

UNA launches province-wide Billboard campaign

CCEBA long-term care facilities need to meet standards

Negotiations with the few remaining long-term care Employers who continue to block an agreement broke off July 15th and no further dates have as yet been set. The July talks with the assistance of mediator Michael Nekula ended quickly when the Employers announced they would not be moving on any of their proposals.

Nursing standards and nurse-in-charge is still an issue and UNA has mounted a billboard campaign to highlight how this could affect residents. Featuring a portrait of an older woman the billboards say, "Long-term care facilities want to eliminate registered nursing care. Keep her safe. Keep nurses working in nursing homes." The billboards are going up in Edmonton, Calgary and Lethbridge. In Camrose, UNA has placed ads on the local cable television network.

UNA has also filed a complaint of failing to negotiate in good faith with the Alberta Labour Relations Board (LRB).

"These long-term care operators want to eliminate the nurse-in-charge, a quality of care standard that has been negotiated with other long-term care providers in the province," says David Harrigan, UNA's director of labour relations and chief negotiator. "This is a major quality of care issue for nurses, but it isn't the only issue here. These Employers clearly appear to be looking for a confrontation not an agreement," he said.

"By eliminating nurse-in-charge, they could lay off all their Registered nurses," David Harrigan points out, "and they would have no obligation to pay them any severance." He also notes that the largest Employers in the group are subsidiaries of the Capital and Calgary Health Regions, Capital Care in Edmonton and Carewest in Calgary. "We successfully reached an agreement for over 20,000 Health Region nurses, but these same Health Regions are blocking a deal for fewer than 500 RNs in their long term care

facilities," David Harrigan said.

"We have put up the names of most of the actual facilities on the billboards to make it clear which ones are insisting on lower standards of nursing care," he said.

The contract is still outstanding with CCEBA (the Continuing Care Employers Bargaining Association), which represents 16 long-term care facilities in the province. The Bethany Care Society is in CCEBA but also insists on negotiating separately for its Cochrane facility, the 17th long-term care operation that remains without a contract.

UNA charges CCEBA failing to negotiate in good faith

The UNA complaint at the LRB is that the CCEBA group is failing to negotiate in good faith. These long-term care Employers are blocking negotiations by not supplying financial information and by refusing to budge on their proposals that are "tailor-made for rejection".

The LRB can order these Employers to provide the information and return to the table to negotiate in good faith.

A core point UNA makes is that CCEBA says they cannot afford to match the provincial agreement and need to have rollbacks including lesser prepaid health benefits. But they acknowledge that they are funded in a manner identical to all other approved hospitals who provide long-term care and in particular are funded identically to Shepherd's Care and Good Samaritan Society, two of the other Employers who have reached contracts with the provincial standards. Over 142 other facilities have met the standards but these 17 say they cannot.

The LRB is expected to making a ruling on the UNA complaint sometime early in September.

Extendicare Locals reach negotiated settlement

UNA Locals in negotiations with Extendicare reached an agreement that includes many of the improvements in the provincial contract. The UNA Extendicare Negotiating Committee and spokesperson LRO Pippa Cowan signed a memorandum of settlement on July 28 and Extendicare nurses will be voting on it on September 8.

Negotiations reached the same salary increase as the provincial settlement as well as an increase to the Extencicare RRSP plan and an increase in their weekend premium from \$1.00 to \$1.45 an hour, effective August 1. They also negotiated new terms on severance and on Decreasing and Increasing regular hours of work.

UNA Extencicare Locals are:

#117 Extencicare Edmonton North,
#170 Extencicare Leduc,
#189 Extencicare Fort MacLeod,
#209 Extencicare Mayerthorpe,
#215 Extencicare Viking, and
#224 Extencicare Athabasca.

Forest Grove reaches agreement

UNA has successfully negotiated a new agreement for nurses at the Forest Grove long-term care facility in Calgary. The agreement was reached on August 6, and UNA members hold their ratification vote on August 20. The contract wins close to parity with the provincial agreement, including provincial salary rates retroactively to April 1, 2003. The rates also now include steps 8 and 9, which means many of the senior nurses will be getting significant retro pay payments.

First Contract for Venta nurses

Nurses at the Venta nursing home reached their first negotiated UNA agreement in July. The new contract represented a great improvement in conditions for the dozen nurses working at the private facility. With close to provincial salary rates and many of the advantages of the provincial Agreement, the new contract also gets the nurses almost complete parity with the provincial benefits package, a major increase from the \$50 a month health benefit allowance they had before. There were also major improvements in sick leave and many other provisions. Congratulations to LRO Brent Smith and the Venta negotiating team.

Court strikes down AUPE dues suspension

An Alberta Court of Queens Bench Justice has quashed the Alberta Labour Relations Board penalty of a two-month dues suspension for the Alberta Union of Provincial Employees.

The LRB had imposed the penalty after the May 2000 two-day strike by Licensed Practical Nurses, AUPE members. It would have cost the union over \$1 million. AUPE previously had been penalized for the walkout by the courts and fined \$400,000, which was reduced on appeal to \$200,000.

In the dues suspension, the Judge adopted the arguments made by UNA as an intervenor during the original LRB hearing. UNA noted that in law the dues suspension is designed only to curtail a strike, not punish a union for striking.

The Justice found that the LRB could direct a dues suspension but that the directive could only be issued when a bargaining unit “is on strike”, not against a bargaining unit that “was” on strike. The Judge said “the intended purpose of section 114 is primarily remedial... its purpose is to deter, to bring to an end, and to remedy an unlawful strike.”

CFNU plays key role in Premier's health talks

Registered nurses made a big impact at the Premier's recent discussions on health policy at Niagara-on-the-Lake. Lobbying by the Canadian Federation of Nurses Unions and President Linda Silas played a key role in getting the national pharmacare proposal on the front burner.

“Pharmacare is a giant step forward for Canada,” said Linda Silas. “It is the first significant reform of Medicare in 40 years. Premier Williams, Lord, Doer, and Campbell in particular deserve thanks from nurses for pushing it.” CFNU released a report to the premiers and the media on July 29th urging provincial leaders to call for federal “uploading” of provincial drug programs. Several premiers at their news conference thanked CFNU and the nurses for proposing it.

Prescription drugs represent by far the largest area of rising costs in the health system. In 1980, \$1.3-billion was spent on prescription drugs in Canada, about 5.8% of total health care spending. By 2001, the percentage had doubled to 12%, and the prescription drug bill was \$12.3-billion.

Calgary backs down on P3 hospital

Jack Davis of the Calgary Health Region says the city's new southeast hospital will not be a private partnership and will be completely run by the Region. It's a dramatic change of course for the hospital that Premier Klein and Finance Minister Pat Nelson had said would be a flagship P3 project in the province.

Davis told the Calgary Sun that a hospital is “much more complex than an office building”.

“There will be no P3. We're going to build the building. We will have full control of the hospital,” he said.

The new plan is to float a public bond to finance the hospital, but ownership and control of the facility will be completely public. The 350-bed hospital is supposed to open in 2009.