

# Regions finally concede that mediation must continue

## Ten days late, PHAA agrees to extend to June 15

On Wednesday, March 24, the Health Regions finally announced they were agreeing to the extension to June 15 requested by chair Andrew Sims and by both the Employer and union nominees on the panel. The Regions really had no choice but to agree the panel had made it clear in their letter to the Human Resources Minister Clint Dunford that the March 31 deadline was impossible. The talks were being extended.

“What were they thinking?” asked UNA President Heather Smith. “Were they trying to sabotage the talks by stalling on the extension? Sims had been very clear we were not going to wrap up an agreement by March 31.”

The mediated talks will continue with the three-person panel chaired by Andrew Sims that was appointed last December by Minister Dunford. More dates for talks have been set for March 27 and 28 and April 12 and 13.

UNA agreed to work with the panel in a mediation process, but has continually made it clear that arbitration is not an acceptable option.

“A negotiated agreement that nurses vote on and accept is essential,” says Heather Smith. “It is the only way to protect good safe care. Imposing a contract on nurses unilaterally, and ignoring nurses’ input, could only lead to worsening conditions in our health system,” she said.

The mediated talks had continued over several days in March, however Chair Andrew Sims had asked both sides to agree to an extension of the process, and expected a response by March 15.

UNA told the panel that nurses are prepared to continue mediation for as long as it takes to reach an acceptable agreement. UNA believes that artificial deadlines do not serve the process well.

After the Health Regions refused to respond to his request, Sims, along with both the UNA and the Employer nominees, wrote to Human Resources Minister Clint Dunford. They asked Dunford to persuade the Regions to agree to an extension or to extend the timeframe himself to June 15.

The opposition Liberals and New Democrats pressed Dunford to respond in Question Period at the Legislative

Assembly, but he would only say that an extension “is under consideration”. Outside the Assembly Dunford told news media: “It’s really hopeful that with a little bit of pressure to come to an agreement, we’d like to get this thing dealt with,” he said. “My problem is if I say ‘yes, I’ll extend this,’ then the pressure is off for a few more weeks or months and I think most people are anxious to see this come to a finalization.”

The negotiating teams should “stick with their knitting” Dunford was reported to have said.

## Deaths in Calgary spark media flurry on medical errors

The Calgary Health Region announced last week that two patients had died after a pharmacy mix up of potassium chloride with sodium chloride in dialysis solution. The tragedies triggered an outpouring of media coverage of medical errors. More than one article pointed out the provincial survey on satisfaction with health care last year. Fourteen percent of the people surveyed reported that they themselves or a member of their immediate family had experienced a major medical error in the past year.

The Health Region is releasing few other details on the mistakes making it more difficult to determine what may have caused the error. Liberal MLA Kevin Taft called for a full public inquiry noting that underfunding of health care and understaffing may have contributed to the deaths.

Several Canadian and American studies on errors show that faulty systems or inadequate conditions are the root cause of most mistakes. The American Institute of Medicine says, “the majority of medical errors do not result from individual recklessness or the actions of a particular group--this is not a “bad apple” problem.”

The news stories also mention the creation of the new Canadian Patient Safety Institute being set up in Edmonton by the federal government. The organization will track medical errors and work to prevent them from recurring by making changes to the health-care system.

## More and more and more big lies about “unsustainable” public health care

The provincial budget delivered on March 24 looked like political pre-election spending to most observers and even health care got a significant increase. With about \$390 million more, it looks as though the Region's big deficits from 2003 will be covered and the balance of the increase is more or less cost of living increase.

But the rhetoric on out of control health spending was turned up loud by Finance Minister Pat Nelson who said the province is spending “more and more and more” on health care, echoing the Premier's recent renewed line that public health care is unsustainable.

“Public health care is a lot more sustainable than a privatized system that would cost Alberta families a lot more out of their own pockets for fees or insurance,” said UNA President Heather Smith. She pointed out that in his Royal Commission on health care, Roy Romanow said clearly governments could make public medicare sustainable, if they wanted to.

“This pessimistic Premier keeps on with his big lie that health care spending is out of control,” Heather Smith said. “The fact is we are not spending much more, on a per person basis than we were in 1989 and in terms of the province's overall economy, we are spending less.”

Minister Nelson made a point of saying that health care spending has doubled over the past nine years, attempting to drive home the unsustainable myth. But the fact is that nine years ago, health spending was at its lowest point after the severe cuts of 1994. The extra spending since then has been necessary to attempt to undo the damage from the cuts.

“This year spending, on a per Albertan basis, is only slightly more than it was before the Klein government began its reckless budget cutting,” Heather Smith said.

Liberal MLA Kevin Taft also criticized the government strongly: “I do not think this government is committed to a strong public health-care system. They want to manage it through crisis, and, if eventually the system breaks, they will have an opportunity to rearrange it to suit their friends.”

Alberta can't afford quality health care? The real story about this government's financial plight was nailed by Edmonton Journal business writer Gary Lamphier: “With the government drowning in a bonanza of oil and gas royalties, its biggest problem seems to be finding new and innovative ways to hide the budget surplus from public view.”

- FACT: The amount of GDP (our total wealth) Alberta spends on health care has actually decreased over the past 10 years from 5.3% in 1993 to 4.9% in 2003.
- FACT: Fifteen years ago Alberta spent about \$1914 per person on health care. This year, adjusted for inflation, we spent \$2264. That means the average increase is a reasonable \$23 per person a year.

- FACT: Health care is not crowding out government funding for other services such as education. Ten years ago the provincial government spent about 30% of its revenue on health care and 27% on education. Last year it spent 27% of revenue on health care and 21% on education.

## Federal budget does nothing to protect medicare

The March 23 federal budget held few surprises in the health area. As promised repeatedly, the government is following through with an extra \$2 billion in provincial transfers, an amount that still leaves it far shy of the 25 percent of health budgets it used to cover.

“Paul Martin had an opportunity to demonstrate to Canadians that he is committed to medicare,” UNA President commented on the federal budget. “He claims he has a special inherited kinship to medicare... but the first real opportunity he has had to demonstrate leadership on health he passed by. He did not pick up the torch that Romanow asked the federal government to take on, ensuring a 25% federal stake in funding medicare.”

The big new item is a Canada Public Health Agency responsible for spotting outbreaks early and controlling infectious and chronic diseases. The Agency is being started with \$400 million of old money from the Health Canada budget plus an extra \$165 million that is also supposed to stockpile national emergency supplies, increase research, and boost coordination with agencies like the World Health Organization. Canada's first chief public health officer will head up the new Agency. New initiatives in the federal health budget included: an extra \$100 million for Canada's Health Infoway; \$300 million over three years to support a national immunization strategy; and \$100 million over three years to boost health protection and disease prevention programs.

## Ontario stops nurse recruitment plan

The Ontario government has suspended a program to recruit nurses to smaller communities. Nursing students were offered free tuition if they would agree to work in certain areas, but few nursing students applied. Doris Grinspun, executive director of the Registered Nurses Association of Ontario, said the program was put on the backburner because of last October's provincial election. Opposition politicians criticized the government for failing to follow through on one of the few possible ways to attract needed nurses to rural and other communities. The free tuition program, announced last March by the former Conservative government, was never given a chance to get off the ground, said NDP MPP Shelley Martel.