



United Nurses of Alberta
NewsBulletin

December 2013



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Bev Dick, 1st VP

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Happy Holidays,
and
a Wonderful
New Year

Registered Nurses, Registered Psychiatric
Nurses, patients, residents and clients
deserve environments that are safe,
respectful and deliver high quality care!

Photo: President Heather Smith, speaking on the Alberta
government's anti-labour legislation, November 28, 2013



Hope to see you in 2014 at one of our town hall meetings
on negotiations, pensions and other key issues:

January 14, 2014

Ramada Edmonton Hotel
and Conference Centre
11834 Kingsway NW

Edmonton

January 15, 2014

Black Knight Inn
2929 50 Avenue

Red Deer

January 16, 2014

Merit Hotel and Suites
8200 Franklin Avenue

Fort McMurray

January 22, 2014

Coast Hotel Medicine Hat
3216 13 Avenue SE

Medicine Hat

January 23, 2014

The Coast Lethbridge Hotel
& Conference Centre
526 Mayor Magrath Drive South

Lethbridge

January 27, 2014

Glenmore Inn and
Convention Centre
2720 Glenmore Trail SE

Calgary

January 29, 2014

Pomeroy Hotel
11633 100 Street

Grande Prairie

ALL MEETINGS:

Doors open at 18:30, meeting 19:00-20:30

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'Make it so, No. 1!'

UNA will miss outgoing 1st VP Bev Dick

AS she retires from United Nurses of Alberta, outgoing First Vice-President Bev Dick speaks about her love and respect for her union colleagues – and her gratitude to members for giving her a role in “the best union in the country.”

Well, such feelings are reciprocated!

Said Heather Smith, UNA's president and the union's leading Star Trek buff: “I could say ‘Make it so, No. 1,’ and Bev always would. She'll be missed!”

Bev has been active in Alberta nurses' unions since well before UNA existed – she graduated from the St. Michael's School of Nursing in Lethbridge in 1973, immediately moved to start work at Edmonton's Misericordia Hospital and within months was a ward rep with the Staff Nurses Association.

When UNA was formed in 1977, Bev continued to be active in union affairs – becoming a Local president in 1979. “I had the honour of being a Local president during a very important part of UNA history,” she recalls. “This included provincial hospital strikes in 1980 and 1982, and the illegal strike of 1988.”

Bev became a District Representative in late 1988 and continued in that role until 1995, when she was elected UNA vice-president, a position she has served in ever since – invariably upbeat, positive and encouraging ...

unless you happened to forget your Halloween costume on October 31!

“It has been an absolute honour and privilege to be part of this organization for so many years,” Bev says now. “I want to thank the members for allowing me to play a part in this wonderful union.”



“I will truly miss this second family but I know UNA is in very good hands.”

- Bev Dick

“UNA has the best staff and it has been a great pleasure to work with them,” she went on. “To my Executive Officer colleagues, words cannot express the admiration, thanks and love I have for you. The members, Executive Board, staff and Executive Officers are all part of my UNA family. I will truly miss this second family but I know UNA is in very good hands.”

“Please know that wherever I am, I will be on your side!”

And speaking of families, where Bev expects to be, she says, is spending more time with her husband Ron, “the love of my life for 41 years.”

Their children Andrew and Leanne “are the two most amazing adult children in the world – without my family's full support, I never would have been able to remain active in my union for my entire career.”

So farewell to Bev Dick, and the best to her in the future. It will be a different world at UNA without her cheerful, thoughtful presence. 🍷



President's remarks to AGM: 'Now more than ever ... nurses need to act'

NOW more than ever, nurses need to act in their workplaces and outside them, United Nurses of Alberta President Heather Smith told more than 850 delegates, observers, guests, media and others at the opening of the union's 36th Annual General Meeting on November 19.

Heavy snow may have been falling thorough Alberta that day, but that hardly cooled the response of delegates to Smith's remarks, which picked up on the official theme of the 2013 AGM – *"Now, more than ever!"*

UNA's executive came up with the theme after "extensive focus grouping," Smith said – "well, after we put on a flip chart all the issues that we are experiencing as an organization."

Those issues, she noted, include: "Workforce transformation, scheduling optimization, unprecedented rollbacks at our provincial bargaining table, anti-union legislation, position eliminations, substitution with

health care aides, overcapacity, Alberta Health Services' revolving door ... And don't forget unnecessary and regressive pension changes to be unilaterally imposed by the Redford Government."

'This is a call to action! Now more than ever, we need to be strong. We need to be United Nurses!'

– Heather Smith, UNA President

"We could have said 'It's a mad, mad, mad, mad world,' because it is," Smith said. "But we opted for "Now More than Ever"... because now more than ever we need to act."

Quoting Eleanor Roosevelt – who said "a woman is like a tea bag; you never know how strong it is until it's in hot water" – Smith amended "woman" to "nurse."

"Well the heat is on high and it's hard to imagine the temperature of the water rising above the current unhealthy level," she declared. "This is a call to action! Now more than ever, we need to be strong. We need to be United Nurses!"

She received a standing ovation. 🍷





Jane Sustrik acclaimed as First Vice-President; Daphne Wallace elected Second VP

LONG-TIME UNA activist Jane Sustrik was acclaimed as First Vice-President of United Nurses of Alberta at our union’s annual general meeting, November 19 to 21 in Edmonton.

Sustrik has been Second VP of UNA since 1999. In 1997, she played a key role on the team that negotiated the amalgamations of UNA and the Staff Nurses Association of Alberta, which then represented nurses at the University of Alberta Hospital in Edmonton, and has served on the executive boards of the two unions from 1984 to 1997 and from 1999 to the present.

She graduated from nursing school in Edmonton in 1982, has served on many negotiating committees and was the full-time president of Local 301 at the U of A Hospital from 1990 to 1997.

Daphne Wallace, a neuro nurse at Calgary’s Foothills Hospital, was elected UNA Second Vice-President, filling the vacancy created by Sustrik’s move.

“It is a privilege to continue to work hard on behalf of UNA members. I am looking forward to new challenges and working with Daphne in her role as Second Vice-President.” Sustrik said.

‘It’s a privilege to continue to work hard on behalf of UNA members.’

– Jane Sustrik, First VP

Wallace first became involved in union activism as a member of the Newfoundland and Labrador Nurses’ Union, formerly Newfoundland Nurses’ Union in her native province. She has been an active advocate for front-line nurses for close to 40 years

Wallace’s work with UNA includes serving as Trustee of Local 415, which represents nurses at Calgary’s new South Health Campus, South Central District Representative from 2002 to 2006 and 2007 to 2013, and member of the 2007 UNA Negotiating Committee. She has also served as VP of Local 115 at the Foothills Medical Centre, a member of the local’s grievance, PRC and OH&S committees, and a shop steward in Newfoundland.

Wallace said she sees her role as “being the voice of our members and ensuring the needs of all of Alberta’s front-line nurses are being met.”



Daphne Wallace (Center)



Jane Sustrik



Politics drive changes to Local Authorities Pension Plan: AFL leader

THE Alberta Government’s proposed changes to the Local Authorities Pension Plan and other public pensions are driven by political calculations, not common sense, Alberta Federation of Labour President Gil McGowan warned delegates to UNA’s AGM.

In fact, McGowan said, the move by Finance Minister Doug Horner to shift plan risks from everyone to members alone is bad news for the Alberta economy.

“If you give a tax break to a corporation, they take their money and run back to head office. If you put money in pensioners’ pockets, they spend it in the local economy.” The proposed changes to the plan could even reduce Alberta’s GDP, McGowan said.

In addition to drastically cutting the pension benefits new plan members can expect to receive when they retire, the changes proposed by Horner include: eliminating the “85 factor,” which allows plan members to retire if their age and years of service add up to 65; getting rid of the early retirement benefit (which members have paid

for) and ensuring people who retire early have lower pensions; and reducing the cost-of-living adjustment, so pensions don’t keep up with inflation.

All this is being done, said McGowan, to solve a “crisis” that doesn’t really exist.

“They’ve got their facts wrong.” The professionals and actuaries that run the plans say the plans are sustainable, and the LAPP is one of the healthiest in North America.

All this is being done, said McGowan, to solve a “crisis” that doesn’t really exist.

“All this talk about a crisis” has been prompted by a manageable liability – for which plans to rectify were already in place. The real reason, he concluded, is that the Redford Government is “under pressure from its right flank.”

“They’re buffing up their conservative bona fides by picking a fight with public sector pension plans,” he said. “They think they will gain more than they lose. We have to make sure they have more to lose than they will win.” The changes will force many people to work until 65 to have a viable pension. ❧





Stop nurse job cuts, replacement by unregulated aides: CFNU President

IT'S time for a moratorium on cutting nurses' jobs and replacing nurses with poorly trained and unregulated care workers in Canada, the president of the Canadian Federation of Nurses Unions told UNA's Annual General Meeting.

And it's time for politicians, health care managers and nursing leaders to start listening to what front-line nurses tell them about staffing needs, instead of just saying they love nurses and then replacing them with unskilled workers, Linda Silas said on November 21.

If Canadian health care system leaders have justified the need for an RN, then they need to replace that professional with an RN, she argued. If a patient's acuity indicates that patient needs an LPN, then you need to fill that job with an LPN, not a personal care worker.

Despite Canada's steadily rising health-care costs, Silas noted, "the lifespan of Gen X and Gen Y is falling off, and they are likely to be the first generation in history to

live shorter lives than their parents. ... Why? Because of chronic disease."

"It is imperative that we re-consider what health services we are investing in, and be clear about what return we are realizing for those investments," she explained.

"And who better to re-imagine health care than nurses?"

Who better to imagine health care than nurses?'

— Linda Silas, President, CFNU

So there is a perfect alignment with nursing, Silas said, because so many of needs related to chronic disease and healthy aging are within the existing domain of what nurses do.

So if the goal is to save money, Silas noted, cutting nurses is not the way to do it.

"It's time for a moratorium on all 'transformation,' and on all nurse job reductions," Silas said, arguing all 11,000 new Canadian nursing graduates should have full-time jobs. "When nursing cuts happen it is a failure of nursing leadership, and shame on them. And it's up to us to change it, or shame on us!"



Linda Silas





U.S. union's patient advocacy crusader offers inspiring keynote at UNA AGM

HEALTH care restructuring is not just something that's happening in Alberta, said Hedy Dumpel, a registered Nurse and lawyer who is national director of nursing practice and client advocacy for the California-based National Nurses United, in an inspiring keynote message to the delegates to UNA's 2013 Annual General Meeting.

Among the key symptoms of health care restructuring in the United States, said Dumpel, are reduction of the overall work force; "self-inflicted nursing shortages;" alignment with corporate culture and elimination of the public safety net; increasing influence by management consulting firms; attacks on scope of practice and treating RNs and LPNs as interchangeable.

Does this sound familiar? If so, she asked, "What then must we do?"

'Take it to the street!'

— Hedy Dumpel, U.S. nursing advocate

Dumpel's answers included identifying and challenging assumptions about the impact of transformational workplace change. "Where are the scientific, transparent, peer-reviewed studies that support the workforce model transformation?" she asked.

She advised having a plan to fight back that includes fighting to preserve the art and science of nursing, and engaging in mobilization and education campaigns. "Take it to the street!"

And that means fighting the consolidation of corporate power, and the elimination of "variation of work practices" that go with it – practices that treat patients as widgets, not human beings.

The effects on RNs include a loss of the right to advocate in the interest of patients, of discretion and independent judgment and an inevitable erosion of wages, benefits and working conditions. The answer in California, she said, was mass advocacy action by nurses that resulted in safe staffing legislation that mandates minimum staff to patient ratios. Such goals can be achieved, she promised, by organizing RN power. 🍷



Hedy Dumpel





PRC expert points to need to respond to 'global epidemic' of adverse care issues

THE “workforce transformation model” should be considered a professional responsibility concern, UNA PRC Advisor Donna Smith told the more than 850 participants in the union’s annual general meeting in November.

Scholarship on such “quality improvement” programs has revealed “a global epidemic” of patient safety issues, she said, among them high rates of unscientific care, inappropriate care, geographic variations in practice, latent disagreements among specialists and unrecognized medical injury to patients, she explained in a presentation to the AGM.

Parts of such quality improvement models that nurses believe may do harm must be challenged, Smith advised the AGM delegates. Indeed, she noted, the standards demanded by professional bodies such as CARNA require nurses to advocate for patient safety and best practices.

Smith also urged delegates to lend a hand with the union’s effort to build a provincial PRC database, telling participating nurses that their help is needed to ensure the database has the scope and quality to be an effective tool.

‘Quality improvement’ programs have resulted in ‘a global epidemic’ of professional concerns.

– Donna Smith, UNA PRC Advisor

To achieve that goal, she encouraged the nurses to file each PRC form as early as possible to that returned forms can be analyzed monthly to give UNA leaders the information they need about developing problems at worksites, locals, districts and across the province. That way complex problems can be identified, and early assistance provided.

Smith told delegates that by using UNA’s Data Management System PRC concerns can now be reported in real time. She said UNA’s Education Department has developed PRC training seminars for members.

For a copy of Smith’s full presentation, please visit UNA’s website – www.una.ab.ca/.



CLC creates national domestic violence survey

TO mark the December 6 anniversary of the 1989 slaying of 14 young women by a mentally ill man at the Ecole Polytechnique in Montreal, the Canadian Labour Congress and the University of Western Ontario's Centre for Research and Education on Violence against Women & Children have launched the first Canada-wide survey on the impact of domestic violence on workers and workplaces.

The survey will provide made-in-Canada research to help unions, employers, advocates and governments develop good public policy and bargaining positions.

The survey will be available online in English and French until June 6, 2014, at <http://fluidsurveys.com/s/DVatWork/>.

Any worker over the age of 15 is encouraged to complete the completely anonymous survey

Any worker over the age of 15 is encouraged to complete the completely anonymous survey, whether or not they have personally experienced or witnessed domestic violence. 🍷

green corner

Calculating energy efficiency and costs

THANKS to the increasing duration of post-holiday sales, for many consumers 'tis still the season to buy electronic devices.

Interesting – and for environmentally conscious consumers, increasingly important – is knowing how much electrical power these devices use, and how much it costs to operate them.

Utility companies calculate power usage by kilowatt-hour, abbreviated as kWh, a measure that multiplies the wattage of the appliance by the number of hours it's used. A 100-watt light bulb used for 10 hours equals 1,000 watt hours, or 1 kWh.

It takes about 1 kWh of energy to run a shower for three minutes, 50 kWh to run your dishwasher 20 times, and about 100 kWh to run a clothes washer once a week for a year.

Canadian law requires an "EnerGuide" label on all new electrical appliances to indicate the average expected electrical use of the appliance in kWh for one

year. So it should be easy to figure out from this how much energy new appliances should use, and therefore the cost of running them.

Your most recent electricity bill should clearly show what you pay for a kWh of energy. Multiply that price by the number of kWh the device uses (the large bold number on the EnerGuide label) and the result will tell you what it costs to run the appliance for a year.

If you multiply that by the number of years you expect to operate the appliance, you'll be able to anticipate its lifetime operating cost.

NRC suggests consumers look for the blue "Energy Star" label, which indicates the most energy efficient devices in their class. Some very energy efficient devices may cost more than less efficient alternatives, but when you calculate the "second price tag," their long-term operating cost, they may turn out to be cheaper to run over time, as well as more environmentally responsible. 🍷

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



Public service union leaders to move ahead with court challenge of two anti-labour Alberta laws

LEADERS and members of Alberta's public service unions are naturally distressed by the passage in the Alberta Legislature of two strongly anti-union bills on December 4, but the leaders of United Nurses of Alberta and other affected unions are very hopeful this unconstitutional legislation will be overturned by the courts.

The affected unions have promised to press ahead with a court challenge as soon as possible.

"Our confidence in Canada's impartial and independent judicial system in no way diminishes the grave concern and dismay we all feel that the government of Alberta has passed such irresponsible and anti-democratic legislation," said UNA President Heather Smith.

"All Albertans regardless of how they feel about unions should be concerned by the limitations on free speech, the lack of due process and the cavalier breaking of agreements and promises contained in this legislation," Smith said.

She noted that a letter sent to the premier on December 4 by the leaders of several unions that negotiate with the provincial government or its agencies as well as the Alberta Federation of Labour expressed the concern public sector labour relations would be poisoned for a generation in Alberta by this unnecessary legislation.


"However, we are thankful for the existence of the Canadian Charter of Rights and Freedoms and

determined to proceed with our court challenge on behalf of all Albertans and Canadians as expeditiously as possible," Smith said.

"The anti-democratic aspects of this legislation are so obvious and so serious, we are very confident the courts will appropriately rectify this situation, and that the Alberta government moreover will be examined very critically by the court of public opinion in all parts of Canada," she said.

"Our determination to fight these unconstitutional laws is a good example of how unions work on behalf of all Canadians, not just their own members," Smith stated.

In the letter sent to the premier on December 4, the presidents of UNA, the Health Sciences Association of Alberta, the Canadian Union of Public Employees and the Alberta Federation of Labour called on Premier Redford to reconsider Bills 45 and 46 because as "ill-considered, uncalled for, unnecessarily provocative and likely unconstitutional."

The presidents who signed the December 4 letter include Smith, Elisabeth Ballermann of HSAA, Marle Roberts of CUPE and Gil McGowan of the AFL. 

Above: Heather Smith addresses protesters at the Alberta Legislature on November 28



Immunization brings important issues for UNA members

By Dewey Funk
UNA OH&S Advisor

FALL is more than “flu season” – it’s immunization season too, and among health care professionals, that’s always a controversial topic.

Let’s think about what this means for nurses.

United Nurses of Alberta advocates in favor of influenza immunization – but with appropriate qualifiers.

In other words, while UNA recognizes the benefits of being immunized to RNs and RPNs, this union also recognizes the inherent right of patients to be able to make decisions based on the concept of “informed consent.”

And a nurse becomes a patient when she or he gives informed consent to receive a flu vaccination – or not.

UNA also believes all RNs and RPNs have a right to make their own decisions based on the Canadian Nurses Association Code of Ethics, which states:

c. Promoting and Respecting Informed Decision-Making

4.) Nurses ensure that nursing care is provided with the person’s informed consent. Nurses recognize and support a capable person’s right to refuse or withdraw consent for care or treatment at any time.

Or that of the Registered Psychiatric Nurses of Canada, which says:

Respect for the inherent worth, right of choice, and dignity of persons

5.) Upholds the person’s legal and moral right to refuse treatment and to choose to live a risk as long as those decisions are in keeping with the law.

6.) Know, applies, and upholds the elements of informed consent.



If a nurse decides not to be immunized, this is a “choice of consequences” as laid out in the arbitration between the Chinook Health Region and UNA, Local 120, regarding immunization policy.

This decision said a nurse has the right to refuse immunization, but as a result must accept the possibility of losing wages as a result the Medical Officer of Health declares there to be an outbreak.

The nurse can choose to take an antiviral agent such as amantadine and be allowed to continue to work.

If the nurse is not able to receive the immunization because of medical contra-indications or religious beliefs, the nurse will be able to access sick leave or be accommodated to work in another unit.

When a nurse is not immunized and chooses not to take an antiviral agent, the employer can still accommodate this nurse into another position in the facility.

UNA advises that this must be done on the basis of reasonableness. If you have concerns as a member, you should contact your Labour Relations Advisor (LRA).

If a nurse cannot be reassigned to another area, the nurse may be sent home without pay. In such cases, the employer usually allows the nurse to access their vacation or overtime bank.

The AHS website says a nurse may be required to wear a surgical mask if not immunized. It should be noted even N95 masks do not offer full protection from the flu virus.

If you have concerns about the employer forcing you to wear a mask, please contact your LRA. 🍷

Employees have 24 months to report a workplace safety incident

DON'T let an employer or supervisor talk you out of reporting a workplace safety incident because more than a few hours, days or weeks have passed.

According to the laws governing the Workers' Compensation Board (WCB), as an employee you have up to 24 months - two years - to file a report.

Reporting in a timely fashion remains a sensible practice, but sometimes circumstances mean injured workers don't immediately know how serious the situation is. If that happens to you, it means you are within your rights to file a report anyway - say, for example, if you were the victim of a needlestick injury and the impact was not evident for a year or 18 months.

Employees may select their own physician

According to the Workers' Compensation Act:

Worker may select physician

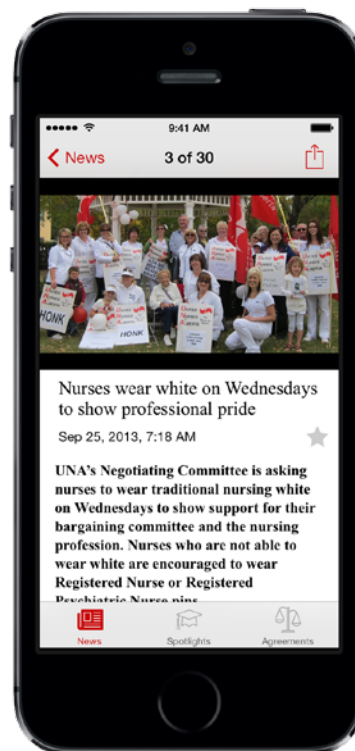
84 *If medical aid is to be provided to a worker under this Part, the Board may, if it considers it appropriate, permit the worker to select the physician of the worker's choice.*

Some UNA members at worksites in Calgary have been told that they must report to an Occupational Injury Service (OIS) Clinic. This is an optional service that WCB is encouraging employers and employees to use on a voluntary basis.

The diagnosis and confidential medical information is not to be discussed with the employer, but there is to be meeting between the employer, OIS Physician and employee to discuss modified work duties.

It is important for an employee to know they can go to a physician of their choice for a number of reasons. Your family physician knows you and there is a trust built between the patient and physician. 🍷

UNA develops free iPhone app for members



UNITED Nurses of Alberta has launched an iPhone App that will help connect Registered Nurses, Registered Psychiatric Nurses and allied health care workers with their union.

Released at the UNA Annual General Meeting on November 19, the iPhone app provides direct links to breaking news, collective agreements, Spotlights and more. UNA members can search collective agreements for keywords, make notes, and highlight important sections for future reference.

UNA is the first nurses' union in Canada to develop an iPhone app specifically for its members. As of December 2013, the App Store offered more than one million apps by Apple and third parties.

Since its launch, the app has been downloaded through the Apple App Store more than 900 times. Visit the Apple App Store and download the United Nurses of Alberta app to your iPhone for free. 🍷



CFNU Notes

CFNU takes the fight to Parliament Hill and Keeps the Pressure On!

By Anil Naidoo, CFNU

WORKING with our allies across the country, the Canadian Federation of Nurses Unions took the fight for the future of health care and preserving labour rights directly to Parliament.

In a mass lobby day on December 3, dozens of nurses from across the country joined health and labour activists to blanket Parliament Hill. Working with the Canadian Health Coalition and the Canadian Labour Congress, close to 100 meetings were held with Members of Parliament and Senators.

Presidents and VPs from provincial nurses unions came to Ottawa to participate, including UNA's Heather Smith and Jane Sustrik. They joined front-line nurses, provincial health coalitions and labour activists to highlight the urgency facing both health and labour movements in Canada.

The key recommendations on health care were:


1. The federal government should provide financial support to the provinces and territories in the form of a targeted fund for a pan-Canadian continuing care program.
2. The federal government should provide leadership and funding toward a universal public drug plan to ensure appropriate and affordable access to prescription drugs outside of hospitals. This new targeted fund will not be time-limited and will continue alongside the Canada Health Transfer to the provinces and territories, with the 6 per cent annual escalator laid out in the 2004 Health Accord. Legislated at the federal level and agreed to by all provinces and territories, it would use the approach in the 2004 Health Accord.

Ongoing, as well, has been efforts to support those intervening in the B.C. private clinics legal challenge, a case that will be heard next year and which could rock the foundation of our cherished medicare system as private surgical clinics have brought forward the most significant constitutional challenge to medicare in Canadian history. The core of the case is that Dr. Brian Day, the most aggressive proponent of private, for-profit, health care in Canada, is directly attacking the most important aspect of medicare; that health care should be provided according to the patient's need, not the ability to pay. What is at stake is no less than the survival of public universal health care in Canada and you can be sure that CFNU will be working with all provincial nurses unions and our allies in the coming months.

For the labour meetings, the key recommendations were to expand the Canada Pension Plan; but also to stop the attacks contained in Bill C-377, C-4 and C-525, which together represent the Harper Conservatives' direct attack on collective bargaining, arbitration, the right to strike and fundamentally change the rights of workers to organize.

The next months as we move toward the next election (scheduled for October 2015) will be a critically important time to bring forward these issues and to ensure that all political parties know what is at stake.

The news has been saturated with scandal and corruption but meanwhile, the deeper agenda of fundamental changes to the fabric of our Canadian society, not limited to these attacks on labour rights and our health care system continue. It is time to act, now more than ever!

Together Fairness Works! 




Negotiations Update

UNITED Nurses of Alberta's bargaining committee continues to negotiate with the bargaining committee representing Alberta Health Services, Covenant Health, and other employers.

At a meeting in November, the employer tabled a revised position on Article 7: Hours of Work. The

employers returned to "current" provisions regarding percentage of day-duty, weekends off-duty, 12-week posting of schedules, and penalties if shifts are changed with less than 14 days notice.

Updated Factsheets explaining the employer proposals are available on UNA's website. 


Much ado about numbers

ALBERTA Health Services is playing with statistics and not telling the whole story about part-time nurses represented by UNA.

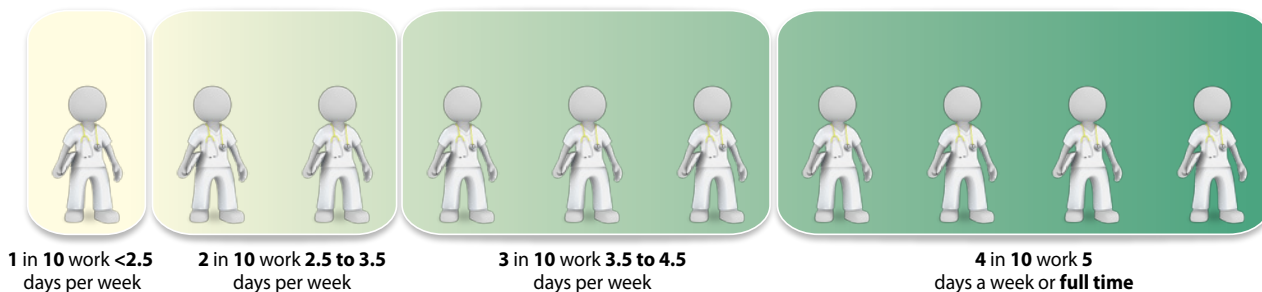
In a province-wide advertising campaign, AHS failed to explain that the decision to hire more part-time nurses was the choice of Alberta health care policy makers.

As illustrated in the image below, more than seven of 10 Registered Nurses and Registered Psychiatric Nurses working for AHS with a designated full-time equivalent (FTE) work more than 3.5 days per week. Four in 10 work five days per week, or full-time.

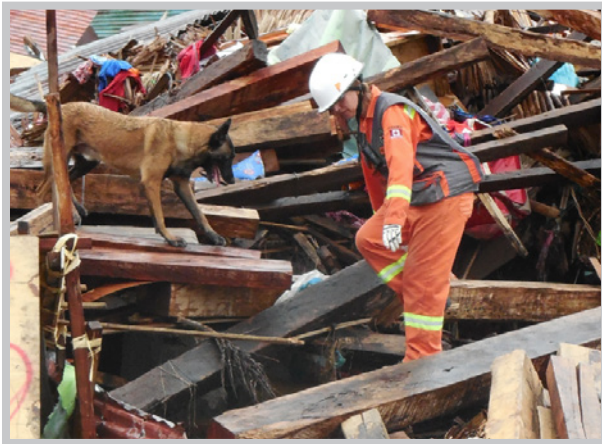
While UNA is prepared to work with AHS to take a rational approach to increasing the number of nurses employed full-time, we believe this ad campaign is an attempt by AHS to distract Albertans from the Employer's real plans.

UNA is encouraging its members to talk with their managers and supervisors about the ads and AHS' proposed scheduling changes. 

Total designated full-time equivalent (FTE) of Registered Nurses and Registered Psychiatric Nurses working for Alberta Health Services



UNA LRA and her rescue dog back from searching typhoon wreckage in Philippines



UNA donates \$10,000 to Philippines typhoon relief

UNITED Nurses of Alberta's Executive Board has voted to donate \$10,000 to OXFAM Canada to provide humanitarian relief to victims of November's devastating typhoon in the Philippines.

The donation matches identical contributions from the Canadian Federation of Nurses Unions and Saskatchewan Union of Nurses. Other Canadian nurses' unions are expected to make similar contributions.

Typhoon Haiyan was the deadliest Philippine typhoon on record, claiming at least 5,759 lives and leaving more than a million people homeless after it hit on November 8. The typhoon was also the strongest storm recorded at landfall, and unofficially the fourth strongest typhoon ever recorded in terms of wind speed.

Thousands of Filipino and Filipina nurses work in Alberta and Canada and the thoughts of all UNA members are with them and their families at this time. 🇵🇭

UNA Labour Relations Advisor Silvie Montier and her rescue dog Cken have now safely returned from the Philippines after spending a more than a week recovering bodies in the aftermath of the typhoon that struck the city of Tacloban.

Montier went to the Philippines with three other members of the Canadian Search and Disaster Dogs Association and spent many hours searching the wreckage in the neighbourhood of Baragay left by the massive storm.

The typhoon, which hit the Philippines on November 8, killed more than 5,000 people and displaced about half a million.

"We searched a school used as an evacuation centre, a small hospital and the neighboring area in the heat and under the rain," Montier recalled of her part in the worldwide effort to bring relief to the region. "We were able to recover a large number of deceased persons entombed deep in the rubble."

CASDDA trains and deploys dogs and their handlers for search and rescue missions in Canada and around the world. 🇵🇭



'Conservative' agitation against public health and public services must be challenged

THE network of “conservative” groups constantly agitating against public services and public health care need to be “challenged on all levels,” UNA Communications Advisor Dave Cournoyer told the Parkland Institute’s 17th annual fall conference in November.



Cournoyer, at left.

The conservative movement, he told a questioner, is not a conspiracy – “it is a concerted effort to reshape policy, and it has been very successful.”

Cournoyer, who is one of Alberta’s best-known political bloggers, told conference participants in a seminar on “the framing of evidence” that this can be done by “challenging their integrity, exposing their connections to each other.”

Points of attack for progressive citizens who want to preserve public services include revealing who funds these groups, and if that is not possible, challenging their secrecy, as well as opposing the charitable status they receive from Revenue Canada.

Another speaker at the November 22-24 conference, warned that protections against workplace monitoring of employees put in place by the courts are widely ignored in Canadian workplaces.

“We have a huge gap between what the courts have said our rights are at work, and what employers are actually doing,” said academic researcher Jason Foster.

“We do actually have a little power as consumers,” he said, “because they cannot record you voice without your permission.” So consumers should request that the recording be turned off, he suggested. 🐾

Study highlights serious problems with for-profit elder care in Alberta

A new report by the Parkland Institute clearly shows what most health care workers already knew to be true – that Alberta’s shift from public long-term care to privatized for-profit “assisted living” is hurting seniors and reducing the quality of care.

The Alberta government’s policy of privatization, offloading and cutbacks in elder care also hurts care workers, shows the report by the Edmonton-based institute, which is titled *From Bad to Worse: Residential elder care in Alberta*.

Published on November 6, the study looked at two major shifts in policy that have taken place in Alberta in the recent past, said Parkland Research Director Shannon Stunden Bower: the move from long-term care to assisted living and the significant rise in service delivery by for-profit businesses.

The data collected by the researchers and conversations with many stakeholders clearly shows “abundant evidence for profit corporations provide inferior quality care,” the study says. “Public is the way to go, according to our data,” Stunden Bower said. 🐾

Shannon Stunden Bower



Some of the RNs from Devonshire Care, during their strike.

One year after the strike at Devonshire Care: movies and memories

WHEN the Registered Nurses at Edmonton's privately owned, for-profit Devonshire Care Centre look back at the two-week strike that started on New Year's Eve 2012, they still shake their heads at the powerful support they received from other nurses and unions.

'We were only ... a handful. But we showed that a handful could be heard!'

– Helen Lichtner, RN, Local 417

The small group of nurses at the private, for-profit nursing home knew they were doing the right thing when they joined UNA, RN Careen Matias recalled soon after the strike ended, but they expected to be lonely, cold and bored on the picket line.

"It was scary," recalled RN Nerlyn Camat. "It was New Year's Eve and we hadn't met UNA members before ... and it was freezing cold."

But that's not the way it played out for the small group of 15 nurses at the South Edmonton continuing-care facility owned by Park Place Seniors Living Inc. of Vancouver, who by the fall of 2012 had concluded they

had few options left but to go on strike to get a fair first contract


"We went out of our job and to see these people from UNA, and other support, it was a great feeling that we weren't alone," Camat said.

Now the experience of the members of Local 417 is recorded on a moving video created by UNA videographer Jeremy Rittwage.

The 15-minute video, which has now been posted on UNA's website, shows footage from the strike and many interviews with the strikers that illustrate their strength, and also their gratitude for the support received from UNA and other unions.

In the end, the strike by the Devonshire nurses and the first collective agreement they won became an important victory for every Registered Nurse in Alberta, said UNA President Heather Smith, who spent part of almost every day during the strike on the picket line.

"Next time we bargain, your employer will know that the nurses at Devonshire are as force to be reckoned with," said Smith in the video's footage.

"We were only, as they say in the newspaper, a handful," said RN Helen Lichtner. "But we showed that a handful could be heard!" 




Employer proposes big scheduling changes

ALBERTA Health Services and other employers have proposed major changes to the scheduling provisions of the UNA Provincial Agreement in the current round of bargaining.

The November 2013 proposal from the employers under to the UNA Provincial Collective Agreement would negatively impact Article 7, House of Work and Scheduling Provisions, Article 18, Named Holidays, and Article 30, Part-Time, Temporary and Casual Employees.

Employer proposals include:

1. Making it possible to force nurses to work a Friday evening shift followed by a Monday morning shift and consider this a weekend off. The Employer wants to change the definition of a weekend in Article 7 to 55.75 hours from 56 hours, meaning a nurse could be required to work a Friday evening shift and Monday morning shift and still be considered to have had a full weekend. The employer also wants to delete the requirement no work may be required after 6 p.m. when days off are on a weekend.
2. Cutting the time off required between shifts. Under Article 7, nurses are now assured of 15.5 hours off between shifts. The Employer wants to reduce this to 11.75 hours so nurses can be required to start a new shift on the same day as the last one.
3. Eliminating the requirement for union agreement to change a workplace shift schedule from 8- to 12-hour shifts. The Employer wants to eliminate any union involvement and negotiate directly with employees. The Employer seeks to be able to schedule an employee for any length of shift – 12 hours, 8 hours, or any other length and combination. Taken together, these proposals would open up employees to intimidation and retribution.
4. Allowing a combination of 8- and 12-hour shifts for all nurses in a workplace. The Employer proposes to change Article 7 to allow 8- and 12-hour shifts to be combined in a single employee's schedule, giving nurses "the worst of both worlds," and allowing the employer to deprive many members of benefits.
5. Eliminating designated days of rest for part-time nurses. The Employer proposes completely eliminating reference to designated days of rest for part-time nurses in Article 7, requiring them to work on their rest days without overtime compensation.
6. Eliminating employees' ability to end extended workdays. Under the current agreement, employees on extended workdays can serve notice to return to a standard workday. The Employer proposes that only the Employer may terminate this arrangement.
7. Eliminating the requirement under Article 18, Named Holidays, that the employer grant days off in lieu at a mutually agreed upon time. When an employee works a Named Holiday, the Employer wants the right to schedule the employee's days off in lieu without consultation.
8. Eliminating the requirement for two consecutive days of rest for full-time nurses. While the employer has modified this proposal from its Ingoing Proposal, it continues to seek reductions in the time required for days of rest under Article 7. The Employer proposes to reduce the hours off duty required between shifts in several parts of Article 7.02, eliminating the assurance nurses will have two complete days of rest between work periods.

Other less serious regressions have also been proposed by the Employer in this area. The combined effect would be a serious decline in the quality of all nurses' working lives, in some cases taking UNA members back to working conditions of 1970s and 1980s. 

We're Alberta's Nurses

PROUD OF OUR profession...

PROTECTING OUR patients...

Ask me why I'm wearing white!

Alberta's Registered Nurses and Registered Psychiatric Nurses work every day to protect their patients and their professional practice. They support a properly staffed and supported health care system that guarantees safe, quality care for patients, residents and clients.

On Wednesdays, many of them are wearing traditional white to work to make the public aware of the impact of ongoing and planned staffing changes by Alberta Health Services that will harm the quality of care and patient safety throughout the province's health care system. It's hard to make nurses "disappear" if they are visible and distinctive.

Working every day for safe,
quality health care in Alberta



United Nurses of Alberta
www.una.ab.ca

