ca/13060.htm

- ▶ Canadian Federation of Nurses Unions
www.nursesunions.ca/media.php?mid=943

- ▶ United Nurses of Alberta
www.una.ab.ca

More video

Friends of Medicare has brand NEW Youtube videos about the Wrong Way campaign on their website at www.friendsofmedicare.org

UNA is also posting new videos on the video page, linked from the front of the website: www.una.ab.ca ♥

UNA position is full precautions for nursing staff

UNA has learned that some health managers are telling nurses they only need a surgical mask when working with H1N1 patients or suspect cases, “Influenza Like Illness” patients.

Best protection is still provided by a fit-tested N95 respirator, however. UNA’s position continues to be the precautionary one. Nurses should insist on the best protection.

Nurses can refuse to enter a patient room unless they are supplied with personal protection, including eye protection and the N95.

Under the Occupational Health and Safety Code every worker has the right to refuse unsafe work without any fear

of discipline or repercussions. The OH&S regulation is the one exception to the general “obey now, grieve later” rule.

If you have not been fit-tested and do not have access to an adequate supply of fit-tested N95 respirators you should request to be reassigned. If you experience any problems with your supervisor and/or manager regarding this request please contact your Local representative or your LRO as soon as possible.

UNA disagrees with Duckett:

From AHS CEO Stephen Duckett’s blog: in the absence of an N95 mask, if in doubt surgical masks can also be used ...”



Influenza A H1N1

H1N1 flu taking off

One hundred thousand new cases of H1N1 flu were reported in the United Kingdom in one recent week, up from 55,000 new cases the week before. U.S. health officials estimate there have been over one million cases in that country and almost 800 people have died world-wide in the past four months.

The World Health Organization is admitting that “the total number of laboratory confirmed cases is really only a subset of the total number.”

In Canada, health authorities have stopped testing and effectively stopped tracking the number of cases, already over 10,000 and growing steadily. Alberta reports 1,533 confirmed cases and four deaths. The pandemic could be set to increase dramatically with the cooler fall weather in September, starting off the flu season.

The World Health Organization says although they are fast tracking research and production the first vaccines for H1N1 will not be available until September or October.

In Alberta government announced a free vaccination program for everyone over 6 months old, but the vaccinations are for three regular flu strains that are anticipated this year. The H1N1 vaccine will not be available until fall at the earliest.

The virus has already apparently begun adapting and four separate Tamiflu resistant cases have been reported in different countries including one in Canada.

Nurses explain they will work during H1N1 (and not for \$512 an hour)

Nurse Vicki McKenna First Vice-President of Ontario Nurses Association had a great response on CBC's Cross Country Check Up recently, when she was asked: 'Are nurses saying 'If we don't get enough of these special respiratory masks, we're not going to work?'

“They want to be at work. And what they expect from our government and from their employers is the proper protective equipment. And they expect to be there for them, at hand, when it's required. That's what they're

ANTI-VIRAL MEDICATION AND VACCINATIONS

HHealth employees at risk of H1N1 exposure may be asked by the Employer to take the vaccination or possibly antiviral medication. No one can be obligated or forced to take any medication, however Employers may require people who refuse medication or vaccination to work in a non-exposed work environment or to take unpaid time off work.

Alberta Health Services is saying that Employees exposed to H1N1 who decline the antivirals will have to be off work for 96 hours, without pay, but can access vacation credits or possibly banked hours.

UNA took a case on vaccination from Lethbridge to arbitration. The ruling was that Employers are within their rights to send home without pay Employees who refuse the flu vaccine during a declared outbreak. 🍷

asking for. They want to be there. They are not saying to us right now, that they are not going to work. That's absolutely not what they are saying. They are saying they are going to be there, they're going to be at work. But they want to know that when they walk in there to do their shifts and to be there to care for people, that they have the equipment that they need. And that's not a lot to ask for.”

California nurses protest for safe H1N1 conditions

More than a hundred CNA/NNOC registered nurses rallied on the steps of the University of California San Francisco Medical Center on August 6 with a simple message for the public: California and the nation's hospitals are not prepared to handle the H1N1 influenza, known as swine flu, when it hits the country full force this fall, and frontline registered nurses, other healthcare workers, patients, and the public are all in serious jeopardy.

The rally came on the heels of several major swine flu events alarming to registered nurses. Last week, Sacramento registered nurse Karen Hays became the first healthcare worker to die of the virus. She had been a fit, 51-year-old athlete, and her family suspects she was exposed while at work. Also last week, a registered nurse at UCSF claims she was not informed a patient she was treating had swine flu, then was fired for speaking up about swine flu after she began exhibiting symptoms.”The hospitals in California don't have plans, they don't know what they're doing,” said Jill Furillo, RN and CNA/NNOC's Southern California director. 🍷



Judith Russell and her young friend Cathy Glazebrook from Red Deer.

Friends

By Judith Russell

You and I

Florence never knew us

You and I

*With unstarched uniforms, electric beds
Plastic bedpans and IVs, digital thermometers*

She would have been pleased with us

You and I

*Patients first, questions, challenges
As students, as RNs, as patient advocates.*

Generations between us

You and I

*Graduates of 1971 and 2009
From telephones to cell phones to computers.*

Now Florence looks upon us

You and I

*I'm retiring, you're beginning
She smiles, re-lights the lamp and wishes us well.*

You and I.

You are my friend. We share the same not birth year but the same profession. The picture shows what 30 years of nursing can look like. On the left smooth skin, long hair, a stature tall and straight. On the right wrinkled skin, short graying hair and a stoop. That's where we share the field of nursing and I have watched you evolve from a young girl of eighteen into an educated, confident, mature woman in a very demanding profession.

Thank you for calling me when you were accepted to nursing school, when you had a question, when you discovered an answer that made sense, when you were frustrated, when you got a good mark. Thank you for calling me when you passed your national exams and now when you achieved a permanent position. And when this exciting and fast moving profession called upon all your strength to get through critical times, you called.

You are strong, smart and have the courage to make a difference in this world of changing health care. So I am happy to retire from nursing, having made my own contributions, and now it is your turn to take up the challenge and make your mark as an individual and for all nurses.

You are my friend. Keep calling. 🍷



*Local #301 President BettyAnn Emery (left),
UNA First Vice-President Bev Dick and Pauline
Worfold (right), Secretary Treasurer of the Canadian
Federation of Nurses Unions at the barbecue.
(right) Everyone is welcome at the Calgary barbecue
and plenty did show up for free food here too.
(below) Held in downtown Edmonton, the barbecue
feeds hundreds of homeless and less-well-to-do people.*



*(Above Right) Canadian Delegates at the International
Council of Nurses in South Africa this summer. UNA
President Heather Smith far right in the photo.
(Above Left) Marilyn Quinn, President of the New Brunswick
Nurses Union and Janet Hazelton, President of the Nova
Scotia Nurses Union on a school visit during the ICN.*



*UNA Board member Beryl Scott and Alex Shevalier
of the Alberta Federation of Labour Gay Bisexual
Lesbian Transsexual Caucus (LBGT) joined
celebrations at the Calgary Pride March in September.*

Nursing News



UNA pushes human rights complaint about reporting blood-borne viruses

UNA has submitted two human rights complaints, one on behalf of an individual, against CARNA (the College and Association of Registered Nurses of Alberta) because of their requirement that nurses report if they have tested positive for blood-borne viruses, most commonly Hepatitis C or HIV.

UNA has also complained to the provincial Office of the Information and Privacy Commissioner about CARNA requiring registrants to reveal personal medical information.

“We’re asking Human Rights and the Privacy Commissioner to find that this was an unwarranted intrusion into the privacy of nurses,” says UNA President Heather Smith. “It will take some time, but through due process we will protect their privacy.”

All of the complaints are currently being reviewed. If accepted, it will likely take 15 to 18 months for the Human Rights Commission to complete its investigation. ♥

Minister's Advisory Committee on Health Change everything – in just two months

No one is really sure what Ron Liepert is looking for with his new advisory committee announced at the beginning of September. Rumours are they are looking at major changes to the Hospitals Act and the Nursing Home

Act. The wording of the terms of reference suggest they are looking at ways to de-list and privatize more services.

Some of the alarming terms for the committee include:

- options for building a more effective legislative framework for the health system;
- a new way to define publicly funded health services as guided by the Canada Health Act;
- options to broaden patient access to health services, and recommending what health service providers and facilities should be part of the publicly funded system.

The Committee has several representatives who are likely highly sympathetic to maintaining our public health care system, people like Mary-Ann Robinson, executive director at the College and Association of Registered Nurses of Alberta (CARNA).

The Advisory Committee will be looking for public input, likely through a website. Watch UNA materials or website and we will post the web address widely when it is announced. We hope Albertans will swamp them with input about maintaining the universal, publicly delivered health care system we know as medicare. ♥

ONA nurses sue for SARS victims

The Ontario Nurses' Association (ONA) has applied to the Supreme Court of Canada for leave to appeal an Ontario court decision that dismissed the case of 53 nurses who contracted SARS while caring for SARS patients in 2003. The nurses allege that the province assumed responsibility for their health and safety when it issued detailed directives to health-care workers advising them what precautionary measures to take - and those measures

proved to be inadequate. Nurse Tecla Lin died as a result of her contact with SARS. The other nurses all contracted SARS and while some have recovered sufficiently to return to work, many others continue to struggle with lingering symptoms, including constant fatigue and respiratory illness. ♥

Rainbow Gala coming up in October

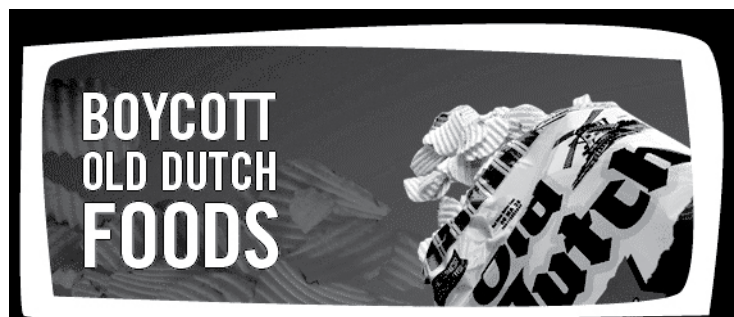
United Nurses of Alberta, UNA Local 301 and The Rainbow Society of Alberta are once again presenting the Rainbow Gala, this year with a Fun Casino Theme. The much anticipated party is a fundraiser for the Society which helps families and kids with serious and chronic illnesses.

Coming up October 15, 2009 5 p.m.. Fantasyland Ballroom West Edmonton Mall with Dinner, a Hypnotist, a Fun Casino and a Silent Auction.

Tickets \$60/ person or \$540/ table of ten. For tix call the Rainbow Society of Alberta Office 780 469-3306. UNA Local #301 is coordinating donations for the silent auction, call 780 407-7453. ♥

Old Dutch locks out workers, hit by boycott

Old Dutch Foods has been trying to use the threat of the recession to force 170 workers at its Calgary plant into a sub-standard contract. When the workers said “let’s keep negotiating” Old Dutch locked them out and on to the picket line. Everyone can help remind Old Dutch that Canadians value fairness by supporting the Old Dutch workers, members of United Food and Commercial Workers Local #401. Please don’t buy any Old Dutch produced potato chips, including: Old Dutch, President’s Choice, No Name, Great Value, Compliments and Safeway Blue Bags. Find out more: www.gounion.ca/boycott-old-dutch/ ♥



Some community health councils stay on

In July, Alberta Health Services announced it was replacing the 59 Community Health Councils with just 12 Health Advisory Councils but some of the former Councils say they intend to continue on.

The drastic reduction in the councils was widely seen as an attempt to shut down community discussion and input into health service issues or a further centralization of control of health care in the province. 🍷

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HSAA reaches agreement on first contract for 912 lab workers DynaLIFE Dx Labs

On September 16, the Health Sciences Association of Alberta (HSAA) announced they had reached a tentative first agreement for DynaLIFE Lab employees. The DynaLIFE members were in a legal position to strike for

their first contract on August 14, but the provincial government imposed a Disputes Inquiry Board which held off job action.

The agreement gives employees a 4% increase retroactive to April 1, 4% in a second year, and the provincially negotiated increase in year three. An HSAA statement notes that some classifications achieve significantly higher increases in year one.

DynaLIFE Dx had been offering its 912 lab employees what HSAA called an "anemic" proposal. The new deal also includes long-service payments, a lump sum payment and an RSP plan. 🍷

CFNU's push for better nursing: thinknursing.ca

The Canadian Federation of Nurses Unions (CFNU) has launched a campaign with a website, thinknursing.ca, about how to improve nursing conditions in Canada. "Nursing is a rewarding profession, but the working conditions can be punishing. Over-capacity leading to hallway nursing is a significant problem, as is violence, understaffing, and mandatory overtime. These and many other issues that reduce the quality of worklife for nurses and negatively impact patient care are discussed here.

However, we do not dwell upon the negative. We move beyond these issues to explore positive practices underway from coast to coast where nurses are working with their employers and unions to make things better. Think Nursing! is about hope and change. 🍷

Sign the Medicare Pledge



Thousands of Canadians are signing on to the campaign to protect public health care at www.medicare.ca. The Pledge is a great way to show your support for universal health care.

"As a Canadian, I believe access to quality health care must be based on need, not ability to pay. Our public health care reflects those values of equality and fairness. We must improve our public health care for everyone, instead of expanding private for-profit services that benefit only a few. I pledge my support for the protection and improvement of public health care in Canada." 🍷

Roxann Dreger's UNA doggie, T-Rex comes nose-to-nose with an American mastiff (called AHS?).



Strengthening our Union

Two major nurses' meetings.

UNA Annual General Provincial Meeting

October 27th, 28th, 29th, 2009

UNA Provincial Demand Setting Meeting

November 24th, 25th, 26th, 2009



forward
together

a child... a wish... a dream come true.

United Nurses
of Alberta
Presents

Thursday
October 15, 2009

Beverly Hills Ballroom - Fantasyland Hotel

Doors open - 5:30 pm

Dinner - 6:30 pm

Tickets - \$60 each or
a table of 10 for \$540

Call 780-469-3306

to order tickets

www.rainbowsociety.ab.ca



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A TOUCH OF VEGAS
IN SUPPORT OF THE
RAINBOW SOCIETY
OF ALBERTA

SILENT
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HYPNOTIST

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