

# Remembering 1977: 3 years of UNA

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United Nurses of Alberta  
NewsBulletin



Edmonton Nurses walk the picket line, July 6, 1977

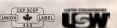


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**Editor** David Climenhaga  
**Production** Kelly de Jong

## Executive Board

### President

Heather Smith  
H: 780-437-2477 • W: 780-425-1025

### 1<sup>st</sup> Vice-President

Bev Dick  
H: 780-430-7093 • W: 780-425-1025

### 2<sup>nd</sup> Vice-President

Jane Sustrik  
C: 780-915-8367 • W: 780-425-1025

### Secretary/Treasurer

Karen Craik  
C: 403-510-5163 • W: 780-425-1025  
or 403-237-2377

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## Provincial Office

700-11150 Jasper Avenue NW  
Edmonton AB T5K 0C7  
PH: 780-425-1025  
Toll Free: 1-800-252-9394  
FX: 780-426-2093

## Southern Alberta Regional Office

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

**Web Site:** [www.una.ab.ca](http://www.una.ab.ca)  
**E-mail:** [nurses@una.ab.ca](mailto:nurses@una.ab.ca)

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CANADIAN ADDRESSES TO:  
UNITED NURSES OF ALBERTA  
700-11150 JASPER AVENUE NW  
EDMONTON AB T5K 0C7

# UNA's 35<sup>th</sup> anniversary message: Solidarity's the key in 2013 bargaining round

This is UNA's 35<sup>th</sup> year of existence, and in almost every way things are better for Alberta nurses than they were in 1977 when we created this great union.

Wages are higher, benefits are better, and our workplaces are more respectful. It's all because of the hard work we do together as one nursing union – for each other, our patients and Alberta's health care system.

Over the years we've had some tough negotiations and some pretty difficult patches, but this adversity brought us to the better place UNA's more than 25,000 members now find themselves. We did it by sticking together and showing courage and determination. As a result, today we enjoy a better relationship with our largest employer and the Alberta government – although there is still a way to go.

We need to keep this in mind as we prepare for our next round of negotiations in 2013.

When Alberta Finance Minister Doug Horner delivered the province's disappointing first-quarter fiscal update in August, he blamed a shaky global economy and weak petroleum prices. But when he said the province anticipates a decline in petroleum revenues, he accompanied that with the suggestion the missing funds might have to come out of the pockets of public employees. There will be no new money for public sector negotiations, he said.

Meanwhile, the usual suspects on the right began screaming about how the government's fiscal projections suggest

Alberta could post a deficit of \$2.3 to \$3 billion at the end of the year. They too called for the shortfall to come out of the pockets of public employees.

This may not sound like auspicious news for United Nurses of Alberta a few months before we begin negotiations with the province.

However, while we should be concerned by this kind of political rhetoric, we need to keep what is being said in perspective. We have heard it all before. This won't be the first time the Alberta government has threatened to deal with a budget by taking it out of the hides of public employees – and it won't be the first time they've followed through by negotiating in good faith.

We can also keep in mind that many contractual changes we seek are not monetary items. The government and its bargaining agencies know this, but sometimes get lost in rhetoric designed to help them deal with political criticism.

So let's remember as we enter negotiations that we need to stick together just as we have in the past. If we do, there's every reason to believe that we will emerge from the 2013 round of negotiations with a solid contract that UNA members can vote to ratify with pride.

As in every year leading to our 35<sup>th</sup> anniversary, solidarity is the key to our success.

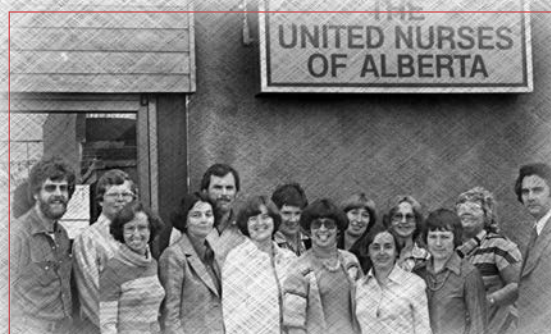
Heather Smith

President, UNA



# Remembering 1977:

Year of Disco, Trudeau, Apple ...  
and **UNA!**



**T**hirty-five years ago, in 1977, United Nurses of Alberta was founded as the union for Alberta's nurses. Some things last, some things don't. UNA turned out to be a keeper.

But 1977 would have been quite the year – spanning the sublime to the ridiculous, the tragic to the inspiring – even without UNA!







*More than 800 UNA members will participate in the three-day 2012 AGM, which will take place in Edmonton's Northlands Expo Centre from Tuesday, Oct. 23, to Thursday, Oct. 25*

Disco was huge – readers can decide for themselves if that was a good thing or a bad one. Saturday Night Fever appeared in theatres. Some of us still think white suits and the Bee Gees were the high point of Western civilization!

But if you liked the hard stuff – hard rock, that is – the Rolling Stones played El Mocambo in Toronto. Speaking of hard stuff and the Stones, the Mounties busted guitarist Keith Richards with heroin and cocaine in his hotel room!

Sadly, the Supremes, Led Zeppelin and Elvis Presley all played their last concerts. Less than two months after his, Elvis was dead. More flowers were sent to Graceland, his home in Memphis, Tennessee, after his death than to any single location at any time in history.

It was the age of Canadian political superstars: Pierre Trudeau was prime minister; Peter Lougheed was premier of Alberta; Rene Levesque was premier of Quebec. (It was also the year Pierre and Margaret Trudeau would split up – see the Rolling Stones, above.) In the United States, Jimmy Carter was sworn in as president.

Apple Computers Inc. was incorporated as a company, and the world's first all-in-one computer, the Commodore PET, hit the market.

Trudeau's Liberal government founded Katimavik, the Canadian volunteer service program. (This year, Conservative Prime Minister Stephen Harper shut it down.)

The Blue Jays played their first game – against the Chicago White Sox. Someone climbed up the outside of the World Trade Centre in New York. The Montreal Canadians won the Stanley Cup.

Egyptian President Anwar Sadat visited Israel.

And Alberta's nurses separated their bargaining activities from those of their professional association, creating UNA. Thirty-five years later in 2012, UNA would have more than 25,000 members –

Registered Nurses, Registered Psychiatric Nurses, student nurses and allied workers – in every public health care facility and many private and not-for-profit sites throughout every corner of Alberta.

In 1977, a new nurse working in a public hospital in Alberta earned \$6.28 an hour! Today, she can expect to be paid a little more for her hard work and dedication.

Participants in UNA's 35th Annual General Meeting can look back at the exciting year their union was founded, and at all the years in between, and take pride in the incredible gains they've made for Alberta's nurses and the dramatic changes they've nurtured.

More than 800 UNA members will participate in the three-day 2012 AGM, which will take place in Edmonton's Northlands Expo Centre from Tuesday, Oct. 23, to Thursday, Oct. 25.

As we do each year, delegates will conduct the union's most important business – approving the budget, discussing key issues faced by nurses and looking at policy issues that will challenge us this year, next year and beyond.

Valerie Cade, author of *Bully Free at Work*, will be one of the AGM's keynote speakers. Winner of the highest award of the Canadian Association of Professional Speakers and committed to ending workplace bullying, she is certain to uplift and inspire AGM participants.

Barb Fry, a nurse, teacher and nursing manager, will speak on new ways to work together while dealing with upheaval in the workplace, not to mention the complex relationships in the workplace and some of the difficult behaviour nurses must deal with.

There will also be a panel on the future of long-term care – what it could be and what it should be – in Alberta and Canada.

The theme of the AGM, quite naturally, is "Celebrating 35 Years." 




 NEGS  
2013

## Vital conversation with members sets stage for Demand-Setting Meeting

UNA's members have the opportunity to be involved in the vital conversation about what we deserve and what we need at the bargaining table as our union moves toward its 2013 round of negotiations.

President Heather Smith says it's essential that the bargaining proposals that will be considered and voted on at the 2012 Demand-Setting meeting this November in Edmonton reflect the wishes and the concerns of UNA's 25,000 members.

In June, UNA asked local representatives at District Meetings how best to involve their locals' members involved in the bargaining process and up to date on the state of negotiations as the process continues.

Out of that discussion arose a strong commitment by local leaders to keep all of their members fully in the loop and a vigorous discussion about the traditional and new ways UNA can achieve that important goal – including phone messages, face-to-face meetings, social media, advertising, and the use of all media of communication.

Last spring, the union's five districts each elected their two representatives to the Provincial Negotiating Committee. A complete list of the District Negotiating Representatives was published for members at that time in NewsBulletin.

Members were strongly encouraged to attend their local meetings to discuss the local's bargaining priorities and recommendations. Member bargaining proposals brought forward there were reviewed by the Provincial Negotiating Committee in the last week of September, as this edition of NewsBulletin was going to press. Proposals will then be put to the November Demand-Setting Meeting for ratification by delegates.

This arduous process is designed to ensure proposals taken to the bargaining table have the full support of UNA's membership.

About 700 UNA members – elected representatives of each of the union's locals – are expected at the Demand Setting Meeting.

In 2013, as in all previous bargaining years, UNA's policy is that members set the bargaining priorities and get to ratify the results of the negotiations that follow. No UNA agreement takes effect before the members whose working lives it affects have the opportunity to cast a ballot for or against it in a democratic vote.

UNA's Provincial Agreement must be ratified by a majority vote both of all eligible individual members and of the union's locals.

The current Provincial Agreement was ratified by members in 2010 and expires on March 31, 2013. ♡

*No UNA agreement takes effect before the members whose working lives it affects have the opportunity to cast a ballot for or against it in a democratic vote*



# UNA volunteers were on hand this year, as always, for Edmonton Labour Day picnic

As they do each year, President Heather Smith and numerous other volunteers from the United Nurses of Alberta were on hand Sept. 3 to work hard the 2012 Edmonton and District Labour Council picnic for the poor and unemployed.

The UNA contingent kept the grounds of inner-city Edmonton's Giovanni Caboto Park spotless as about 5,000 people passed through the park for the free barbecue, held each year on Labour Day to offer minimum-wage employees and the unemployed an opportunity to enjoy a barbecued meal.

While it typically speaks on behalf of its member workers, the council remains concerned about those who are out of work, EDLC President Brian Henderson told the media.

"This is labour's chance to give back to the community," Henderson said. "This is our chance to show that we don't just care about union members, we care about all of our community members."

Indeed, agreed UNA's Smith, an important part of the role of all Canadian unions should be to advocate on behalf of working people, students, the unemployed and other groups in society without a natural spokesperson.

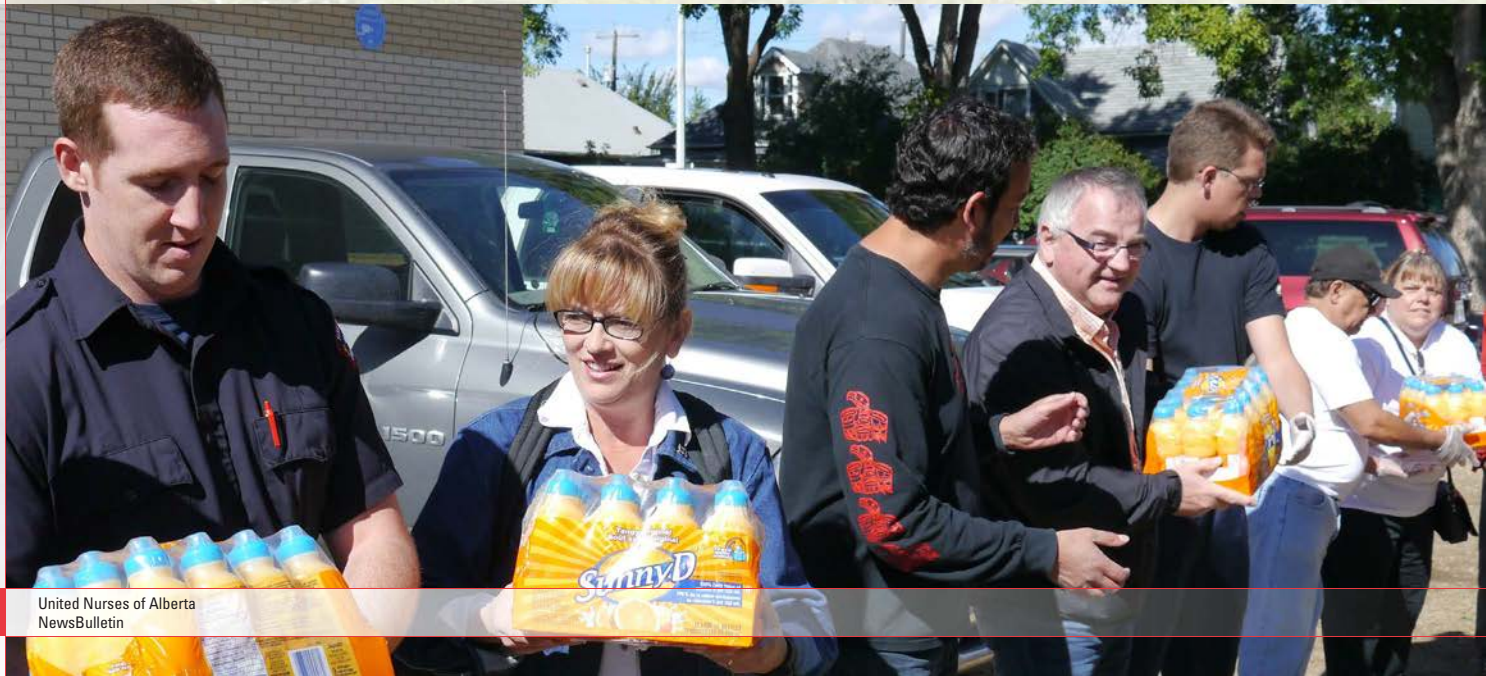
"No one is in a better position to stand up for the values of an inclusive, fair society than unionized working people and their unions," Smith said, noting that this is why anti-union groups and right-wing governments are attacking the ability of unions to play this vital social role effectively.

"Unions have always been part of a bigger movement that just people who have the good fortune to be union members," she said. "Events like this help raise everyone's consciousness about the changes that are needed in society and the alliances we can build to achieve those goals."

The EDLC's affiliate unions represent about 154,000 working people in the Edmonton region. ♡

*"No one is in a better position to stand up for the values of an inclusive, fair society than unionized working people and their unions"*

- Heather Smith, UNA President





# Why United Way?

## Alberta's fall campaigns are under way

The United Way's fall campaign officially began on Sept. 5 in Calgary and Sept. 18 in Edmonton.

As discussed before in UNA's News-Bulletin, United Way programs rest on three pillars: All That Kids Can Be, From Poverty to Possibility, and Healthy People, Strong Communities.

The third pillar recognizes that vulnerable neighbourhoods face a combination of economic and social challenges that need support to improve the quality of life of residents. If problems go unaddressed, they only get worse.

So this pillar works to engage and mobilize residents to take collective action to improve access to and availability of resources that are needed to revitalize communities and make them stronger.

So United Way partners with community school boards, governments, academic institutions, unions, business leaders, residents and others. Our goal is to assist residents to identify community strengths and leverage resident knowledge, skills and experience to help neighborhoods become stronger. Engaged residents lead to engaged neighborhoods and engaged neighborhoods become more resilient and successful in supporting the people who live there.


United Way of Calgary and Area, for example, invests in programs at 48 agencies focusing on nine areas: addictions, disabilities, seniors, community building, immigrant services, health, neighborhood work, safety from violence, and counsel-

ling. In addition, United Way supports programs in Chestermere, Cochrane, High River, Okotoks, and Strathmore.

During the recession, immigrants lost their jobs at a rate three times higher than Canadian-born workers. So United Way also supports community capacity building agencies such as Volunteer Calgary and the Calgary Chamber of Voluntary Organizations (CCVO).

Various United Way funded programs help people achieve such goals as completing their Grade 12 equivalency diploma, supporting social, educational and recreational services for immigrant children, youth and parents, providing crisis counselling and legal and safety supports for women through the Calgary Emergency Women's Shelter.

Remember, a \$25 donation to United Way can provide one hour of consultation for new parents or phone counseling support from the Women's Emergency Shelter. A donation of \$120 can provide child care for five immigrant women, two hours of counseling for a child, youth or family, or two new parent networking sessions. A donation of \$365 – a dollar a day for a year – can provide three nights of emergency accommodation for an individual experiencing personal disaster, or a day and a half of emergency child care for a single parent family in crisis.

Planning is under way to put the 211 help-line service, which now operates in Calgary and Edmonton, in place throughout Alberta, including rural communities. 

## Did you know? ...

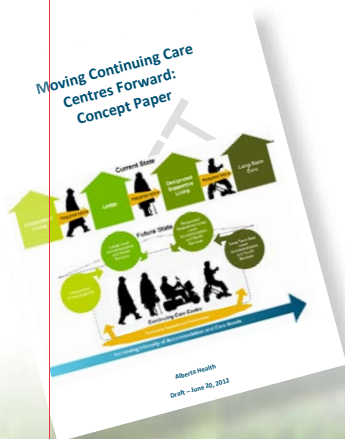
By Holly Heffernan



*Remember, a \$25 donation to United Way can provide one hour of consultation for new parents or phone counseling support from the Women's Emergency Shelter*



# Ottawa should fund long-term care as part of national health program



Canada's premiers need to tell the federal government it must come back to the negotiating table with a national health plan that includes public funding for long-term care, home care, palliative care and pharmacare, United Nurses of Alberta President Heather Smith told a July 16 news conference.

During the news conference on a provincial continuing care "concept paper" that emphasized private seniors' care services, Smith observed that the Council of the Federation meeting in Halifax July 25-27 would be an ideal opportunity for the premiers to press Ottawa to show national leadership on improving the scope of our national public health care system.

Unfortunately, while the premiers spent some time at their meeting on health care, their attention was diverted by the dispute between British Columbia and Alberta over plans for a pipeline to carry raw bitumen from the oil sands in northern Alberta to the B.C. port of Kitimat.

The July 16 news conference was called by Public Interest Alberta's Seniors Task Force to reveal to the public the Alberta government's draft concept paper called "Moving Continuing Care Centres Forward," which officials had shared with private-sector nursing home operators but not with seniors' groups or worker representatives.

The trouble with that approach, observed Smith, "is if you're not at the table, you're on the menu!"


Noel Somerville, Chair of the PIA Seniors Task Force, compared the proposal to plans first made public when Ron Liepert was Alberta health minister to offload the government's seniors' care costs onto the families of Albertans who require

long-term care and enrich facility operators and insurance providers in the process.

Carol Wodak of Continuing Care Watch and the Seniors Action and Liaison Team told media at the conference "seniors need to be the primary 'stakeholders' instead of an incidental afterthought in their public policy discussion and decision-making. We need an end to closed-door decision making by those who have vested economic interests in the decisions."

PIA Executive Director Bill Moore-Kilgannon accused the government of Premier Alison Redford of "deliberately ignoring the downloading of costs on to seniors and their families, and the lack of qualified staff in many facilities."

PIA has asked Albertans to send stories of their families' experiences with seniors' care as well as their proposed solutions to fix the system. The stories will be used to advocate for quality public seniors' care and will not be shared without the permissions of their authors.

Send your stories to: [SeniorsCareStories@pialberta.org](mailto:SeniorsCareStories@pialberta.org) 



# UNA submits initial position to Alberta Health on continuing care concept

In July, the United Nurses of Alberta submitted answers in response to a three-question “concept feedback” form sent by Alberta Health to some stakeholders in the continuing care community.

UNA and other stakeholders representing health care workers were not invited to contribute to this process, although the government has since indicated it will consult health care workers on its proposals. UNA believed it was important to

make members’ concerns known when we became aware of this government “Concept Paper,” called “Moving Continuing Care Centres Forward.”

UNA expects the government to include fully medical professionals’ representatives and health care workers’ representatives in this process and to seriously consider their vision and perspective in developing Alberta’s continuing-care strategy.

## Here are UNA’s responses:

**QUESTION 1:** What level of support do you feel for the concept of Continuing Care Centres, including the vision, principles, key elements and goals as presented in the Moving Continuing Care Centres Forward concept paper?

United Nurses of Alberta strongly supports the general concept of integrated Continuing Care Centres as outlined in these sections of the concept paper. As Registered Nurses and Registered Psychiatric Nurses we are advocates of “an integrated and seamless approach to the provision of continuing care services.” For example, UNA supports the goals of the Canadian Nurses’ Association’s National Expert Commission on nursing that all Canadians would benefit from an approach to health and wellness that includes “merging health and social service workers in multi-disciplinary teams, working in consultation with the citizens they serve,” and further that governments need to develop policies that integrate the health needs of citizens into all proposed policies, laws and programs. In this regard, UNA is in tune with the general

concept outlined in the Alberta Health concept paper.

That said, UNA is strongly opposed to increasing the role of private-sector operators in an activity that is a fundamental part of the health care system. Alberta’s continuing care system needs to be operated by the public sector, and staffed by properly trained public employees, with the efficiencies and lower costs the public sector is known to deliver. We are concerned by the presence in this document of words and phrases often used to suggest an increased role for the private sector. If the Alberta Government is serious about continuing care being “affordable to taxpayers” or “informed by evidence and input,” we are confident it will move toward a larger role for the public sector in continuing care.

*continued on page 10* ►

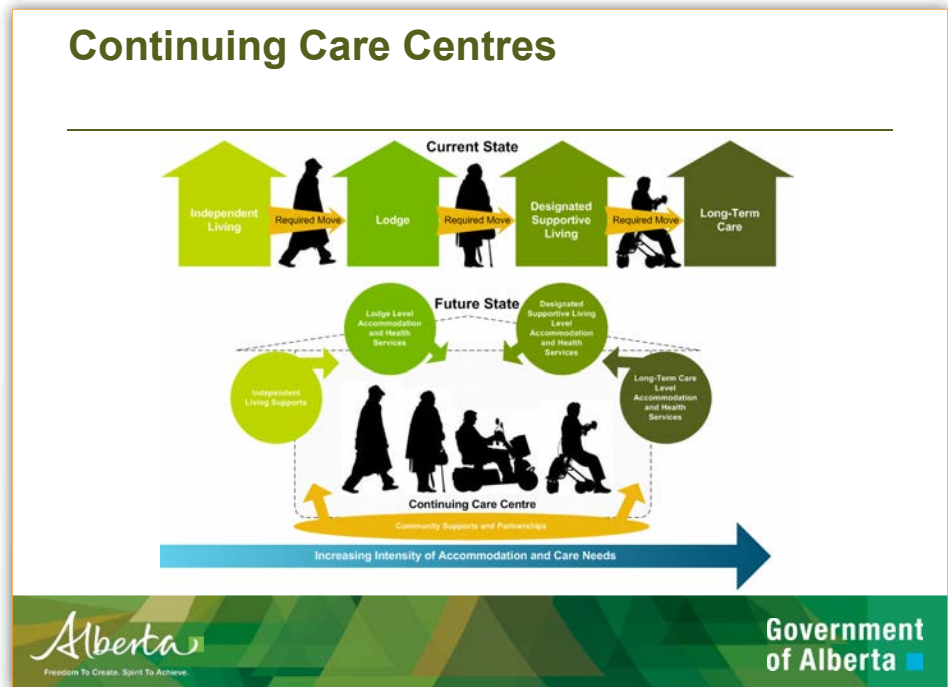


*Alberta's continuing care system needs to be operated by the public sector, and staffed by properly trained public employees, with the efficiencies and lower costs the public sector is known to deliver*



continued from page 9

*Nurses in particular are ideally placed to be partners with Albertans in their communities to promote healthy lifestyles, self-sufficiency and rewarding aging*




### QUESTION 2: What do you feel are the benefits of developing and implementing Continuing Care Centres?

UNA believes that a holistic approach to both health and wellness at all levels of government and through all sectors of the population is the mechanism by which Canadians and Albertans can achieve affordable and effective health care for all. As nurses, we believe we should work with other professionals to prevent, treat, care for and manage chronic disease. Nurses in particular are ideally placed to

be partners with Albertans in their communities to promote healthy lifestyles, self-sufficiency and rewarding aging. So UNA strongly supports the idea of developing and implementing Continuing Care Centres – with the important proviso that to achieve their stated goals these centers need to be publicly managed as part of a broader health policy encompassing the entire population.

### QUESTION 3: What if any challenges or barriers do you see to developing and implementing Continuing Care Centres?

UNA is concerned that the continuing emphasis within the Alberta government on the profit motive and the supposed efficiencies of the market sector, as well as the high costs both to the system overall and to individual citizens accessing its services, could pose serious impediments to the development of a truly effective, efficient and fair continuing care system. Further, we are gravely concerned

by the process as we understand it to be underway, in which all stakeholders are not being consulted. UNA urges Alberta Health to rethink the consultative process and include all stakeholders, and to not develop proposals based on a preconceived bias toward a larger private sector, for-profit role in this essential part of the overall health care system. 



## First clinics open at new Calgary hospital

Premier Alison Redford officially opened Calgary's South Health Campus on Sept. 6.

Two clinics of in the \$1.4-billion hospital opened that day and full occupancy of the 300-bed centre scheduled for late 2013.

The clinic openings were hailed by dignitaries at the event as a watershed moment, giving Albertans their largest hospital.

Concerns remain about how the hospital, with 11 surgical suites, will impact staffing throughout Calgary's health system, said UNA President Heather Smith told Calgary media. 🍷

UNA Secretary-Treasurer Karen Craik, President Heather Smith and South Central District Representative Daphne Wallace.



### green corner

## Pondering the lack of recycling programs

UNA members wonder why recyclable materials such as sterile solution bottles and sterile blue wrapping are simply thrown out instead of being recycled. Nurses and other staff members are on board, but hospital recycling programs are lacking, members complain.

The answers to this question may be as simple as a lack of co-ordination and appropriate support, according to recent experiences in British Columbia. Until recently, recycling efforts at most B.C. hospitals happened mainly as a result of staff members that spearheaded efforts in their own departments or worksites, writes the Co-ordinator of Reduction and Recycling for Lower Mainland Health Authorities in an article in the Hospital News publication.

Now, however, B.C.'s six health regions recently launched a project to improve environmental and waste reduction programs and to ensure compliance with provincial and municipal regulations, wrote Christine Ronning.

The project started with the involvement of administrators in health-authority-wide recycling efforts for common recyclables, with implementation timelines and tracking, including audits of the

composition of the waste and recycling streams, to determine program success and effectiveness.

In the Lower Mainland area including Vancouver, health authorities committed to achieving diversion rates of 35 per cent this year, 50 per cent in 2013-14, and 70 per cent in 2014-15.

Some of the challenges faced by recycling programs included competition for space in hospitals, getting the message across to staff, the workload faced by housekeeping staff, the danger of contamination and injury, and the complexity of the task caused by the multitude of recyclable materials the constantly changing nature of the private-sector recycling industry, Ronning said. 🍷

Green Corner is brought to you by UNA's Education, Communication and OH&S Committee.



# Nurses' union and Alberta Health Services work together

## Goal is to help nurses, improve northern care, save taxpayers money

A new agreement between United Nurses of Alberta and Alberta Health Services to increase nursing resources in the province's north illustrates how UNA works for both its new and longtime members – and for all Albertans.

On Aug. 20, UNA and AHS announced their agreement to operate the unique Nursing Locum Pilot Project in remote areas of northern Alberta where historically it has been difficult to fully staff health care facilities throughout the year.

“The benefits of the agreement will be seen in better health care throughout the region, as well as in improved morale both among nurses who take part in the program and those who already hold nursing positions in the region,” said UNA President Heather Smith. “This is a real innovation that will work for both new and experienced nurses, and it’s the first of its kind in Canada.”

The locum assignments – short for “locum tenens,” which means a temporary substitute – will enable Registered Nurses working elsewhere in the province in positions represented by UNA to pick a temporary assignment in such practice settings as emergency, obstetrics, acute care and continuing care for a set period of time. After the assignment ends, they will return to their previous job.


Among the communities where RNs are being sought by AHS for these locum assignments are Fort Vermilion, La Crete, High Level, Paddle Prairie and Rainbow Lake.

Joining the locum pool will bring many bonus incentives, including a premium payment of \$6 per hour and reimbursement for accommodation and travel expenses, all in addition to the pay and benefits available to RNs under the collective agreement between UNA and AHS. RNs now working for Alberta Health can see

the current postings for the program at [www.healthjobs.ab.ca](http://www.healthjobs.ab.ca).

At the same time, the pilot project is expected to save money for taxpayers by reducing the need for AHS to rely on contract nurses from expensive private agencies to fill the gap in remote northern communities.

There will also be benefits for nurses who already work for AHS in the region, to ensure that everyone is treated fairly. These include additional payments for those who live north of the 57th parallel, between the 55th and the 57th parallels, or in certain other communities such as Fort McMurray, as well as payments for annual trips out of the region. More details on these benefits are available on UNA's website – [www.una.ab.ca](http://www.una.ab.ca).

UNA and AHS have also agreed to begin negotiations for other parts of Alberta that have historically had a problem finding adequate numbers of RNs to staff public health care facilities. 



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*UNA and AHS have also agreed to begin negotiations for other parts of Alberta that have historically had a problem finding adequate numbers of RNs to staff public health care facilities*



## First VP Bev Dick attends premiers' meeting in Halifax

Leaders of Canada's nursing unions gathered in Halifax to send a strong message to provincial premiers, who held their annual meeting in the city in July. Representing United Nurses of Alberta, First Vice-President Bev Dick urged Premiers to "Pull Together for Health Care."

Under the umbrella of the Canadian Federation of Nurses' Unions (CFNU), leaders of Canada's provincial nurses unions reminded politicians that health care is a priority for Canadians.

Noting his absence from the meeting, nursing leaders called on Prime Minister Stephen Harper to play a role in strengthening public health care across Canada. "Let's make Prime Minister Harper come to the table and be accountable," said Bev Dick.

CFNU hosted a Learn at Lunch seminar in a park near the hotel where Premiers were meeting to discuss the future of health care. Speakers at the lunch hour seminar included James Hughes, Kim McGrail, and Chris Power.

Coinciding with the lunch hour lecture, nurses hosted a health clinic in the park, testing blood sugar and pressure of local

Haligonians. The clinic also provided an opportunity to talk with pedestrians about the importance of a strong public health care system.

"They were very pleased that nurses of Canada are standing up for health care," said Dick, who participated in the clinic.

Premier Alison Redford attended the conference, but did not meet with nursing leaders.

Provincial health ministers will meet in Halifax at the end of September. 

*Pauline Worsfold, CFNU Secretary-Treasurer, and UNA First VP, Bev Dick in Halifax*

*Leaders of Canada's provincial nurses unions reminded politicians that health care is a priority for Canadians.*

*Did the Premiers get CFNU's message?*





# Health spending growth slows or falls among Western nations

By Judith Grossman  
UNA Research Advisor

**G**rowth in health spending slowed or fell in real terms in 2010 in almost all the countries of the industrialized Western nations, reversing a long-term trend of rapid increases, according to statistics released in late June by the Organization for Economic Co-operation and Development.

The OECD statistics also showed Canada enjoys a slight advantage compared to other countries in the number of nurses – which the OECD defines as including Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses.

Overall health spending throughout the 34-nation economic group grew by close to 5 per cent in real terms during the period that ran from 2000 to 2009, the OECD said in a statement, but “this was followed by zero growth in 2010.”

The OECD statement also said preliminary figures available from a limited number of member countries suggest there will be little or no growth reported for 2011 throughout the market economies of the OECD.

Health spending in Europe was hit hard by the growing economic crisis in the Eurozone, with the impact starting to really show up in 2010. In North America, growth also slowed in 2010, but not as much, with spending increases at around 3 per cent in both Canada and the United States.

Canadian health spending in 2010 as a percentage of Gross Domestic Product (GDP) was at 11.4 per cent, close to 2 per cent higher than the OECD average – but it is important to note that because of the efficiencies of our public health system spending here is much lower than in the heavily privatized United States, which spent 17.6 per cent of GDP on health the same year.

Average health spending per capita by Canada in 2010 was \$4,445 US, compared with an average of all OECD countries of \$3,268 and an average in the United States of \$8,233. This puts in context the calls of privatization advocates in Canada who want to solve Canada’s perceived health spending problem by moving toward the even more expensive U.S. model.





# Canada has slight advantage in over-all numbers of nurses

Despite the relatively high level of health spending in Canada, the OECD report said, there were fewer physicians per capita than in most other OECD countries – 2.4 physicians per 1,000 population in 2010, compared with an OECD average of three physicians per 1,000.

When it came to regulated nurses, however, the picture was much better, with Canada posting ratios of 9.3 nurses per 1,000 population in 2010, compared with an OECD average of 8.7 per 1,000.

It is interesting to observe the variation across Canada in number of regulated nurses, particularly in number of RNs. The table at the bottom of this story takes the numbers reported in the Canadian Institute for Health Information report per 100,000 population and rounds them up to per 1,000 population as was done by the OECD.

It shows regulated Alberta nurse numbers very close to the Canadian average, with Alberta well ahead of British Columbia and a little ahead of Ontario, but badly lagging the provinces of Atlantic Canada, plus Manitoba, Saskatchewan and Quebec.

Because of provincial and federal policies and priorities, Canada fares very badly in the number of hospital beds available for curative care – 1.7 per 1,000 population in 2009, compared with 3.4 beds per 1,000 people throughout the OECD the same year. 🐾

## Regulated Nurses per 1,000 people across Canada

Jurisdiction	RN/1,000	LPN/1,000	RPN/1,000	Total /1,000
Canada	6.9	2.3	0.4	<b>9.3</b>
AB	7.0	1.9	0.3	<b>9.2</b>
BC	5.5	1.8	0.4	<b>7.7</b>
SK	8.1	2.6	0.7	<b>11.4</b>
MN	7.8	2.1	0.6	<b>10.1</b>
ON	6.5	2.2	-	<b>8.7</b>
QC	7.2	2.5	-	<b>9.7</b>
NB	7.2	3.5	-	<b>13.1</b>
NS	8.5	3.7	-	<b>12.2</b>
PEI	9.0	4.0	-	<b>13.0</b>
NL & Lab	10.4	4.8	-	<b>15.2</b>



# UNA members urged to contribute to Alberta social policy discussion

*UNA also proposes eight specific policy strategies that will foster improved health and security for all Albertans*




**A** United Nurses of Alberta submission drafted in response to the Alberta government’s call for discussion of a social policy framework calls for all social policy legislation, regulation and public programs to be written with their impact on the health of all Albertans in mind.

This means considering and acting on the determinants of health in all policy goals, not merely responding to specific health issues as they arise, the mid-July UNA submission says.

UNA also proposes eight specific policy strategies that will foster improved health and security for all Albertans. These included, bringing long-term care into

the provincial public health system, developing a provincial public pharmacare system to ensure all Albertans can afford therapeutic drug treatments, and resisting U.S.-style health care privatization.

The Alberta Government has set up a website on which it says citizens may participate in the process of developing the policy by responding to a survey and taking part in an on-line conversation about the province’s social policy framework.

UNA urges its members to visit this government page – which is found at [www.socialpolicy.alberta.ca/](http://www.socialpolicy.alberta.ca/) – and respond to the survey and participate in the forums. 



# '21-Day Menu'

## on the way out after protests

Alberta Health Minister Fred Horne announced in mid-July that he is directing Alberta Health Services to discontinue the practice of preparing meals offsite and reheating, and bring back on-site food preparation services in the long-term care facilities it operates.

The changes must take effect by December 2012, Horne said. "We've heard what residents and their families have said about the quality of food in our long-term care facilities and ... we are taking action to improve that."

Horne added: "We have to remember that these facilities are home to the people who live there, and in many cases, the last home they will ever live in. They deserve to live in comfort and dignity and enjoy food that is not only nutritious, but looks and tastes home-cooked and satisfies cultural food preferences."

AHS will be required to prepare meals within their continuing-care facilities in ways that improve the taste and appearance over the food currently served, while at the same time design meals that better reflect flexibility and choice for residents.

Horne said he was instructing AHS to consult with residents, families and staff to develop and present a plan of action to him by October. Full implementation of on-site and locally based meal preparation was to be in place by December.

The directive applies to all 73 long-term care facilities operated by AHS across the province. These facilities are home to approximately 2,700 residents

The news release made no reference to the term "21-day menu," the term by which the unappetizing trucked-in meals were known by at AHS after the idea was implemented during the leadership of former AHS CEO Stephen Duckett. 🍷



Alberta Minister of Health, Fred Horne at the 2011 UNA AGM

*The directive applies to all 73 long-term care facilities operated by AHS across the province. These facilities are home to approximately 2,700 residents*

## Private B.C. hospital ordered to stop extra billing

Canada's only free standing private hospital and its sister facility, the first private specialist clinic in the country, were ordered to stop their billing practices after a B.C. government audit released on July 18 found evidence of extra billing to the public health system.

However, the Cambie Surgery Centre and the Specialist Referral Clinic continued their practice, and in late August the B.C. government said it would seek an injunction to enforce the order of the B.C. Medical Services Commission, which had given the clinics 30 days to change their procedures.

The Globe and Mail reported the clinics had extra-billed patients nearly \$500,000.

The Cambie Surgery Centre advertises itself as the country's only free standing private hospital of its type, while the Specialist Referral Clinic provides — for a steep fee — access to specialists and equipment, and MRIs and CT scans can be booked within two days. Surgery can also be arranged after patients pay a fee.

The Medical Services Commission, an independent body mandated to manage B.C.'s Medical Services Plan, conducted a lengthy audit of the two clinics. Both are operated by Dr. Brian Day, a former president of the Canadian Medical Association. 🍷



Cambie Surgery Centre

*The Globe and Mail reported the clinics had extra-billed patients nearly \$500,000*



*Che Scott, Karen Three Persons and Sandra Scout of UNA's Blood Tribe Department of Health Bargaining Committee met in the lead-up to negotiations.*

# UNA Local 416 reaches first collective agreement

**N**urses represented by UNA Local 416 have ratified a first collective agreement with the Blood Tribe Department of Health.

The three-year collective agreement introduces standardized shifts of 7.5 hours for Community and Public Health nurses and 11.25 for nurses working in continuing care. It also included a \$1,500 signing bonus in lieu of retroactivity on wages.

A staggered implementation of pay rates matching Alberta Health Services employees' begin on March 1, 2013, representing a 15.17-per-cent increase at Year One during the period from ratification to March 1, 2013.

A 15.12-per-cent increase will be introduced for Year Two; 15.10 per cent for

Year Three; 14.41 per cent for Year Four; 13.37 per cent for Year Five; 15.14 per cent for Year Six; 15.16 per cent for Year Seven; 14.85 per cent for Year Eight; and a 13.16-per-cent increase for Year Nine.

In addition to the Named Holidays listed in the UNA Provincial Collective Agreement, Local 416 members will also receive a day off with pay for both National Aboriginal Day and Treaty Seven Day. Members will be entitled to up to four Spiritual Leave Days with pay a year, including one day off to participate in the Sun Dance, and/or Okan.

The employer agreed to match 2013 and 2014 rates of pay that UNA and AHS reach under the next Provincial Collective Agreement. 🍷



*UNA Members support AUPE strikers at Hardisty Care Centre in Edmonton*

# AUPE and Hardisty Care Centre reach agreement ending strike

**C**lose to 80 striking Licensed Practical Nurses and Health Care Aides represented by the Alberta Union of Provincial Employees ratified first collective agreement on July 24, officially ending a two-month strike at Hardisty Care Centre.

The vote ratified a tentative agreement reached July 19 between AUPE and owners of the B.C.-based owners of the facility, Park Place Seniors Living Inc.

AUPE President Guy Smith called the first agreement “a positive achievement for seniors” and taxpayers because the deal means “public dollars that go into

seniors' care will be spent where they were meant to be spent – on front-line care for seniors.”

The three-year agreement is retroactive to April 1, 2012 and brings wages for members into line with Alberta Health Services current rates of pay over the life of the agreement.

Meanwhile, picket lines continued at Monterey Place in Calgary, where close to 90 nursing and support staff at the facility have been locked out by their employer, Triple A Living Communities Inc., since June 26. 🍷





Report from Director  
of Labour Relations  
David Harrigan

## *UNA members warned of improper shift changes under guise of 'Scheduling Optimization'*

Members of the United Nurses of Alberta working throughout the province need to be alert to the possibility of scheduling changes that are not permitted by the Provincial Collective Agreement arising from efforts by Alberta Health Services to “optimize” work schedules to ensure there is sufficient staffing on all shifts.

UNA supports efforts to make sure all shifts are properly staffed. Unfortunately, however, a new AHS “Scheduling Optimization Policy” could result in local managers trying to arbitrarily post new schedules devised by the health authority that change UNA members’ FTEs.

In 1991, UNA won an arbitration that clearly established the principle the employer cannot eliminate Registered Nurse positions and redistribute the hours among new positions. In Devon General Hospital and United Nurses of Alberta Local #67, the arbitrator ruled “the Employer cannot eliminate two emergency room positions by reassigning ER duties to the rest of the staff.”

In other words, the employer has the right to eliminate positions, but only for genuine need. It cannot eliminate positions as a back-door method of changing RNs’ FTEs. And if the employer desires to create more full-time FTEs, it needs to properly post new positions that way.

So UNA members are advised to watch out for attempts by the employer to use this policy to alter FTEs. UNA is prepared to grieve any such change, and to proceed if necessary to arbitration and the courts to protect the rights of UNA members.

Moreover, under Article 14.01 (d) (v) of the Provincial Collective Agreement, Promotions, Transfers & Vacancies, the employer may not alter daily hours or shifts per cycle. That article states that all notices of vacancy shall include “the number of hours per Shift, and Shifts per Shift cycle which shall constitute regular hours of work for the position and the current Shift pattern...”

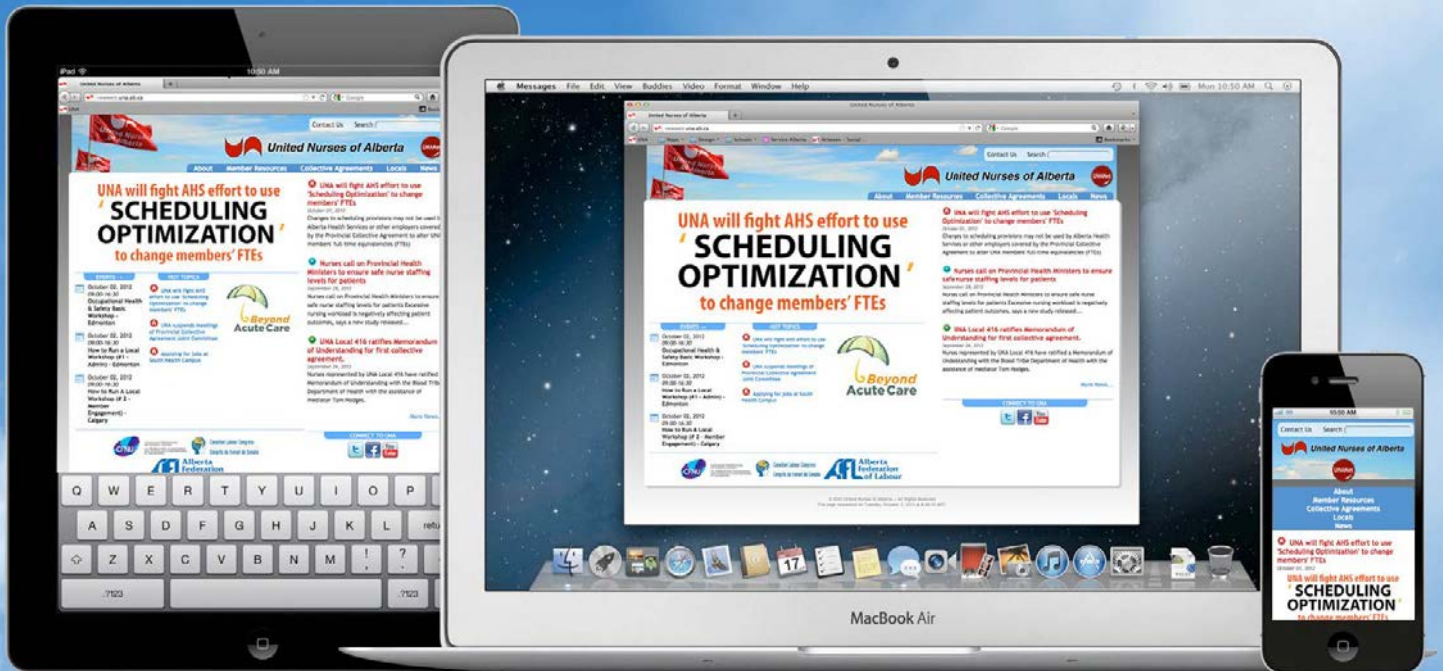
Part-time employees are advised to check their letter of hire, and if they do not have one, to get one as soon as possible.

Members should also be aware that in the event a new schedule is posted under the Scheduling Optimization Policy that is unsatisfactory to nurses working in the unit, the employees and their UNA Local have the right to draft their own alternative schedule, which the employer may not unreasonably refuse to implement.

Article 7.07 of the Provincial Collective Agreement states: “The Employer shall not unreasonably refuse to implement a contractually compliant Shift schedule developed by the Employee(s) and the Local.”

*UNA members are advised to watch out for attempts by the employer to use this policy to alter FTEs*

# www.una.ab.ca



As we celebrate UNA's 35<sup>th</sup> anniversary, we are relaunching our website with a new look and feel that will make it easier for members to access their collective agreements, news stories, and online resources.

What do you think of the new website? Send your feedback to: [dcournoyer@una.ab.ca](mailto:dcournoyer@una.ab.ca)



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