

News Bulletin



**Nurses tell Premiers:
stop privatization**

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**Nurses come out
to support workers**

(left to right: Jacki Capper, Marg Hayne and Karen Craik are joined by Jacki's children Tori and Brandon (on the fence) at an event in Brooks for Lakeside Packer workers.

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MLA report: too few staff for long-term care



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Message from the President

Heather Smith

As summer quickly slides into fall, preparations are underway for the Annual General Meeting of UNA. For several months Local Executive, members and staff have participated in an Organizational Review and Analysis. During August one thousand UNA members participated in a direct phone survey.

I extend my appreciation to every member who provided the valuable feedback. Your comments and criticisms will assist in our deliberations at the Annual Meeting in October.

The lockouts of Telus and CBC workers highlight the disregard for employees who seek respectful terms of employment. Employers claim they need “flexibility”, to contract-out, move jobs offshore - ultimately to keep employees vulnerable and obedient. It’s a story we know well. During our last round of negotiations, health authorities claimed they needed unlimited “flexibility” to move nurses within and between worksites. For many years, health employers across Canada have attempted to reduce layoff and recall rights, including in Ontario, where the Arbitration Award (for a contract spanning April 2004 to March 2006) maintained the status quo for ONA members. It is important for nurses to show solidarity with the Telus and CBC employees. If their employers are successful, it would bolster other employers, including our own, in thinking they too can strip contracts to achieve “flexibility”.

In other news, Entry to Practice 2010 is now a reality in Alberta. The Seniors Report falls short of real standards for long term care facilities. UFCW workers at Lakeside Packers in Brooks continue to wait for the Dispute Inquiry Board report. The Alberta government continues to push private health insurance, with fast track services for the financially advantaged. The Alberta surplus continues to mount and nearly 5000 unemployed and under-employed turned out for free hamburgers and hotdogs during the Edmonton & District Labour Day BBQ. Hurricane Katrina was a devastating reminder of how fragile our homes, communities and worksites can be. UNA has not yet made a financial contribution. We hope to donate directly to a fund for nurses in the affected states.



On the picket line with the locked out CBC staff. (left to right) Gord Christie (from Calgary and District Labour Council), Robert Reich-Sander, two unnamed CBC Employees, Michelle Senkow and Cynthia Perkins.



Jerry Macdonald and Heather Smith on the TWU picket line with North District nurses.



Check this edition of the NewsBulletin for more information and stay tuned for the results of the Organizational Review as we prepare for a very busy 2006. Hope you enjoy some of my pictures of recent events. ■

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“This government still doesn’t get it that Albertans want a universal health system that provides services to those who need them, not just those who can afford them,”

-Heather Smith



Government quietly takes the limits off hospital extra costs

The Alberta government quietly lifted the limits on extra charges for private hospital beds, and watered down regulation of “enhanced service” charges, with two Orders in Council passed in July.

The day after it announced its “third way” plan for more “enhanced medical procedures” the government took a good chunk of the consumer protection out of the Health Care Protection Act.

“When they brought in the Health Care Protection Act in 2000, then Minister Gary Mar promised it would protect consumers, but this week’s changes allows Health authorities or private hospitals to charge whatever is “reasonable” for enhanced services,” said UNA President Heather Smith. “It’ll be buyer beware in health care.”

The Orders in Council repealed part of the regulations of both the Hospitals Act and of the Health Care Protection Act (Bill 11). They removed the dollar limits on extra charges for semi-private or private hospital rooms and they replaced a tightly defined formula on what can be charged for “enhanced” medical services with a vague phrase allowing “reasonable administrative charges”. The regulations also removed Schedule Two from the Health Care Protection Act. It had defined exclusively what could be offered as an “enhanced” service or good and had so far included only specialized lenses for cataract replacement.

“Enhanced medical services are without a doubt two-tier health care, with better services for the wealthy or those who can get private insurance,” Heather Smith said. “This quiet change to regulations, done in the middle of the summer, takes a lot of the limits off what those enhanced services can be, and what can be charged for them.”

“This government still doesn’t get it that Albertans want a universal health system that provides services to those who need them, not just those who can afford them,” Heather Smith said. “We don’t want our health system turned into a profit-centre, into investor-owned business. That would prove to be a huge cost for all of us.” ■

Government’s plan more of the same private health agenda

The Alberta government chose the doldrums of the summer season to announce its “third way” strategy for health care. The new initiative, the latest version of Mazankowski’s recommendations, drew immediate criticism from across the country.

The government is just continuing its decade-long push to turn health care into a profit centre for some investors, UNA President Heather Smith said.

“When the government says “choices” it means that wealthy Albertans with private insurance can get a higher standard of care than others, and that’s not what Canadian medicare is all about,” she said.

“It’s going to take more than a teaspoon of sugar to make this go down. This is the same thing they’ve been trying to foist on Albertans for over ten years.”

The government announced it is going to decide what is medically necessary and what is not covered by public health care but is an enhanced service. People would have the “choice” to pay directly for enhanced services or to buy private insurance to cover them.

Lower quality care for the rest of us who can’t afford – or are refused – extra insurance would be the final result of today’s announcement. This is a direct route to two-tier medicine, with better care for the wealthy who can afford to pay more, charged UNA.

“Why should I have a lower quality artificial hip, or more pain and a longer recovery time if I can’t get private insurance?” Heather Smith asked.

“This is a blame and bleed plan,” she said. “Blame people for their health problems and then bleed them dry, paying for them. They are pandering to the self-interest of some health entrepreneurs.” ■

“It’s going to take more than a teaspoon of sugar to make this go down.”

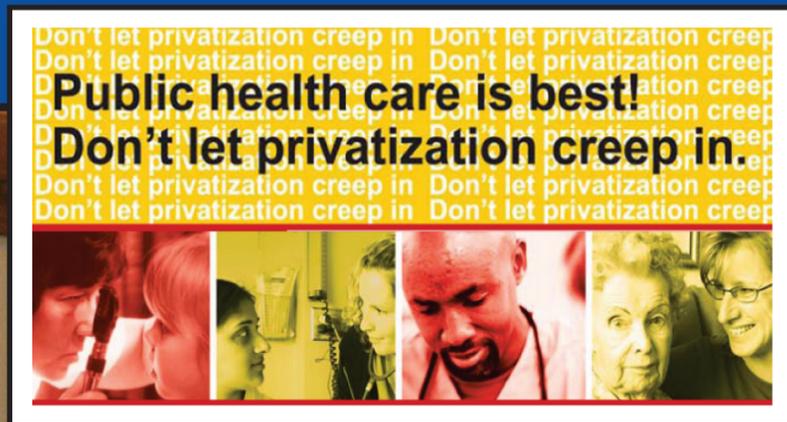
This is the same thing they’ve been trying to foist on Albertans for over ten years.”

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Nurses tell Premiers not to let privatization creep in to Medicare

Canadian Federation of Nurses Unions
THE NATIONAL VOICE FOR NURSES

health
t privati



Making sure there are enough nurses and health professionals is just one of the important steps Premiers should take to keep privatization from creeping in to Medicare, nurses said when they went to the Premiers' meeting in Banff in August.

"We want them to stay vigilant and protect our universal public health system," said CFNU President Linda Silas. "Keeping a strong and accessible public system is the key response to the Supreme Court's Chaoulli decision," she said.

Educating more health professionals, nurses and doctors, is the first step to take according to a paper by health policy consultant Steven Lewis that the nurses provided to the Premiers. In "Ten Measures to Court-Proof Medicare" Lewis argues that maintaining a surplus of health professionals is key to staving off the building pressure for a two-tier parallel health business. "A modest over-supply creates a safety valve and a stable work force," he said.

"We are still facing a crisis of a nursing shortage, and we do not want this to hurt our public system," Linda Silas says. "We are moving too little and too slowly to really stem the growing health worker crisis."

The nurses also gave the Premiers research by Dr. Linda O'Brien-Pallas that documents the growing crisis in nurse numbers. Some 64,000 of the 130,000 nurses working in 2001 will retire or leave nursing by 2006. The title for O'Brien-Pallas' paper makes it clear: "The Time for Action was Yesterday!"

Beyond boosting numbers of health professionals, Steven Lewis made several other points about protecting the universal, public health system. He said the provinces should:

- Guarantee that the needs of public system patients do not take a back seat to those with private insurance.
- Fix wait time issues. Follow Saskatchewan's lead and create a province-wide wait list management system—no more uncoordinated lists kept in individual physicians' offices and untransparent prioritization processes.
- Expand high-quality community services such as home care. Big savings can be realized with an excellent home care system that is as integral to Medicare as hospitals.

Finally, Lewis concluded that "Now is the time to speed up the pace of vital reforms so that neither citizens nor the courts have reason to seek alternatives to the public system. The best defence is a good offence: great performance is a far stronger bulwark against privatization than legal argument or even favourable high court decisions."

"Nurses work hard to make sure Canadians get the best care possible," Linda Silas commented. "We care about our patients. It's important to improve our excellent system and stop privatization from creeping in and eroding it."

The nurses also want to keep a national pharmacare plan on the Premiers' agenda and gave them a brief on this issue as well. Although the federal government said last year that a national plan is too costly, Dr. Joel Lexchin from York University points out that: "Overall costs would actually drop under pharmacare – administrative costs are lower in a public system than in a private system and a single national system would allow for greater bargaining power with the drug companies."

"A national drug plan would add to the competitive advantage Canada has with Medicare," Linda Silas says. "And it would be universal, giving all Canadians access to the best drugs. Right now Canada has a growing population of people who do not have drug insurance, and often do not get the drugs they need. Besides being unfair and adding to suffering, that scenario almost always ends up with great costs for the health system," she points out.

Finally, Silas took aim at the recent announcements of plans for private health insurance in Alberta.

"Now is the time to speed up the pace of vital reforms so that neither citizens nor the courts have reason to seek alternatives to the public system."

- Steven Lewis

"The government seems keen on resurrecting private health insurance here in Alberta. Do they think Canadians are naïve about how unfair that would be? Even people who could afford private insurance would face problems if they had a pre-existing health condition or other reasons for being denied coverage."

In a paper looking at worldwide trends in health privatization, British health economist Alan Maynard pointed out that private insurance plans have greatly inflated costs. "Such inflation penalizes consumers and raises the costs of tax subsidies. However, it also creates more profits for providers," Maynard wrote in the specially commissioned paper also provided to the Premiers.

Maynard was one of the international experts the Alberta government invited to its symposium on health innovation held in Calgary last May. The consensus of the experts there was to avoid privatization of health services and health insurance.

"The Alberta government is ignoring the best international advice that it paid top dollar to bring to its symposium. And it seems to be forgetting its own conclusions," Linda Silas said. "I want to remind everyone that at the conclusion to the conference, the consensus was clear that it would be a mistake to move to more private health care." ■

MLAs report that staffing is a critical issue

The three MLA Task Force looking into the crisis in the province's long-term care facilities says more money has to go into hiring nursing staff in its Seniors Report released on September 7.

The MLAs recommended that funding for long-term care be increased "to ensure that residents receive quality health and personal care services". Health Minister Iris Evans was quoted in media reports saying as much as \$150 million could be coming in government funding for long-term care staffing.

"Now it's up to the government to fund adequate staffing to provide decent levels of care for long-term care residents," says UNA President Heather Smith. "There remains a problem that the proposed 'standards' leave a great deal of discretion to long-term care operators," she said.

"The report makes no mention of care by Registered Nurses or requiring that there be adequate professional nurse staffing," she said.

UNA pointed out that Auditor General Fred Dunn particularly highlighted giving medications, keeping records and care planning as problems in long-term care. These are specifically Registered nursing responsibilities.

"Now the Seniors Report also highlights the staffing problem, but it is very vague. We want to be clear that short cuts reducing RN staffing have been a big part of the problems developing in long term care. Safe good care requires more professional Registered Nurses," says Heather Smith.

The MLA's Report notes that: "A shortage in staff has resulted in some residents debilitating more quickly than they would otherwise when they move into long-term care because residents are not getting the therapies, supports and treatments they need."

"I would translate that as understaffing means residents get sicker and even die for lack of adequate care," Heather Smith said.

The Task Force said "The public is not confident that providers are being held accountable, and are especially concerned with private providers. As a result, the public would like detailed operational standards that are easily measurable, (e.g. specific staffing levels and mix of staff)."

"Unfortunately the MLAs have NOT recommended clear and measurable standards, the default still appears to be to let the operators decide what level of staffing is needed," Heather Smith notes.

"Private long-term care operators have been left to maintain quality and levels of care and look what happened. The government did inspect and took complaints through the Health Facilities Review Committee, but the problems of understaffing and poor care continued to worsen. This Report did NOT specifically recommend tight standards or a way to inspect and ensure quality. That remains a serious problem." ■

UNA poll: Government is failing long-term care residents

Albertans think that long-term care services for the frail and elderly should be provided by government and they think the province is failing to do it, a public opinion survey released by the United Nurses of Alberta shows.

"The government is letting vulnerable residents down, and Albertans know it," says Heather Smith, president of the provincial union of Registered nurses.

The Alberta Survey fielded over the last two months by the Population Research Lab from the University of Alberta shows that about one in five Alberta households has a family member in long-term care. "We have about 26,000 people in long-term care, that's equivalent to the cities of Lloydminster and Brooks combined. The government is not guaranteeing safe care and protection for these people," says Heather Smith.

A strong majority of the 1200 Albertans surveyed said the government is failing to adequately regulate quality in long-term care. ■

Lethbridge plan would shuffle vulnerable long-term care residents off to lower standards of care

A new plan to shuffle residents in the St. Michaels auxiliary hospital in Lethbridge to a new "designated assisted living" facility is a prime example of cuts in standards and services in long-term care says the United Nurses of Alberta.

"This is a prime example of the huge cuts in services that has caused the crisis and horror stories in Alberta's long-term care system," commented UNA Vice-President Bev Dick.

"The residents at St. Michaels are in an approved hospital because they need a high level of nursing care," she said. "Now they will be shuffled off to designated assisted living with no registered nursing care."

St. Michaels Health Centre currently has 200 auxiliary hospital patients and the plan is to move them to a new assisted living facility or to other nursing homes. However, the two licensed nursing homes in Lethbridge have only 12 vacancies.

"This is just the latest instance of long-term care residents switching to assisted living where there is no on-site professional nursing care," Bev Dick points out. "The Auditor General Fred Dunn pointed out in his report that inadequate staffing is one of the main problems creating the scandalous conditions."

"Adequate Registered nurse staffing is critical to protecting residents and ensuring safe care," Bev Dick says.

"The MLA Task Force looking into the long-term care crisis, should look at this happening right now, even as they are considering what the standards should be, these vulnerable residents will see their level of care drastically cut." ■

Excerpts from UNA's submission to LTC panel

Auditor General's report highlighted crisis

The report by Auditor General Fred Dunn made it impossible for the government to continue to ignore the crisis. He sounded the alarm on a terrible state of affairs where, for example, an inadequate number of staff are ordered to begin waking and dressing residents at 3 am in order to have time to get them all up during the course of the morning.

Media reports earlier this year highlighted the growing use of "chemical restraints" in Long-Term Care. As many as 30% of residents are being subjected to various tranquilizing drugs to make things "run more smoothly".

As Mr. Dunn also noted, nearly one third of the facilities they had visited had not met the standards for basic care or for staffing by Registered nurses. ("One facility was improperly recording hours for administrative, payroll and housekeeping personnel as nursing and personal care hours, in order to meet the Basic Standard." -p. 73 AG Report). He also reported that medication administration and maintenance of health records were often inadequate.

A question of staffing

Providing adequate staffing is the highest cost component in Long-Term Care. Staffing by professional Registered nurses is often inadequate and leads to the problems cited by the Auditor General.

Today in Long-term Care many RNs find they are in charge of an entire wing or facility, with 80, 100 or more residents. They are extremely concerned that they cannot safely oversee the care for so many people. It is not surprising that the Auditor General found there is little regulation of medications, or resident care management planning – functions that are supposed to be provided by Registered nurses.

Reverse the crisis – set firm, measurable standards

It is time to reverse the crisis in continuing care – by requiring measurable, clear standards for reasonable levels of qualified staffing, including staffing by Registered Nurses.

There is a growing body of research on best practices that demonstrates the critical importance of Registered nursing care. A major U.S. study reported, for example, that "A higher proportion of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better care for hospitalized patients." (Needleman et al.)

The professional nursing process includes assessment, monitoring and surveillance. Add to this the administration of medications, and the medical record keeping and you have a high standard of care. That's why study after study has shown that higher levels of staffing by Registered nurses produces better outcomes in hospitals.

Nurse-to-patient ratios, a clear staffing measure

There is a growing move in the U.S., Australia and in Canada to set firm, clear standards for staffing with nurse-to-patient ratios. In California special legislation was passed by public initiative mandating precise ratios.

Ratios provide a simple, explicit standard that can quickly be used to gauge staffing. In Alberta that has been best expressed in the Nursing Home Act which, as you know, stipulates 1.9 hours of personal care per day and that 22% of that care is provided by a Registered nurse.

That is a low, but at least a clear and enforceable standard. Now there is talk of 3 hours care per day or even 3.5 hours of care per day, but there is no indication of the staff mix that would be involved or whether actual Registered nursing care hours would be included at all.

The standards must stipulate some level of Registered nursing care in a definable and measurable manner.

The draft Continuing Care Health Service Standards are not really standards at all, but rather loose directives. Beyond referencing the Nursing Home Act Regulations, they set no specific levels of staffing or clear limits on how many residents any one nurse should be responsible for.

The staffing component, Standard 1.11 says "Long-term care facility operators and publicly funded home care programs are to make available, either through direct service delivery or referral, to an appropriate mix of professional health clinicians and non-regulated health care providers...".

Using the word "appropriate" falls far short of defining a standard. Making available "through referral" also would appear to be a far cry from defining what actual on-site staffing would be.

The section on Professional Nursing Services 1.11 (d) is similarly loose and requires that nurses "be available 24 hours a day". Available is far different from on staff and on site and immediately accessible.

We think that Albertans should also be very concerned by proposed standard 1.10 which says that if the long-term care provider cannot provide the services a resident needs then: "each resident, client or representative shall be informed as to why assessed needs cannot be met, and available options, including assistance for referral appropriate services." If a resident requires individual nursing care each day, but a long-term care facility has only one RN on staff and cannot possibly provide it, then they have to tell the client where they can buy the service they need.

This is the standard of care that Alberta proposes to provide to its most vulnerable citizens?

Auditor General Dunn maintained that the absence of standards and benchmarks is a major weakness in Alberta's long-term care and an underlying cause for some of the shameful conditions that have arisen. Unfortunately, the draft standards would do little or nothing to address this problem. ■

LOCALS IN BARGAINING

Local #61 The Victorian Order of Nurses

The Victorian Order of Nurses has been in talks for a renewed contract since last spring. Over the summer talks were held up while a question on pension contributions was being determined.

Local #234 Hardisty Long-Term Care

Talks continue for new Local #234, Hardisty Long-Term Care in Edmonton where the nurses are looking for a first contract. Talks continued over the summer but further dates had yet to be set as of September 1.

Local #401 Mckenzie Towne Care Centre

Local #235 South Terrace Care Centre

Two new Central Park Lodge Locals, Mckenzie Towne Care Centre, Local #401 in Calgary, and South Terrace Care Centre in Edmonton, Local #235, are also in talks for a first agreement. After several days of negotiations some non-monetary items have been signed off and agreed to. More talks are scheduled for mid-September.

Local #404 Bethany Collegieside

Nurses in a new Local at Bethany Collegieside Long-Term Care facility in Red Deer are just beginning the negotiation process and have served notice to bargain.

Local #233 Holy Cross Long Term Care

Further negotiation dates have been set for Local #233 at Holy Cross Long Term Care in Calgary. UNA has been given access to the financial records of Holy Cross owner Enterprise Universal following a Labour Relations Board hearing. The Holy Cross had claimed it would not be able to pay for contract costs and salary rates and UNA is currently reviewing the financial evidence on their claim.

UNA has also applied for mediation assistance in the talks

Local #234 Hardisty Long-Term Care in Edmonton

August negotiating dates were cancelled for the Hardisty Local, but new dates have been set and bargaining continues for a first contract in September and October.

Local #194 Salem Manor

Local #194, Salem Manor in Leduc has concluded their negotiations and ratified a new agreement that includes parity with provincial rates and adds new severance language.

Local #155

Canadian Blood Services getting back pay to 2003

Back in May, UNA Local #155, Canadian Blood Services (Edmonton and Red Deer) voted to ratify a new contract as well. The previous agreement had expired on March 31, 2003, and retroactivity to then was included in the new agreement. It includes parity with the provincial rates. Past employees will have 90 days from the date of signing to submit to the Employer for their retroactive pay. The Local is also voting on the one-year extension to take the agreement through to March 31, 2007. ■

UNA hires new Labour Relations Staff

With an ever-growing number of members, UNA is also increasing its staff complement, adding two new Labour Relations Officer positions, one in the Provincial office in Edmonton and one in the Southern Alberta Regional Office in Calgary.

Over the summer, Director of Labour Relations David Harrigan announced the new LRO positions. At the same time two Labour Relations Officers left. Marilyn Vavasour left the Calgary Office and Tom Fuller was recalled to his position with the Alberta Federation of Labour. As a result four new Labour Relations Officers have begun in the last couple of months.

New in the SARO:

Martin d'Entremont is an experienced labour relations practitioner, having been a staff representative for Saskatchewan Government Employees' Union, Canadian Union of Public Employees, and Grain Services Union.

Martin holds a BA in Sociology from the University of Saskatchewan and an MA in Conflict Analysis and Management from Royal Roads University.

Sharon Lindgren-Hewlett holds Bachelor of Commerce and Bachelor of Laws degrees. Formerly legal counsel to the British Columbia Labour Relations Board, Sharon has worked in private practice, as in-house legal counsel and as also conducted numerous independent mediations for Human Rights Commission.

New in the Provincial Office:

Jeff Jesse has a Bachelor of Commerce degree (specializing in Labour Relations), as well as a Bachelor of Laws. Jeff has most recently been employed at AUPE, providing legal research and advice to that union.

Originally from France, **Sylvie Montier** has a diploma in Journalism and degrees in both Neuropsychology and Law. In addition to working as a lawyer in private practice in Alberta, Sylvie has worked as a Human Rights Officer and Labour Mediator in the Dominican Republic. ■

Five 1st year Nursing Scholarships this year

UNA will be awarding five Nursing Scholarships this year. The scholarships help encourage young people to join the profession. They assist students in their first year of an accredited nursing program in Alberta. The Scholarships are \$750.00 each.

The students must be related to UNA member in good standing, complete a short essay and submit an endorsement by an unrelated individual to be eligible for the award.

The application form and further information are available on UNA's website www.una.ab.ca.

Completed applications must be received at the UNA Provincial Office no later than 4:30 pm, October 14, 2005. The awards will be announced in January 2006. ■

ALL MEANS ALL drug benefits

Talks continue on implementing full benefits

UNA is continuing to pressure provincial agreement health employers to fully implement the benefits for all doctor or dentist prescribed medication. After UNA won the "all means all" issue in arbitration, and the ruling was upheld by the Court of Queens Bench, the Employers continue to balk at full implementation. The issue now being raised is what constitutes a medication.

The Joint Committee – the committee mandated to resolve contract issues by the provincial collective agreement – has been meeting to attempt to settle the long-standing issue. Unfortunately, UNA Director of Labour Relations David Harrigan points out, what the Employers are suggesting would effectively mean that "all means less than before".

Health Boards of Alberta (HBA) Services say medications are defined as only those in the province's three lists of Scheduled Drugs.

Schedule 1: Drugs that require a prescription as a condition of sale. (for example penicillin, Naproxen)

Schedule 2: Drugs that are available only from a pharmacist but do not require a prescription. These are not out on the shelf, but kept behind the pharmacist where there is no public access. (example: insulin, tylenol #1)

Schedule 3: Drugs that are available without a prescription from the self-selection area of a pharmacy. These must be stocked in the area of the pharmacy which is under the direct supervision of the pharmacist, and must be in the area immediately adjacent to the dispensary. (for example Dulcolax enteric coated tablets and suppositories, Robaxacet tablets)

The employer has proposed to cover all schedule 1, 2 and 3 drugs (with some exceptions) but no unscheduled drugs.

All other medications, including many which were formerly covered under the benefit plan, would not be covered.

Both UNA and HBA have indicated they will continue to attempt to resolve the issue of what is a medication and what will be covered and talks are continuing.

The parties are attempting to schedule arbitration hearings as soon as possible on this issue and will continue to meet to attempt to reach resolution. ■

Levelling up the benefit plans

The Joint Committee with the Employers is also examining how to implement the new terms in the agreement that would equalize the many different benefit plans and make them all equivalent to the main Health Organizations Benefit Plan (HOBP - the main benefits plan.)

Health Boards of Alberta produced information suggesting that because the plans covered the drug and vision care benefits which are the largest cost portions of the benefit plan they were "substantially equivalent."

UNA showed that the Collective Agreement's test of equivalency is not being met.

Both parties are still gathering information about exactly what benefits are provided where. UNA is also taking the equivalent issue to arbitration and is continuing to try to reach agreement on it. ■

Unauthorized computer use causes problems

Some Employees continue to run into trouble for unauthorized use of Employer computer systems. A rash of recent disciplines highlights the fact that the Employers computer systems and IT department can track everything on every computer. In some cases Employees are reported to have accessed certain pages for only seconds, but faced discipline for it.

Any personal use of the computer, browsing the internet, or checking personal email can be tracked. The Employer systems can also track inappropriate accessing health records, even one's own records.

Everyone now takes computer access for granted but accessing the Employers' computers at work can cause problems. ■

know more about PENSIONS

Alberta Nurses part of one of the largest pension plans in Canada
Local Authorities Pension Plan
12th largest in the country

Most UNA members have their pension plans through the Local Authorities Pension Plan (LAPP), which in fact is the largest pension plan in Alberta, 12th largest in Canada and 250th largest pension plan in the world.

The plan members are the employees with the province's Health Authorities, municipalities, school boards (except teachers who have their own plan) and colleges and technical institutes. Nearly half of the over 150,000 plan members are in the health sector.

The LAPP is a joint Employer-Employee endeavour. Six of the members on the Board of Trustees are nominated by the 404 participating Employers, six are nominated by the 56 unions involved with the plan, one trustee is nominated by the Alberta government and one trustee by retirees.

UNA is the single largest union in the LAPP. ■

Defined benefit versus defined contribution pension plans

LAPP is a "defined benefit" plan. Some nurses in other plans have "defined contribution" plans. The difference is not complicated. With the defined benefit plan, an individual's pension is not based directly on how much they contribute. It is based on how many years they worked and contributed and what their average salary was. The pension managers must invest the contributions to make up the money they need to pay the defined benefit. In other words the investment risk lies with the plan.

With a defined contribution plan, the pension is based on an individual's total actual contributions and on how much those contributions earned when they were invested. The investment risk lies with the contributors. If the contribution investments paid well, the eventual payments are higher. ■

NEXT ISSUE:

How LAPP pensions are calculated: the defining formula

plan for your future

Grande Prairie hospital poisoning mystery continues

RCMP are continuing to investigate apparent cases of poisoning of staff in the Queen Elizabeth II Hospital in Grande Prairie. New reports of apparent poisoning came out in August, after the tremendous flurry of media coverage of the case. The new reports were in other parts of the hospital beyond the 4 North surgery unit where the first few cases showed up.

In those suspected poisoning cases some nurses reported unsettling symptoms, disorientation, nausea and finally a urine test turned up tranquilizer drugs.

In the past 16 months, there have been more than 20 reports of staff feeling flu-like symptoms and dizziness while working on the fourth floor.

Staff have been told not to share food and drinks with each other as well as leave any unattended.

Jerry Macdonald, United Nurses of Alberta Local #37 President, said nurses are frightened by the situation.

The bizarre case attracted national media attention and Jerry Macdonald was kept very busy with requests for interviews in June and July.

"We've been involved in keeping track of what Peace Country Health has been doing to address it and we, to be honest, haven't really (had) any issues. It's a very difficult situation and trying to find the appropriate solution is challenging and we acknowledge that."

The unit was closed in October 2004 after hospital staff reported non-specific flu-like symptoms over several months. Air quality tests did not turn up any problems and the unit reopened in December.

Police are investigating other bizarre incidents that might be connected to the drug exposures including pizza deliveries no one ordered, unexplained floral deliveries, and an incident where a patient's hair was shaved and a note left by the bedside.

Grande Prairie RCMP have asked all staff on both 4 North and 4 South to complete "investigational questionnaires". ■

OCCUPATIONAL HEALTH & SAFETY

*Caring
for the caregivers*

Blaming the worker for workplace illness or accidents Government launches ad campaign

In August the Alberta government launched an ad campaign that is aimed at reducing workplace accidents by encouraging workers not to make "stupid" decisions. The radio ads and worksite safety posters focus on reminding workers not to do anything stupid that could have lasting consequences.

Occupational health and safety activists have long been critical of initiatives that focus on the choices made by employees rather than on safe worksite conditions. Cathy Walker of the Canadian Auto Workers makes an analogy: "If your Ford catches fire and burns you up, you've made a bad choice. You should have known to buy a Chevy."

Many employer safety experts assume that worker error is the cause of accidents. This theory has been referred to as the "myth of the careless worker" and the famous Bob Sass called it the "village idiot" theory of accident causation. Employers and some workers refer to "accident proneness" and believe that "accidents" are unavoidable.

In launching the latest campaign Human Resources and Employment Minister Mike Cardinal said "Anybody who loses focus for a moment is at risk of making a mistake on the job." Other health and safety experts say that every effort should be made to reduce

hazards so that a moment's inattention – which could happen to anyone – is not so dangerous.

Human Resources and Employment does say the campaign will also target employers with messages about keeping workers safe. Enterprises with between 20 to 99 employees have the worst injury rates, they say. However, they released no details on how the campaign will be directed at Employers. ■



Texas passes safe patient handling law

Texas has passed a new law requiring hospitals and nursing homes to implement a safe patient handling and movement program. The Texas Nurses Association had pushed for the legislation.

The Texas legislation requires hospitals and nursing homes to adopt a policy "to identify, assess, and develop strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient."

The policy must include "an evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment" and "restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight to emergency, life-threatening, or otherwise exceptional circumstances."

A number of other states continue working toward legislative protection of health care workers against preventable injury from manual patient lifting. ■



WHITE BAND CAMPAIGN TO

MAKE POVERTY HISTORY

Every single day, 30,000 children are dying around the world as a result of extreme poverty.

Make Poverty History is an international campaign active in over 70 countries to change this. Supporters worldwide have been wearing a white band, speaking with their political representatives, and organizing community events. Wearing a simple white band of any kind shows that you want action to end poverty!

At the start of the 21st century 1.2 billion people live in abject poverty, most of them women. More than 800 million people go to bed hungry and 50,000 people die every day from poverty-related causes. It doesn't have to be this way. If we choose - if we have the will to act - we can make poverty history.

Poverty is a violation of human rights on a massive scale. Nearly five years ago, all members of the United Nations committed to

"spare no effort" in tackling poverty by adopting the Millennium Declaration. Governments also launched the Millennium Development Goals (MDGs) to meet minimum targets to reduce poverty, hunger, illiteracy, discrimination against women, and environmental degradation by 2015. But the pace of action is too slow. If we hold the present course, we will fail to meet these targets. And the poor will pay the price. ■

Provincial government quashes strike at Lakeside Packers

In July over 600 employees at Canada's largest meat packing plant voted to go on strike. The Lakeside Packers workers in Brooks had had enough. Conditions were so bad in the plant that some workers who were not allowed to go on bathroom breaks were using Dependents diapers. They had joined the United Food and Commercial Workers Union (UFCW) and were trying to get a first contract.

Many of the Lakeside workers are new Canadians, many of them from East Africa and the Sudan.

Momentum for a job action was at its peak in July but when the workers showed up to the picket line they were told they had to keep on going in to work in the plant. The night before the province had unilaterally imposed a Disputes Inquiry Board which legally prevented a strike for 60 days.

UFCW says the Disputes Inquiry Board's efforts to mediate a first collective agreement have failed. They say that, "a strike at Lakeside Packers now seems likely in September."

The next phase of the Disputes Inquiry Boards work is a report from the Disputes Inquiry Board official John Moreau. Union lawyers are finalizing their submissions to Mr. Moreau, whose findings will not be binding on either party.

UFCW says that "If the government really cares about its citizens, about Alberta workers, about Alberta ranchers, they will impose a fair contract." More information on the situation at Canada's largest meat packing plant is available on the website about Lakeside owner, Tyson Foods, www.terribletyson.com. ■



People came from across the province to show solidarity with the "almost on strike" workers at the Lakeside Packers plant in Brooks. UNA members Jacki Capper (left), Marg Hayne (centre) and Secretary - Treasurer Karen Craik (along with Jacki's daughter Tori, and fence-climbing son, Brandon) attended a big picnic put on for the Lakeside workers in July.

Telus locks out workers, tries to impose contract

Many UNA members have been out on the Telecommunications Workers Union picket lines since Telus locked out its BC and Alberta Employees on July 22. The more than 13,000 phone company Employees have gone without a raise since 2000 and have been in negotiations for over 2 years.

TWU has asked Telus users to protest by calling Telus and canceling or making changes to some of their calling services. For more details you can go the Alberta Federation of Labour website at: www.afl.org/news/default.cfm?newsId=326

Rallies at Telus picket lines are being held regularly in centres around Alberta. More information is available on UNA*Net News, through TWU at www.twu-canada.ca/ or by calling your local Labour Council. ■

Telus relents and lets locked out workers in for Blood donor clinic

UNA nurses at Canadian Blood Services knew they had to change something when they realized their clinic scheduled for the Telus building in Edmonton would be behind the picket lines of the locked out Telecommunications Workers Union employees. They could not cross the picket lines, and they wondered if the clinic would have to be cancelled.

Along with the Health Sciences Association members, UNA contacted TWU who decided to negotiate a special arrangement with Telus to allow locked out workers back in to donate blood. Telus had little choice but to agree and the donor clinic went ahead. TWU members put down their signs for a bit to take time to go in and donate. ■

At right Top: UNA Vice President Bev Dick and TWU staff Len Steparyk talk with TWU blood donor Marjorie Shewchuk in the specially arranged clinic at the Telus building in Edmonton.

Bottom: UNA members joined the CBC workers picket line in Calgary.

Main: David Harrigan, Heather Smith, Karen Craik, and Florence Ross attend CBC Unlocked Employees' outdoor radio show.



National lock out of 5,500 CBC employees

On August 15 the Canadian Broadcasting Corporation (CBC) locked out 5,500 producers, directors, camera operators, finance employees, schedulers, radio and TV technicians, designers, hosts and reporters.

Negotiations which have been going on since May of 2004 have hung over CBC management proposals to hire most new employees on a temporary basis, contracting out more and more production work and a proposal that would make it harder to keep jobs at the CBC. It's about "the right to real careers at the CBC" says the Canadian Media Guild. The Guild recently became the union for all unionized employees at the CBC.

The lock-out is dangerous for the national broadcaster according to observers like the Toronto Star which says that while the CBC is "strapped for cash and with staff morale low" the lockout "threatens the very future of the public broadcaster as we know it."

CBC employees are asking Canadians to write their MP to pressure the CBC to settle the dispute. More information is available from the Media Guild at www.cmg.ca. ■



Nursing News

Government wants to pay insurance companies to plan health care

More light was shed on the Alberta government's plan to have private insurance take over from public Medicare with a Health and Wellness "Request for Proposals" on how to "shift" from a public health system to a for-profit insurance system.

"The government is looking to pay private insurance companies to plan how to privatize our public health care system," says UNA President Heather Smith. "We can save them a lot of money, Albertans can tell them right away that making Alberta families pay private insurance premiums to cover health costs is NOT a feasible option. Nobody wants to go back to the bad old days of private insurance healthcare," she said.

The Proposal document makes the government's intentions clear. They are looking at "shifting all or part of the health services described in the schemes from a publicly funded approach to an insurance-based funding approach." ■

1,000 protestors against health layoffs in Ontario

When health officials announced a plan to cut a deficit by laying off 160 health care workers including 53 registered nurses the people of Sarnia and Petrolia, Ontario had other ideas. The mounted the area's largest demonstration in over a decade and 1000 protestors packed Sarnia's city hall on August 10 to reject the announced cuts.

Ontario Nurses Association Vice-President Jeanne Soden spoke and took the Ontario government to task, noting that Lambton County would lose almost 60,000 hours of nursing care if the announced cuts went into effect. ■

Nurses face gunfire in New Orleans

Last week legal authority broke down in flooded New Orleans and reports came out of nurses and hospital staff facing sniper fire while evacuating patients at the Charity Hospital. Many nurses were themselves "evacuees" and displaced by the disaster. Other nurses continued to work at many of the hard-hit hospitals along the Gulf Coast.

The Louisiana State Nurses Association is recruiting outside volunteer nurses to come in and work during what is now becoming the biggest public health crisis in U.S. history.

"If you have ER, ICU, or other hospital experience, please contact us at 1-800-457-6378, 225-201-0993, or email us at lsna@lsna.org. If you are calling, please keep trying. Most calls are not getting through to us. As far as we know, most emails are arriving," says the LSNA on their website, www.lsna.org.

The Louisiana and Mississippi nursing associations (www.msnurses.org) have also both set up relief funds to help nurses who lost their homes, their jobs or were displaced by the disaster. ■

BC government plans to sell off NurseLine telephone service

Nurses in BC are concerned that their government could sell BC NurseLine, which has employed registered nurses to provide health information and advice to BCers since early 2001, to an American company.

Maximus is one of two US-based corporations in the running to take over the highly-specialized service. The provincial government gave Maximus the contract to operate BC's Medical Services Plan and Pharmacare program. Maximus is currently under investigation by the US Attorney for the District of Columbia in Washington, D.C. concerning bills it submitted to the federal government for reimbursement under the US Medicaid program. The British Columbia Nurses Union says Maximus record of poor service performance, contract infractions and financial penalties add up to serious concerns for the BC Nurses' Union.

The provincial government has also refused to clear the air about the status of Registered Nurses working at the BC NurseLine, when the service is contracted out to a private sector bidder later this year. ■

This year UNA Local #97 awarded two nursing students \$1000 scholarships. Bernie Bredin, from Drayton Valley Home Care, and President of the Local presented the cheques to winners Patti Davis from Winfield, who is currently ending her third year of nursing and Laura Ruskowsky from Wetaskiwin ending her second year of nursing. Local #97 is the nurses working in Home Care, Public and Mental Health in Drayton Valley, Wetaskiwin and Winfield.



Arbitration finally settles Ontario nurses contract

The Ontario Nurses Association's dragged out negotiations finally wound up on September 9 with the release of the Arbitration Board's final settlement giving the nurses a 3% salary increase effective April 1, 2004 and a further 3% effective April 1, 2005.

The increase gives Ontario's top incremental nurses the highest top provincial rate in the country, but the starting rate is lower than in five other provinces.

The Board said both the hospitals and the nurses had provided "reams of information" on the topic of recruitment and retention, but noted that salaries are only one of several significant factors for nurses deciding to stay or attracting people to nursing.

But the Board did make one significant retention decision, and awarded for all employees with 25 or more years' experience a further 2% increase starting January 1, 2006.

The Board also decided to maintain the status quo in lay off language where the Employers had been seeking big – and "contentious" – changes, an important win for the nurses.

This final Arbitration decision came out with only a few months remaining in the contract which is set to expire, March 31, 2006. ■

Liberal MLA says staff LTC now!

Liberal MLA Bridget Pastoor has released her own report coming out of the MLA hearings into long-term care services. Pastoor called for an immediate increase in funding to bring staffing levels up and end the tremendous gaps in

care that has left residents suffering and stranded in their beds or in hallways.

"There is no doubt that staff in long term care homes are extremely committed, dedicated and hard-working people. However, they are not provided with the resources, tools and supports necessary in order to do their jobs effectively. The government must address this problem immediately," says Pastoor, who is herself an RN who worked at the Edith Cavell Nursing Home in Lethbridge.

Pastoor sat on the MLA Task Force with two Conservative MLAs but decided to issue her own separate report.

She also said government must legislate clear, measurable minimum requirements for the number of nursing staff, staff-to-resident ratios and hours of care per day. She called for a minimum of 4 hours per day. She also wants to see a Resident Bill of Rights enacted. ■

New Brunswick nurses settle minutes before strike deadline

Coming within 90 minutes of a strike, New Brunswick's nursing home nurses ratified a new collective agreement at the last minute.

The new 4-year agreement includes a pay increase of 24% over the life of the contract, and increased premiums for education, weekend, evening and night shifts. The employer and the government have also committed to resolving issues around a pension shortfall. ■



Above: Local 37 member Rita Delaney walking the line in support (at left: TWU President Bruce Bell)

Below: Local 37 President Jerry Macdonald with locked-out Telus workers



Secretary-Treasurer Karen Craik, Blanche Hitchcow and Jacki Capper joined in at the Calgary and District Labour Council's pancake breakfast this summer.



ALL ABOARD!

 AGM 2005

October 25, 26, and 27th in Edmonton

Laying down the tracks... for 2006 and beyond

UNA nurses will be setting the directions – “laying the train tracks” – for UNA for the next year at the AGM coming up October 25, 26, and 27th in Edmonton. Preparing for the next round of negotiations will be just one of the topics. Members will also be discussing changes to UNA structure as a result of the new all Regional Employee bargaining units. There will be educational speakers, elections and of course a banquet.

How do you get to go?

Each UNA Local sends delegates and can also send observers to UNA provincial meetings. Delegates and observers are usually selected or elected at a Local meeting.

Seeking younger nurses

UNA is encouraging younger nurses to attend the AGM and all UNA meetings. All Locals have been asked to ensure that some of their delegates are younger nurses (30 or under).

Younger nurses interested in attending should check soon with their Local executive.

UNA is also encouraging younger nurses interested in attending other events like the CFNU Biennium or non-UNA conventions that UNA sends delegates to. The provincial executive Board passed a policy saying that, where the number of delegates warrant, 10% or no less than one should be a youth delegate. Again, check with your Local.

Electing the union officers

Nominations closed August 26 for UNA executive officer and executive board positions to be elected at this year's Annual General meeting. 1st Vice-President Bev Dick and 2nd Vice-President Jane Sustrik were returned unopposed as executive officers. The President and Secretary-Treasurer positions are not up for election until next year. All UNA Executive Officer and District Representative positions are two-year terms.

The District Representatives for North Central District, North District and Central District were also acclaimed but elections will be held for South Central District and South District Representatives.