

UNA members voting on mediator's recommendations September 15

UNA members will have their say on the mediator's recommendations for a new collective agreement in a province-wide ballot on Monday, September 15. The ballot is NOT a strike vote but will provide a mandate to the Provincial Negotiating Committee to take back to the bargaining table. The Negotiating Committee formally rejected the one-sided mediator's recommendations shortly after they were released on July 18.

The Negotiating Committee advises members to vote NO on the recommendations.

If the recommendations were to be accepted, they would become the basis for the new provincial collective agreement, if they are rejected negotiations would have to resume, there would be no new agreement.

The Bill 27 votes for "receiving agreements" may be causing confusion for some nurses who may believe they are voting to keep the current agreement. But those "receiving agreements" will never come into effect.

"We need to dispel any possible delusion that the recommendations are acceptable to nurses," said President Heather Smith about the vote. "The mediator's recommendations would gut many of the current nurses' contract safeguards and provisions," she says. "Imposing this kind of contract would drive younger nurses who are concerned about safety right out of this province. It would lead many senior nurses to move faster to retirement. These rollbacks would have a serious impact on the ability of our health system to provide good care for Albertans."

UNA members at the Locals involved in Provincial Negotiations, that is Facility, Community, Cancer Board, Good Samaritan, CCEBA, Bethany Care Cochrane and now Millwoods Shepherd's Care are all voting. Locals are holding information meetings prior to the vote and are distributing information about the recommendations and what they could do to nursing in the province. Information is also available on the UNA website: www.una.ab.ca.

Vote on Mediator's Recommendations

Monday, September 15, 2003

Local meetings: information first-hand

All Locals taking part in the September 15 vote are holding special meetings about the vote. Local meetings are the best place to get first-hand information about the recommendations and what they would mean for nurses. Watch for notices of your next Local meeting.

PHAA tries to paint rosy picture of recommendations

The Provincial Health Authorities of Alberta (PHAA) this week began distributing information on the mediator's recommendations. PHAA has targeted nurses with publications and letters to reassure them and to put the best possible light on the recommendations. Unfortunately, the information has many inaccuracies.

UNA is filing a complaint with the Labour Relations Board about this direct communication from PHAA to UNA members. It is an unfair labour practice that is prohibited in law.

UNA has been obliged to put out a document to clear up some of the confusion the PHAA information may create. UNA points out some of the inaccuracies and subtle implications in the PHAA documents. For example, PHAA says: "Community nurses would still be paid an in-charge premium where appropriate.." and "The in-charge premium is the same as the former community responsibility allowance so nurses wouldn't be financially affected." But PHAA's own summary of the mediator's recommendations says: "In-Charge to have no application to community nurses. Excludes units where patient, resident, or client care are provided in home, clinic, school or office." In fact the community responsibility allowance would be eliminated by the mediator's recommendations.

PHAA has particularly polished up the "mobility" recommendations that could see nurses moved from work site to work site. In fact, the recommendations would give Employers three different ways to move a nurse's job to a different site, usually within 50 kilometres, but also further.

For more information see your Local Executive, call a UNA office, go on UNA Net, or to the UNA website www.una.ab.ca.

Bill 27 “meaningless” votes wrapping up

The Labour Relations Board Bill 27 votes for “receiving” agreements have largely wrapped up, although Capital Health Region nurses had to be sent a second ballot. The LRB decided to re-vote in Capital Health because it had put inaccurate information out to nurses about what they were voting for. That ballot is due back by August 29. Then the votes from all the Regions will be counted and released.

“These ballots settle nothing, really,” points out UNA Vice President Bev Dick. “No one will ever get the collective agreement they voted for in this process. They only determine this “receiving agreement” idea which was set up by Bill 27 as the starting point for a negotiation process. But we want to continue with the provincial negotiation process and try to resolve one province-wide agreement, rather than starting over with 9 regional negotiations based on these ‘receiving agreements’,” she said.

Millwoods Shepherd’s Care nurses win first agreement

Nurses to get big back pay, going in to provincial negotiations

Nurses at Millwoods Shepherd’s Care Edmonton, Local #219, finally have a first contract that gives them most of the provisions of the provincial agreement. The nurses took their case to arbitration and will be getting significant back pay cheques with the award of close to provincial wage rates going back nearly two years.

The RNs joined UNA in 2001 but the management at Shepherd’s Care dragged out bargaining and refused to come close to provincial agreement wage rates and standards.

The negotiating committee for the new Local made an application for arbitration, with UNA provincial agreement, because it appeared arbitration would get a much superior agreement to anything the Employer was prepared to offer. They were right, the arbitrator awarded the new Local with provincial wage rates and brought most working conditions to provincial levels.

UNA has a long-standing policy of not accepting binding arbitration but in this case the negotiators believed arbitration would achieve the best new contract for the Local.

Having won a first agreement, the Shepherd’s Care nurses are going straight in to provincial negotiations and have served notice to begin bargaining as part of the provincial process.

Study shows U.S. health costs rising faster

A study published in the New England Journal of Medicine last week shows that administrative costs for health care in that country are triple what they are in Canada’s

single-payer medicare system. Increased administrations, claims disputes and handling costs of the private U.S. health insurance companies were the main reason health administration costs \$1,059 a year per person in the U.S. and only \$307 in Canada. The total bill is \$294 billion (U.S.\$) a year in the United States and \$9.4 billion a year in Canada, according to Dr. Steffi Woolhandler of the Harvard Medical School. Woolhandler, along with Dr. David Himmelstein and others have been examining comparative U.S. and Canadian health care costs over a period of several years. “A large sum might be saved in the United States if administrative costs could be trimmed by implementing a Canadian-style health care system,” they say.

CEP makes the case for Canadian medicare in corporate boardrooms

Public medicare gives Canada a big economic advantage and the Communications, Energy and Paperworkers Union (CEP) knows corporate executives have to appreciate that. The union took the case to some of Canada’s largest corporations and received some positive support. An August 22 editorial in the Toronto Star commented on the CEP campaign:

“[CEP President Brian Payne’s] message couldn’t have been clearer: Publicly funded health care gives Canadian companies a huge competitive advantage over their competitors in the U.S., where the skyrocketing cost of private health care plans is fast becoming the most important issue at the bargaining table...”

Payne didn’t have to tell the Canadian CEOs about the cost of private health insurance. In Canada, the bill for workplace-based plans that supplement basic medicare coverage averaged \$1,198 per worker in 2001. At the current rate of increase, the premiums will double in five years’ time.

Payne’s bottom line was this: To the extent that our publicly funded health care system fails to deliver the services that Canadians demand, to the extent that it is privatized or traded away for short-term tax cuts, Canadian unions will come back to the bargaining table “to fight their Canadian employers for additional medical benefits.”

Because he spoke the language of money and soaring costs, a language CEOs had no difficulty understanding, Payne succeeding in convincing many of them to support his efforts to get Ottawa and the provinces to stop downloading and privatization, which don’t save money, but merely transfer the costs of health care on to private sector employers and workers in the form of higher insurance premiums and user fees.

So far, three CEOs—Bell Canada’s Michael Sabia, Abitibi-Consolidated’s John Weaver, and Norske Canada’s Russell Horner—have joined Payne in writing directly to Prime Minister Jean Chrétien to follow through on all the recommendations in the Romanow report, and in particular the expansion of medicare to include pharmaceutical and home care.”