

Employers rush to make a monetary proposal of 3%, 2% and 2%

Employers unexpectedly came to the main provincial bargaining table with a money offer this week. The offer of 3% in the first year and 2% in a second and third year is close to what UNA proposed, 3%, or cost of living each year.

"We're not that far apart on money," says UNA President Heather Smith, "but we have been saying all along money is not the big issue in this round. Nurses, and we think our patients, are most concerned with adequate nurse staffing and reasonable workloads."

"The staffing issues will be the real sticking point for nurses," says Heather Smith. "We will not want to settle this contract until nurses can be sure that patients will be guaranteed safe levels of nursing care."

A priority proposal from nurses is negotiating nurse-to-patient ratios that ensure adequate staffing. The Employer has not withdrawn its proposals to eliminate the nurse-in-charge clause, the only stipulation in the province that guarantees at least one Registered nurse on duty in every ward.

Last week the Provincial Health Authorities of Alberta (PHAA) put out a news release saying UNA is seeking a 22% increase. To get that number PHAA totaled up all possible cost increases from UNA proposals. David Harrigan, UNA's chief negotiator, called PHAA's calculations "creative arithmetic." PHAA's big numbers included projected

costs for new weekend worker provisions and UNA's proposal to add three days vacation for nurses willing to take their vacation time outside peak periods. "We put innovative proposals like these forward to help Employers with scheduling and what did they do, they rolled them in with salary, premium and benefit increases and said we are asking for 22%. It's very misleading," said Heather Smith.

UNA back at PHAA bargaining table despite LRB ruling

UNA returned to negotiations at the main bargaining table this week, after the Alberta Labour Relations Board ruled that the Employer is allowed to bring a court reporter to the sessions.

Negotiations were held with the Provincial Health Authorities of Alberta (PHAA) on February 25, 26 and 27.

UNA insisted the court reporter issue be resolved by the LRB before talks continued. The LRB ruling, issued February 24, said that the recording is allowed provided it does not interrupt discussions and is not taken as an official record of the proceedings. UNA is also to be provided with the reporter's transcript.

"A recorder working on a stenography machine should not interrupt talks, but it certainly detracts from a positive and constructive tone," said Heather Smith. In a previous case the LRB had ruled that unilateral recording of negotiations was not allowable.

How did PHAA calculate 22%?

From a nurse's letter to the editor:

"If all nurses work: full-time in charge on permanent nights, significant mandatory overtime, all named holidays, all weekends while missing most breaks, and take two sick days a month, receive physiotherapy twice a month, replace bifocals every other year, have orthodontia adjusted monthly, have been employed by the same employer for more than 15 years, and spend several days a month caring for numerous family members who all die within the same year, pay and benefit improvements might reach 22 per cent."

From a Letter to the editor by Jan Fortier, RN, published in the St. Albert Gazette.

New look for UNA website

Easy access to more information

The UNA website has been completely revamped with a new look and easy accessibility to information about negotiations. New information, like UNA Stats and Spotlights will now be easily accessible from the website and all previous information about UNA will still be there. Check out the new site at: www.una.ab.ca.

Poll shows Canadians trust registered nurses

A recent national opinion poll by Leger Marketing shows registered nursing is just about the most trusted professional group. While firefighters ranked top, nurses took second spot with a rating showing 96% of Canadians trust them. Doctors came in at 92%. Politicians ranked near the bottom of the trust ratings, falling below car salespeople and real estate agents. The poll also showed women are generally more trusting than men.

Arbitration allows St. Michaels to reduce RN staffing

Nurses warn that insufficient Registered nursing care endangers patients

The arbitration decision on staffing levels at St. Michael's Health Care Centre in Lethbridge has finally come out. Arbitrator Alan Beattie ruled that the Employers' planned layoff of six RNs was acceptable and the auxiliary hospital's proposed staffing plan would be adequate.

"We are greatly disappointed with the ruling, but we needed a final resolution," said Local #72 President Ruth Jeannotte. "Our nurses are glad this is finally over. Unfortunately many will likely now be leaving St. Michaels because they don't feel they can take the risk of being responsible for 96 patients over two block-long floors. It puts their professional license and their career in jeopardy. We are also, of course, concerned it puts residents at risk, when there is not enough time to provide the needed care."

Thirty-eight RNs have left St. Michaels since it moved into its new facility. It is almost a complete turnover of RN staff since the move in May of 2000.

"This ruling highlights how important it is that we advocate for safe staffing levels in negotiations," said UNA President Heather Smith. "Employers will spend thousands and thousands of dollars on legal costs to reduce staffing levels. They plan staffing according to the budget bottom-line, not on what is needed to pro-

vide safe care. Nurses will fight for adequate staffing for our patients, and we'll be doing that in bargaining."

The arbitration came out of a grievance filed in 2001 after the Employer announced layoffs. UNA won a court injunction on October 31, 2001, preventing the layoff of six nurses pending the result of the arbitration. The Employer appealed the injunction but lost.

During 13 days of arbitration hearing, UNA made the case that nurses remaining on staff at St. Michaels would have been put at professional risk. The layoffs would have added to the stress and responsibility of an already over-worked group of RNs at the 210 bed auxiliary hospital.

UNA argued that the layoff would bring RN staffing below the Nursing Home Act minimum levels. The Nursing Home Act Regulations stipulate a minimum of 1.9 hours of care per patient per day, and at least 22% of the care be by RNs. St. Michael's is a designated hospital; it has a higher acuity than a nursing home and includes a palliative care unit. UNA's case maintained that the staffing standards must be higher than for a nursing home.

The arbitrator decided to include Registered nurses from the palliative care unit in the overall nurse ratios for the building. The palliative care nurses are not normally available to assist on the large long-term care units.

Ontario closes private cancer clinic

Ontario's public Cancer Care Ontario will take over running an evening clinic that had been contracted out to a private firm in 2001 by the provincial government.

"There's no reason to outsource this when we can do it ourselves," said President Dr. Alan Hudson, explaining Cancer Care Ontario's decision to close the clinic on Sept. 1.

The private cancer clinic, run by Canadian Radiation Oncology Services, opened amid protests in February, 2001, at a time when the province was spending \$28 million to uproot 1,600 cancer patients and send them for treatment to Buffalo and other cities.

Alberta eliminating consent requirement for electronic health records

The provincial government has introduced a bill to remove the requirement to get patient consent for sharing personal electronic health records. The legislation amends, and weakens, the controversial Health Information Act. The government passed the Act in 2001 amid charges that it endangered the medical record privacy of patients. In a news release, Health Minister Gary Mar said getting patient consent is an "adminis-

trative burden” and that a pilot project showed a majority of people gave their consent anyway.

Commentators say the loosening of the Health Information Act was needed to go ahead with electronic patient records and personal health cards.

UNA was concerned about privacy and security in the original legislation. In a brief to government, UNA pointed out that the Act provided too great a scope for collection, use and disclosure of personal health information. The UNA brief also outlined several areas where registered nurses, who are professionally obligated to preserve privacy, may be put in conflicting or vulnerable situations under operations of the Health Information Act.

Millions march world-wide to stop threatened war on Iraq Quebec nurses play a major role

Hundreds of thousands of Canadians took part in peace marches for the global day of action on February 15. The largest march in Canada was in Montreal, where estimates are that anywhere from 150,000 to 250,000 people took to the streets. Quebec nurses played a significant role in organizing the rally. FIIQ (Federation des Infirmières et Infirmiers du Québec) is a member of the Check War Collective, along with hundreds of church organizations, community groups and other unionists. The Collective organized the massive Montreal demonstration and is actively campaigning against Canadian involvement in an attack on Iraq.

The FIIQ nurses’ website, www.fiiq.qc.ca/ has a major section devoted to *Echec a la guerre* (Check the war). In an open letter to the Prime Minister the Collective writes: “The war that the United States and Great Britain are so anxious to wage against Iraq is totally illegitimate and illegal. A second resolution by the United Nations Security Council will not change a thing. The arguments invoked to justify the war are unreasonable and downright false, and were given no more validity by Colin Powell’s recent speech. On the contrary, it is the logic of war into which the United States and their friends persist in leading the international community that represents the greatest danger to peace and world security.”

American nurses turning down smallpox immunization

American President George Bush is calling for half a million U.S. health workers to be vaccinated against smallpox as a preventative measure against a possible

terrorist biological attack. But health workers and nurses across the U.S. are declining the vaccine.

The vaccine has more risks than many others because it is made from a live cowpox virus. The period of contagion is long--up to three weeks. In this period of exposure, healthcare workers who are vaccinated are endangering themselves, their patients, families and co-workers.

The last time smallpox vaccine was used, in the 1960s, there were 52 life-threatening complications and two deaths per million people.

A New York Times’ national survey of state health officials, published Feb. 7, found that more than 350 hospitals were refusing to participate and many others had not made a commitment. Nurses’ unions in California, Pennsylvania, Rhode Island, Massachusetts and Texas have advised their members not to volunteer.

The New York State Nurses’ Association has demanded that the hospitals negotiate terms for compensating nurses who may get sick and lose work hours as a result of the vaccination.

Dr. Nadia Marsh, organizer of Doctors and Nurses Against the War, said, “A campaign to vaccinate millions of people in the U.S. is unnecessary. It’s a cynical effort by the Bush administration to create fear and paranoia in the population.”

“From a public health perspective it neither makes sense nor addresses the real medical problems faced by a growing number of working-class people in this country,” Dr. Marsh said. “Instead of spending millions of dollars on a disease that does not currently exist, a large segment of the health care community is demanding that the funds being used for this vaccine campaign instead provide health insurance for the 41.5 million people who are uninsured.”

Government strikes new committee on rural health care

The provincial government has struck yet another health care committee, this one to examine rural delivery of health services. The MLA committee is chaired by Dave Broda, MLA for Redwater. Government says it will use the committee’s recommendations to develop a provincial strategy with particular emphasis on the unique needs of rural Albertans.

The committee will review previous studies and seek the input of stakeholders on areas that touch rural needs, such as consistent standards for accessing emergency and acute care, primary health care and workforce initiatives, and the use of technology to improve the delivery of health care to rural Albertans.

The committee will report to the Minister of Health and Wellness at the end of May 2003.