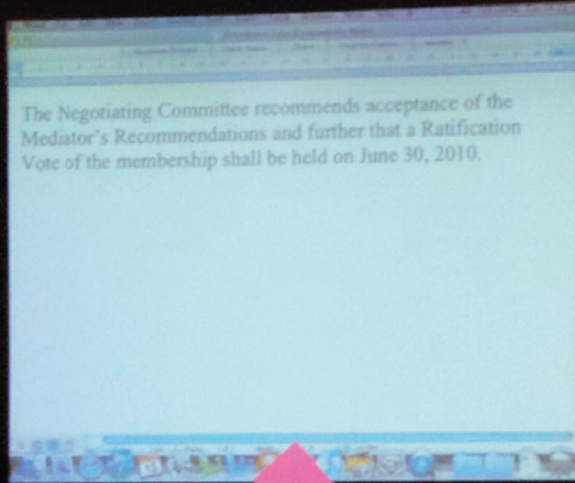




United Nurses of Alberta
NewsBulletin

Nurses move *forward* with new agreement



Over 500 nurses at the provincial Reporting Meeting voted to send the new agreement to a ratification vote by the members.

UNA President Heather Smith and Director of Labour Relations David Harrigan at the negotiations table.



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a year for our members

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New Agreement takes us “forward together”



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By the time you are reading this the members covered by the “Provincial Agreement” will have voted on their new tentative agreement reached June 14th. There is a lot of information in this NewsBulletin and on our website about the items recommended by the Mediator, Tom Hodges, or negotiated at the bargaining table. But even if the members support ratification on June 30th, the story isn’t over.

To begin with, there are other members involved in “Provincial Negotiations” who do not have a new contract. They are members working at long term care facilities (Capital Care Group, Good Samaritan Society, Bethany Calgary, Bethany Cochrane, Bethany Collegeseide, Care West, Shepherd’s Care, St. Michael’s Edmonton, and Salem Manor). Although they are considered part of Provincial Negotiations, their employers were not at the main table. Their negotiations are just about to begin.

I was optimistic an agreement could be reached with Alberta Health Services and I intend to remain optimistic that settlements will also soon be achieved with these other employers. After all, they are funded by Alberta Health Services and ultimately accountable to Alberta Health Services and I can think of no reason why Alberta Health Services would suggest these nurses should have or accept less than nurses working directly for Alberta Health Services.

Secondly, getting back to why the story isn’t over, the new Letters of Understanding in the Provincial Agreement (see pages 3 to 5) will require significant initial work and then ongoing diligence by Local Executive and rank- and-file members.

While we have written promises to hire new grads, not reduce RN/RPN hours, and expand regular positions, the real work is in assuring follow through and implementation. Watch for more information this fall.

So in summary, the good news is that there is a tentative agreement for the majority of our members. An agreement that moves us forward. Let’s hope the good news continues for our members in long term care or we will be calling on all members to step up to the plate in their support. Remember our motto for 2010 “Forward Together”.

I hope you and your colleagues have a safe and enjoyable summer. Too soon the snow and cold will return. Soon the Legislature will reopen and we will need to deal with the Alberta Health Act.

But now it is summer, so may we all enjoy warm sunny days and time with family and friends.

Heather Smith - President, UNA

Proposed agreement

Nurses net 6% increase over a three year agreement

Prevents overall nursing cuts or layoffs

Increases regular nursing hours and hires new grads

The formal salary increase in the recent settlement is 0% in both year one and two, but the mediator's recommendations give all nurses a 2% boost on the salary grid in year two as a "productivity increase allocation", and a 4% increase in the third year. The deal also continues the payment of the lump sums which were established with the 2007 agreement.

"Financially, this deal keeps Alberta nurses ahead of the curve," says UNA President Heather Smith. "It prevents Alberta nurse salaries from falling behind, which is important in attracting nurses to Alberta jobs."



UNA Chief Negotiator David Harrigan addresses the Provincial Reporting Meeting

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"All RNs will receive a special 2% increase in their salary in 2011"

-UNA's chief negotiator David Harrigan.



"Regularization" initiative on staffing crises

The "productivity increase" takes advantage of possible savings from the "regularization" initiative. This is an initiative to relieve staffing stress and save the health system money by turning replacement and overtime hours into new nursing jobs or into more hours (greater FTE) for part-time nurses who want more hours.

Alberta has, over the years, drifted into a "just-in-time" scheduling process for nurses. Now health employers have entire scheduling offices dedicated to coping with inadequate nurse staffing. This has become even more of an issue with the 2009 "vacancy management" plan which resulted in many vacancies not posted. Casual nurses are being worked to the bone, part-timers work many additional shifts, and there is too much costly overtime.

"Regularization" will turn these extra hours into regular positions, helping stabilize the workforce and providing more certainty for our members and for patients. With increased regular hours, the need for overtime should decrease, resulting in savings.

"We have constant staffing crises every day which are costing our system money, and impact good nursing care," notes Heather Smith. "We are looking forward to working with Alberta Health Services on this 'regularization' initiative."

No reduction in overall nursing hours, hiring grad nurses

Employers are also committing to maintaining RN staffing levels and to hiring 70% of the province's new graduating RNs. Two Letters of Understanding in the agreement will help improve nurse staffing in the province. The Employer has committed to "no overall reduction in nursing hours" maintaining at least the same number of total nursing hours worked as there were in 2009-2010. A second letter guarantees hiring the grads each year: "On an annual basis, the Employers will have a sufficient number of either regular positions or temporary positions of six months or greater, to be able to hire at least 70% of the Alberta nursing student graduates.

Transitional changes

Sorting out amalgamation of the health regions

At the same time as collective bargaining has been going on, Alberta Health Services and UNA have been working out the contract changes made necessary by the amalgamation of the nine Regional Health Authorities into the single body of Alberta Health Services.

Mediator Tom Hodges also assisted in this process and many issues were resolved, but areas where UNA and AHS could not agree, Hodges has made recommendations. These transitional changes are all under the authority of the Alberta Labour Relations Board and the LRB must confirm the changes. 🍷



Notice of layoff goes from 14 to 28 days

While the new agreement will prevent any overall reduction of nursing hours worked, the Employer may still make local position eliminations (layoffs) for operational reasons. But the employers must now give four weeks notice of layoff rather than the former two weeks. The change gives nurses much more time to make the important decisions on what they will do and which position they might choose.

Facilitating retirees enrolment in benefit plan

The Employer agrees to take all necessary steps to facilitate the enrolment of retiring employees in the Alberta Retired Teachers' Association (ARTA) Benefit Plan for post-employment Supplemental Health Care and Dental coverage effective January 1, 2011. The retirees will be responsible for the fees for the plan, but AHS will ensure every employee is provided with the information they would need to join the plan. 🇺🇦

UNA President Heather Smith congratulates long time Local 115 Nurse Shirley Soyland on her retirement



Over 500 UNA members voted on the proposed agreement at the provincial Reporting Meeting in Edmonton, June 15th.

Workforce Regularization Process

Converting overtime and extra hours to regular nursing jobs

A very innovative move in the new agreement is the “regularization” which will help to stabilize the nursing workforces, reduce stress and even save money by cutting down on staffing crises.

“This is one key way we can help take some off the strain in nursing. Constant staffing crises have been a huge problem for morale,” says UNA President Heather Smith.

UNA and AHS will be working together through a Project Steering Committee to determine where extra hours can be converted into jobs.

The Provincial steering committee will establish what “regularization” will look like, local committees will look at how many hours are out there and translating them into regular full and part-time positions.

The local committee will say how many hours are available to create new positions or for increasing FTEs by offering the hours to current employees. 🇺🇦



Nurses at Youville Home in St. Albert held an information event outside their site to raise awareness about RN staff reduction

Let me be clear: Alberta Health Services supports and encourages patient advocacy. Physicians and staff are free to comment as they feel appropriate on patient care and other issues, including wait times and capacity issues.

– Roman Cooney, senior Vice President Communications, Alberta Health Services in an April 19, 2010 letter to Dave Lowry communications director of the Calgary and Area Physicians' Association.

Nurses can, and should, comment on health care issues

There is NO “muzzle” but it is wise to take care

Employees have an obligation of loyalty and fidelity to their employer. This means that they should not reveal any confidential information about the employer to the public.

However, employees do have the right to participate in public discussion about government policies and public issues (this is curtailed only for employees in very senior and trusted positions advising the government or employer).

UNA recommends that while nurses should not be silenced from participating in public debate, they should be cautious about agreeing to any media interviews. We recommend that you consult with UNA before talking to any media or refer media requests to UNA.

When making public comments about health care keep in mind the following:

1. Never reveal confidential information to the public, especially any patient information.
2. To the extent that comments can be about government policy or decisions, instead of AHS (your employer) that would be better.
3. Comment on policies or directions that have been announced or are already in the public domain.
4. Nurses are concerned about delivery of safe and effective healthcare and protection of patients, and comments should be made in this context.
5. Avoid a highly visible and sustained attack against your employer (i.e. one letter to the editor may be okay, but not one every day).
6. Ensure nothing you say puts you in a conflict of interest with your employer - where your interests would be put ahead of your employer's or your patients.
7. Ensure that nothing you say undermines, or could be perceived to undermine, your ability to do your job. (i.e. speak generally about the strain on nurses, but do not question your ability to do your job because of the current situation).
8. Also, keep in mind your professional obligations under CARNA/CRPNA.
9. The way you make your comments is very relevant, so try choose an appropriate forum, and appropriate words and tone.
10. If the concern relates to a specific issue with your employer, you should address it internally through established channels of communication with your employer. 🍷



Wildrose Alliance on health care?

Danielle Smith has outspoken views on “innovation”

The new Wildrose Alliance Party's health care policy sounds pretty good on their website. They want to “build a unified, universal and cost-effective health services information network that will improve care and reduce long-term costs.” And they say they support all the principles of the Canada Health Act. Pretty good. But they also sound a lot like the Conservatives: “encourage and support innovations in the delivery of health care,” and: “focus funding on patient care and reduce wasteful spending in the system.”

Many Albertans will recognize some of the key terms, “innovations” which often means private corporate delivery and “focus funding” which is a lot like a voucher system.

But if you want to know more, we can look back at some of voluminous commentary by Danielle Smith. In 2003, she criticized nurses in the Calgary Herald (March 27, 2003) saying: “they don't want anyone other than government to run the health system”. She makes the argument that nurses will get better conditions in a for-profit health care system, like in... Sweden? (It turns out the Fraser Institute had just published a glowing report on privatizing health care in Sweden.)

“Under the old, heavily politicized system, nurses had no access to decision-makers. In private facilities, nurses can talk to their bosses directly and share their ideas,” Danielle Smith claims.

Of course, that makes complete sense. For-profit owners will want to dig right

into their pockets to pay out when nurses say staffing must increase.

She lauds the importance of profits, “Profits create both the incentive to invest and the means to reinvest.” Without ever considering where all the money for profits must come from.

With public spending, on the other hand, “taxpayer dollars evaporate into the abyss of public administration” she says.

But real world studies of Canada and the U.S. show administration and, yes profits, in the U.S. gobble up over 30 per cent of health spending, compared to about 16 per cent in Canada (Woolhandler, et al New England Journal of Medicine, 2003).

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*Wildrose Alliance leader
Danielle Smith*

Nurse-to-patient ratios save lives reports new study

In 2004, California became the first jurisdiction to legislate minimum nurse-to-patient-ratios. Now a first broad study has been done on the results of the law. The researchers compared outcomes for nurses and quality of care in California and two states without legislation, Pennsylvania and New Jersey. They surveyed 22,336 nurses in the three states. The conclusion was the legislation has worked, improved nursing care and reduced deaths. They found that in both Pennsylvania and New Jersey nurse workloads were higher than in California. If these states matched California nurse staffing ratios in medical and surgical units, New Jersey hospitals would have 13.9 percent fewer patient deaths and Pennsylvania 10.6 percent fewer deaths, saving 486 lives over two years. “When hospital nurse staffing levels are raised, nurse satisfaction and patient outcomes both benefit—and lives are saved,” the study concluded.

The study is available at: <http://www.rwjf.org/pr/product.jsp?id=62408>



Unionists visit Lubicon people who continue to have NO treaty rights and worsening conditions

by Christina Doktor

The Lubicon were overlooked during the treaty process in 1899. They were not given the opportunity to sign on to Treaty 8.

In April representatives from the Alberta Federation of Labour travelled to northern Alberta to investigate the Lubicon Cree Human Rights issue. The story of the Lubicon Cree resurfaces every few years as a public shame in Alberta.

Their visit coincided with the 20th Anniversary of the United Nations Human Rights Committee resolution that Canada had violated the human rights of the Lubicon Cree by failing to recognize and protect Lubicon rights to their lands, and that intensive oil and gas development had devastated the local economy and way of life.

The Lubicon were overlooked during the treaty process in 1899. They were not given the opportunity to sign on to Treaty 8. After many years of trying to negotiate a Treaty, the Lubicon remain frozen out. The Government last negotiated with them in 1992.

To the Lubicon, a Treaty is like a collective agreement to a union member.

Without a Treaty the community has nothing to protect their land. Oil companies have been building roads, loading machinery, and cutting down trees, and the Lubicon Cree are quickly losing their way of life. On average there are eight pump jacks on a quarter section of land. The self-sufficient lifestyle of hunting, fishing and living off the land is quickly diminishing before their eyes. The community lives with no running water. Only the school, health centre, and band office have a running water supply, and even that is limited.

Today the land dispute remain unresolved while what we saw there showed the harm experienced by the Lubicon people has only increased.

Lubicon kids launch "Operation Hockey"

The AFL tour met with the kids over lunch. We asked them why kids drop out? We heard a lot of responses, with the same general theme. There is nothing to do in Little Buffalo. The principal opens the gym in the evenings so the kids can have gym night. Otherwise the kids are at home, riding on quads, and as one student said "we're getting into trouble."

We asked the kids what they want or need to improve things. The kids decided on a hockey rink and called it "Operation Hockey". They met with the Band Council presented "Operation Hockey" and were assigned some land.

Communications Energy and Paperworkers (CEP) Local #707, took up the hockey rink challenge. On May 25th they

UNA Executive Board Members Christina Doktor and Beryl Scott were on a recent visit to the Lubicon Lake band as a member of the AFL Human Rights and International Solidarity Committee.



met with members from Little Buffalo and began planning. They levelled and cleared the topsoil and put down the gravel. The plan is to build the cement pad this year, and work on the boards later in the fall or next spring. Thanks to CEP 707, “Operation Hockey” is a go, and with some fund raising a great group of kids will have a hockey rink! 🍷

Essay contest on the 20th Anniversary

To commemorate the anniversary, the AFL supported a special project, an essay writing contest initiated by Amnesty International, KAIROS, and Canadian Ecumenical Justice Initiatives. Students from Little Buffalo worked up their essays and three winners got the big prize, a trip to New York to present their papers at the United Nations in March. 🍷

Students from Little Buffalo School wrote essays to win a trip to the United Nations in New York.



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Danielle Smith on private health care

And, ironically, Danielle Smith touts the advantages of the Health Resource Centre in Calgary, the private hospital that Alberta Health Services was forced to bail out recently. “Calgary’s Health Resource Centre, one of the few private surgical facilities in Alberta, has demonstrated some of the advantages of private-sector delivery for health-care workers. Although CHR pays lower wages than the public system, it provides better working conditions.” In fact the Health Resource Centre closely matches wages with the public system, but it doesn’t pay benefits. In fact, nurses have told us HRC encourages its nurses to work part-time in the public system to get their benefits.

More recently, Danielle Smith was praising the efforts of former Health

Minister Ron Liepert. In a Herald piece (August 12, 2008) she seems to be talking about a voucher type system for patients: “The fifth problem is how patient care is funded -- bureaucrats are deciding what should be funded, which has led to a bloated bureaucracy and not enough money spent on essential services. Liepert likes the concept of the Crowfoot Clinic, which receives funding directly from the province based on the number of patients it has on its roster. He also likes the idea individual medical savings accounts, which would give funding directly to patients to choose their own treatment...”

All in all, Danielle Smith sounds like a real booster of the Conservative plan for “patient-focused funding” and “publicly-funded” but privately delivered health care. 🍷

Health Care

Danielle Smith was praising the efforts of former Health Minister

Ron Liepert.

Nurses concerned for safety with budget-saving security cuts

Janice Peterson, Occupational Health and Safety Officer, United Nurses of Alberta



The original plan called for the elimination of security personnel at all of the rural and community health sites.



Effective April 1, 2010, Alberta Health Services implemented a new protective service model for the province that is partly in-house (personnel will be AHS employees) and partly contracted out to a private security agency (Paladin). There will be province-wide dispatch and a significant reduction in both security and dispatch staff (120 positions). This plan was approved by CEO Stephen Duckett.

The Protective Services staff employed by AHS fall into two categories (CPO 1 & CPO 2) with different training.

Community Police Officers 1 receive six weeks of training. This is same training provided to Alberta Sheriffs. These individuals are sworn officers and have the right to restrain and arrest.

Community Police Officers 2 receive two weeks of training and have the ability to restrain individuals and issue trespass tickets. They are also sworn officers.

Contract Security should receive the same two weeks training as the CPO2's, however, the training is provided by Pala-

din and they are not sworn officers. These staff cannot issue trespass tickets.

Many of the Paladin staff who have been assigned to sites have yet to receive training. In addition, any concerns regarding the performance of the contracted staff must be dealt with through Paladin. AHS management personnel cannot direct the work of these staff.

In discussions with AHS we were advised that because they will now have more CPO2's who can issue tickets they felt that they could reduce the number of protective services staff. This rationale is suspect given the fact that a significant number of the staff will be contracted out and will not have the same abilities as in-house staff.

The other significant difference between the in-house CPO2's and contract staff is the pay rate. Peace Officers employed by AHS will be earning up to \$10.00 more per hour and receive benefits and vacation pay.

At several meetings regarding this issue AHS representatives admitted that the main driver for contracting out and staff

Nurses facing problems with security

"Last night I had a mental health patient in who was hearing voices telling him to kill the doctor, staff, and others. He threatened to stab the doctor imminently. When we called our "roving" Security people based at Alberta Hospital, I was told they had "gone off shift" and no one was available to help me. I called 911 and the RCMP in

this area (one constable who had already called in another member to assist her) were responding to another mental health related call. They would be there 'as soon as possible'. The staff on at the time were quite upset and we felt our safety was threatened. Eventually the RCMP did arrive, but not until after very tense moments in our health center."

reductions was budget cuts (they are reducing the number of dispatchers as part of centralizing the dispatch office & they save money by contracting out because they do not have to pay benefits & vacation etc)

Prior to the changes, Protective Service staff was also perform additional tasks such as responding to elevator alarms and fire alarms, monitoring engineering systems, lost and found, arranging for locksmiths. At one meeting concerns were raised about maintenance staff's ability to take on these additional duties when they do not provide a 24/7 service. We were advised that AHS was still working out the details regarding these additional duties at that point.

The original plan called for the elimination of security personnel at all of the rural and community health sites. There are two or three mobile units assigned to each sector (seventeen to cover the province). The staff in the mobile units will make regular visits to facilities but if staff require immediate response they must call 911.

On April 26th, the Alberta Union of Provincial Employees (AUPE) received notice that AHS had reconsidered it's decision to withdraw all security from rural hospitals and would now provide contracted security services at rural hospitals where AHS Protective Services officers were present in the past.

Although this was a welcome announcement this is far from ideal and still results in a downgrading of the level of security. Many of these sites lost long-serving security staff who were replaced by Paladin staff.

UNA is opposed to the implementation of this new service model and worry that these changes will expose nurses and other health care workers to even more threats and violence than they are now. 🍷

Gut wrenching; heart expanding; incapacitating; hopeful

Edmonton nurse Lise Budreo travelled to Haiti after the earthquake to help. She is sharing just a part of the touching story her experience there.

I know that there is not enough space nor time to tell you of how I feel... I watch the word counter at the bottom of the screen and I fear I will run out of room even before I can scratch the surface of what my recent trip to Haiti meant to me, did to me, made me feel... but I will try because I have to try and help you understand...

01:30 I am holding an 18-month old child in my arms... he bolts awake every so often, turns his head and looks at me... reassured I have not let him go. I cannot begin to explain to you the look in his eyes, the weight of his 15 pounds in my arms, the sadness that emanates from him... the pain he must feel emotionally and physically... he has not eaten in 2 weeks... no explanation... 🍷

Read more about one nurse's story in Haiti on Lise's blog at: <http://liseinhaiti.blogspot.com>

Research shows Canadian nurses fatigued

In a survey of more than 7,000 registered nurses across all sectors of health care, more than 55 per cent reported feeling almost always fatigued during work.

The research report, Nurse Fatigue and Patient Safety, was prepared by the Canadian Nurses Association (CNA) and the Registered Nurses' Association of Ontario (RNAO) and released during Nursing week.


Nurses said fatigue interfered with their ability to make good judgments

and sound decisions. Relentless and excessive workloads, ongoing staffing issues and sicker patients are the key reasons for the fatigue, the nurses say. Coupled with the cognitive, physical and emotional strains of working in high-stress environments, the report concludes that fatigue is taking a heavy toll on nurses.

Both CNA and RNAO say the research highlights a serious issue that must be addressed immediately in the health-care system.

Key recommendations in the report include:

- ensuring governments at all levels provide adequate funding to increase the number of RNs to ensure safe care for all patients, in particular, sicker, complex or unstable patients;
- requiring health organizations to make public their overtime, absenteeism and disability statistics
- supporting nurses to assume more responsibility for managing fatigue while at work, including using professional approaches to decline additional work assignments

“Nurse fatigue is just one of the negative consequences that can be linked to Canada’s RN shortage,” said former CNA president Karen Neufeld. “The imperative for the Canadian Nurses Association and RNAO in spotlighting this crucial problem and identifying specific solutions is to guard against unsafe patient situations and stop a potential exodus of nurses from the profession, which would further compound patient safety.” 

The report concludes that fatigue is taking a heavy toll on nurses.

Hallway or Private Room.
Our First Priority is Your Health.

Old Calgary poster still tells it like it is.

This older Calgary poster is still up, but it has new meaning in the age of “hallway” nursing. “Non-traditional” hallway spaces for beds, should NOT make any difference, the poster seems to suggest.

Hospital beds are sometimes placed in non-traditional spaces to make room for new patients when the hospital is full. No matter where you are being treated, you will receive safe, high-quality care.

Thank you for your patience and cooperation to ensure new patients who need care are admitted.

Minister hears from Cold Lake nurses

Alberta government ministers were hurriedly touring the province this spring including Health and Wellness Minister Gene Zwozdesky who dropped in on staff at the Cold Lake Health Centre.

At Cold Lake he certainly heard from the nurses.

Local #76 President Dianne Bibeau reports that she and others made it clear to the minister how understaffing is eroding the care at their facility.

Dianne followed up with the Minister with a letter on the problems. “We are desperate for increased staffing,” Dianne Bibeau told the minister. “This has been an issue for years, and we have tried to work within the process to achieve adequate staffing levels. We wait indefinitely for approval for pending “Issues for Decisions” — some apparently on the critical list! The new approval process after the formation of AHS has made filling even the existing vacancies extremely difficult.”

She detailed how the shortage impacts the facility and the patients. Some examples:

- On most shifts there are only two nurses to triage, assess, give treatments, input orders, admit, clean and change stretchers. Even one moderately ill patient can severely stress the department.
- Sick calls are usually a mini-crisis requiring people to work either longer hours or on their days off.
- We have difficulty training staff for obstetrical positions due to lack of time for existing staff to educate, and no position for an educator. This negatively affects anyone hoping to be an obstetrical nurse. Adding to

this is the expectation the obstetrical nurse also to have a patient assignment on the general floor. We have PRC’s addressing this issue.

The Professional Responsibility Committee (PRC) forms she passed on to the Minister were clear too:

“OBS patient was being induced (requires one-to-one nursing) and another patient was in active labor (physician ruptured her membranes even though there were no extra staff). Patients delivered within one hour of each other which meant that this left one RN to care for ALL the patients on the floor! Meds were given late and patients were not adequately cared for! One LPN worked a 16 hour shift as there were NO extra staff available.”

On other issues the Health Minister has been quick to say he can’t administer the health care system directly, but Dianne certainly hopes that telling just some of the stories of understaffing will lead to something better. 🍷



Health and Wellness Minister
Gene Zwozdesky

On most shifts there are only two nurses to triage, assess, give treatments, input orders, admit, clean and change stretchers.

UNA Green Committee looking at reducing environmental impact

Lee Coughlan, Labour Relations Officer UNA

On May 21, 2010 UNA Staff’s Green Committee met for the first time. The Committee is the first step in what we hope will be a conscientious effort to reduce UNA’s impact on the environment. The Committee met for a second time on June 4th and discussed early results of our efforts. UNA is currently testing printers and computers for “phantom power” waste and we hope to achieve quantifiable reductions by turning off these and other items overnight. We will also be providing monthly updates through the Newsbulletin to describe UNA’s achievements on greening operations. We hope that our efforts can inspire members to follow suit in their own homes. 🍷



Ricardo Acuña is the executive director of the Parkland Institute, a nonpartisan public policy research institute at the University of Alberta. For more information, contact the office at 780.492.8558 or visit www.parklandinstitute.ca.

There are alternatives. Let's be creative and critical.

The Parkland Institute believes that engagement is key to democracy and the public interest. In particular, we believe that there is value in researching and disseminating alternatives to current government policy. Critical and creative engagement with the world around us moves society forward. This is especially the case when those we have elected to protect and promote our interests stand before us and say that there are no alternatives.

We have heard this repeatedly over the last year from the premier and cabinet ministers. Their message has been clear and consistent. Alberta's overdependence on natural gas revenues is resulting in multi-billion dollar provincial deficits, and the only way to deal with this is to cut jobs and public services. There is no alternative.

Our research has found that numerous alternatives exist; what's missing is the political will to implement them. The government spent more than half a billion dollars last year alone on "drilling stimulus initiatives." These are actually royalty breaks to the oil and gas industry—breaks that research has shown will do next to nothing to stimulate the economy. These "stimulus initiatives" have now been made a permanent part of Alberta's royalty regime.

One area the premier has been adamant about not changing is the area where change is needed most—Alberta's tax system. In 2001, Alberta moved from a progressive tax system (where the higher the income, the higher the percentage paid in taxes) to a flat tax of 10 per cent.

It was this experiment that resulted in the loss of billions of tax dollars from the provincial coffers and ultimately made our public services overly dependent on natural gas revenues. According to recent Parkland research, had the 1999 progressive tax system still been in place in 2006, it would have meant an extra \$5.5 billion in the provincial coffers in that year alone, and significantly more in the current tax year.

Albertans are reluctant to talk about this because they believe the myth that they pay the lowest income taxes in the country. The reality, however, is that this applies only to the wealthiest Albertans. Albertans in the lowest tax bracket pay more income tax than their counterparts in six other provinces do. Likewise, a family earning \$75,000 per year pays more in Alberta than it would in British Columbia, Saskatchewan, Ontario, Quebec, Yukon, the Northwest Territories or Nunavut. There are alternatives.

Pursuing the alternatives listed above—\$5.5 billion in tax reform, and \$1.7 billion and \$540 million diverted from carbon capture and storage funding and royalty breaks, respectively—would mean an extra \$7.74 billion in provincial revenue this year alone. That would be enough to make up the \$4.7 billion deficit and generate a \$3 billion surplus, or provide \$3 billion in increased funding to education, health care and social services.

At Parkland we strive to be creative and critical and to seek alternative ways of doing things. Shouldn't we demand the same of our government? 🍷



The coming Alberta Health Act

Repealing Alberta's Public Medicare laws?

This fall, the Stelmach government wants to make major changes to health care law in Alberta. Considering the Conservatives very poor record on the health care file, this is a cause for serious concern.

The government says the Alberta Health Act will establish several principles to run the system, but it gives no specifics. Current laws have specific language that protects and maintains a universal public health care system. Any change that weakens these laws could lead to a parallel, two-tier for-profit health care system that relies on private insurance.

Alberta's current health laws set specific standards for health care, especially in nursing home care. Any change that weakens these standards means you and your family could pay more, and end up with a lot less.

The Stelmach government has appointed Edmonton MLA Fred Horne and a committee of representatives to undertake consultation about the new Alberta Health Act this Summer. Horne and the committee are scheduled to provide their report by September 30th and the new Alberta Health Act is expected to be brought before the Legislature for the fall 2010 session.

The Friends of Medicare is holding parallel public consultations across Alberta, highlighting this government's pursuit of an aggressive policy of private contracts

to deliver public services. This has resulted in extensive privatization in Senior's care and created very difficult situations like the Health Resource Center private hospital Calgary going bankrupt.

The government says that Alberta health law exceeds the requirements of the Canada Health Act and requires "revision."

Current Alberta health laws reinforce the Canada Health Act and provide some specific standards for our health system to function. The Canada Health Act offers guiding principles. Albert's Medicare laws provide specifics.

If the government weakens our provincial laws into vague language with no teeth, Albertans would be left exposed to extra-billing, de-listing of services, private insurance and an explosion of private health care. ❧

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Alberta Health Act will establish several principles to run the system, but it gives no specifics.

Friends of Medicare held its provincial Annual General Meeting in Edmonton recently. Members travelled from across the province to join in the discussion of issues and campaigns.



UNA joins with retired nurses in special tea for Nurses' Day

Jane Weir, new grad nurse at UAH, Heather Smith and 92 year old Harriet Younie.

This year on May 12th, President Heather Smith and a small UNA contingent joined in the festivities at Touchmark at Wedgewood in Edmonton. The residence hosted a special tea for its many retired nurses including 92-year-old Harriet Younie, the oldest U of A nursing graduate at Touchmark. Harriet and some of the other retired nurses displayed many of their nursing treasures, including a vintage pair of silk stockings (a uniform requirement of the day) and a set of very antique instruments that were reportedly used by a distant relative in the Crimean War itself. Another of the residents brought her niece to the tea, newly graduated Jane Weir who is working at the University of Alberta Hospital now! 🌹



Heather Smith celebrated Florence Nightingale's birthday with retired nurses at Touchmark at Wedgewood.



Doris Douglas graduates from Holy Cross Hospital in 1944. Now at Touchmark in Edmonton.



Harriet Younie (middle) in NYC Hospital before the war.



Harriet Younie, the oldest U of A nursing graduate, and others display all of their nursing treasures.



Zwozdesky hears from nurses on Nurses' Day

UNA Local #301 was holding its annual meeting on Florence Nightingale's birthday, May 12th. With assistance from UNA President Heather Smith, they invited Health and Wellness Minister Gene Zwozdesky to bring greetings.

But before the Minister got a chance to talk, some nurses introduced themselves and talked about how long they had been in nursing, some for decades, and new nurses for less than a year. But the total

experience in the room added up to more than 4,000 years of nursing.

Zwozdesky talked about how important nurses are in health care and even touched on the history of Florence Nightingale. (A video of his remarks is on the UNA youtube page: search United Nurses).

Heather Smith noted after Zwozdesky's left that it had been the first visit by a minister to a UNA event, since... well, no one could remember a previous one. 🍷



Faces & friends

News about the people of United Nurses of Alberta.



Over 30 people gathered to bring attention to the state of long-term care in Hinton when 7 Cabinet Ministers visited the town in June.

Organizer Lynda Jonson said while the event turned some heads, only action will make it a success. Jonson added that the current Good Sams center provides assisted living which is good for some, but not all. She says staffing also needs to be addressed as current staff work too many hours. 🍷

Kevin Champagne, Karen Craik, Kathleen Hamnett, and Derek Gwynn at the Calgary event for the day of mourning for workers injured or killed on the job.



United Nurses of Alberta NewsBulletin

Melita Swartz retires after 52-year career

Now in her seventies, Melita Swartz decided to take advantage of the voluntary exit plan and take “early retirement” from her regular job at the Drayton Valley Health Centre. Melita was working 12 hour, rotating shifts at the hospital up until her last night. “I thought we’d have to time to reminisce,” her colleague Verlie Klap says about Melita’s last shift. “But we had two maternities, a full ward and the emergency was busy. One



of those nights, you know.” Melita has been active in UNA her whole career, attended all the meetings and always helped out. She was the one to sign up new members. She raised her family in Drayton Valley and has grandchildren to help out with too. Melita graduated from St. Paul’s in Saskatchewan in 1958 and worked at the Calgary General, in Wetaskiwin and several other hospitals but spent most of her career, over 40 years, in Drayton Valley. 🍷



Over 40 UNA members from across Alberta joined nurses from Saskatchewan and Manitoba at the Canadian Federation of Nursing Unions Prairie Labour School in Regina in May. The Labour School included workshops on Generational Diversity, Accommodating the Disabled, and Intercultural Awareness. 🍷

Local 33 members Lucille de Beaudrap and Domhnall O’Doughartaigh climbed to the summit of Mount Everest in May 2010, just after Nursing Week. They posted a special version of their photo: on their blog with the UNA Nursing Week message: Alberta’s Nurses At your side! On your side! Read about their adventure at: <http://myfriendlucille.blogspot.com/> 🍷



Voluntary Exit Plan AHS turns a potential morale booster into a nightmare

Alberta Health Services has badly mishandled the Voluntary Exit Plan that it sought to negotiate with UNA last year. Hundreds of senior nurses applied for the plan, but AHS has had difficulty with its approval process.

Nurses have had many experiences with their applications. One nurse with 40 years, asked about her application was told abruptly, 'oh, yeah, your last day will be Friday.' At the other end of the spectrum a nurse was told, 'Yes, you are approved but I can't let you go until November.'

"AHS has taken a program that could have created goodwill among nurses and left many feeling very badly treated," says UNA Director of Labour Relations David Harrigan.

As of May 2010 282 UNA members had been approved. 72 had been denied and 42 are still "in progress" - meaning the employer has not decided if it is approved or denied.

"We believe that very few, if any, members should be denied," David Harrigan says. "In order to deny, the employer will need to show that training a replacement employee would cause an undue hardship for the employer."

UNA has filed grievances on every denial. AHS has agreed to proceed to arbitration quickly. "We think AHS

should just approve them all, but if they do not we will get to arbitration as fast as we can and get decisions," David Harrigan says.

If any members hear any news about this program, please contact us and keep up to date. We will also post updates as we learn of them. ♥♥

AHS changing benefit and RRSP carriers

Alberta Health Services is changing to Alberta Blue Cross as its extended health benefits carrier, but there should be no changes in benefits. The plan still includes 100% coverage of all prescribed medications.

AHS is also making changes to the administration of the supplementary RRSP. Standard Life will be managing the program from here on in. Already existing RRSP plans are NOT affected and remain where they are, but future contributions will be going into a Standard Life RRSP account.

Under the RRSP benefit employers match your RRSP contributions up to 2% of annual earnings. This can be thousands of dollars a year. It's a bank account that doubles your money!

Standard Life is contacting members to allow them to enrol in the plan online and to access the new RRSP accounts. ♥♥

Have you joined UNA on **facebook** ?

With over 500 million users world-wide, Facebook is the largest online social network and is quickly becoming the default for online activity. As of June 2010, UNA's Facebook Page has attracted over 2,100 fans, including members and supporters. This means that your union is now the largest Alberta union on the popular online social network!

When you join, you can access and join in discussions about interesting links,

news stories, blogs, UNA updates, and videos and photos of UNA members from across Alberta. Since January 2010, over 1,300 comments, "likes" and conversations have been generated from UNA members and supporters on Facebook.

We encourage all UNA members and supporters to engage in these online social media and to have respectful conversations. It is public, so remember to keep it clean!

<http://facebook.com/UnitedNurses>

*You can also find UNA
on Twitter (twitter.com/UnitedNurses) and
YouTube ([youtube.com/
UnitedNursesAlberta](http://youtube.com/UnitedNursesAlberta)).*

Alberta's nurses at your side on your side!



Nurses advocate for the well-being of our patients in hospitals, our clients in the community, and our residents in long-term care.

Advocating for our patients. It's an important part of being a nurse.