



United Nurses of Alberta
NewsBulletin

Alberta's Nurses at your side on your side

Fighting for safe staffing and care
Delegates want more push in PRCs - *Page 3*

Alberta's Water for Sale?
Maude Barlow at the AGM - *Page 5*

**Pensions
not Poverty** - *Page 4*

**Health Act
undemocratic?** - *Page 12*



Join in at
facebook.com/unitednurses

Published by the United Nurses of Alberta six times a year for our members

Editor
Keith Wiley

Production
Kelly de Jong

Executive Board

President

Heather Smith
H: 780-437-2477 • W: 780-425-1025

1st Vice-President

Bev Dick
H: 780-430-7093 • W: 780-425-1025

2nd Vice-President

Jane Sustrik
C: 780-915-8367 • W: 780-425-1025

Secretary/Treasurer

Karen Craik
H: 403-720-6690 • W: 780-425-1025
or 403-237-2377

North District

Roxann Dreger Susan Gallivan

North Central

Terri Barr Keith Lang
Teresa Caldwell Beverley Lawrence
Christina Doktor Judy Moar
Karen Kuprys Beryl Scott

Central

Dianne McInroy Wanda Zimmerman
Sandra Zak

South Central

Tanice Olson Alicia Steen
Denise Palmer Lois Taylor
JoAnne Rhodes Daphne Wallace

South

Maxine Braun John Terry

Directors

Labour Relations

David Harrigan

Finance and

Administrative Services

Darlene Rathgeber

Information Systems

Florence Ross

Provincial Office

900-10611 98 Avenue NW
Edmonton AB T5K 2P7
PH: (780) 425-1025
Toll Free: 1-800-252-9394
FX: (780) 426-2093

Southern Alberta Regional Office

300-1422 Kensington Road NW
Calgary AB T2N 3P9
PH: (403) 237-2377
Toll Free: 1-800-661-1802
FX: (403) 263-2908

Web Site: www.una.ab.ca

E-mail: nurses@una.ab.ca

PUBLICATIONS MAIL AGREEMENT #40064422
RETURN UNDELIVERABLE
CANADIAN ADDRESSES TO:
UNITED NURSES OF ALBERTA
900-10611 98 AVENUE
EDMONTON AB T5K 2P7

at your side. on your side!

“For the public we are at their side providing care...”

–Heather Smith

Nurses can be proud of achievements this year, but challenges lie ahead, President Heather Smith told nurses at UNA's annual meeting in Edmonton.

“All in all, I think this year we have a lot to be proud of - our achievements in negotiations and our unrelenting support of nursing and the well-being of the people of this province,” Heather Smith said.

Over 700 nurses were at the three-day meeting to make decisions on directions for the union in the coming year.

Banners at the front of the hall displayed the message: “At your side, On your side”. Heather Smith explained: “For the public we are at their side providing care. We are on their side as their advocates, not only with respect to their immediate needs, but also in the big picture political struggle for public health care.”

Heather Smith discussed the nursing shortage that has been recently rediscovered by AHS. “We are prepared to work with Alberta Health Services and Alberta Health and Wellness to avert a cataclysmic shortage. But we will do so, only if the solutions are consistent with our vision of what nursing should and can be.”

Threat from the Alberta Health Act

She identified the proposed Alberta Health Act as a major concern in the next year. The Act was proposed to change the province's public medicare laws. “Now they [government] say the Alberta

Health Act won't eliminate those laws “at this time”, but after the next election this Health Act could well be the excuse for undoing the laws that underpin public health care,” Heather Smith said. “We can't let that happen.”

Nurses say ER crisis MUST be addressed

Nurses have been raising concerns about hallway beds and hallway nursing, capacity issues in the province's health system for many years. “We have identified inadequate capacity for at least five years. For emergency nurses the abnormal has become today's normal. We said time and again hallway stretchers and overcapacity beds were not the solution. Capacity, capacity, capacity - which also means appropriate staffing - is the right prescription, not shuffling the problem - the crisis, to another unit, a hallway or into under-resourced continuing care,” Heather Smith said. 🍷



More capacity crucial in solving ER waits, nurses say

Hiring more nurses to work in Alberta's emergency room is not enough to solve the ER wait times crisis, nurses are saying. Moving the crisis from the ER "upstairs" to overcapacity beds on the wards is no solution either.

"The suggestion we can unclog emergency departments by putting people in

Delegates support the creation of Professional Responsibility officer

Nurses at the AGM raised example after example of unsafe staffing levels or unsafe practices that are worrying them and pushing stress levels over the top in hospitals and worksites across the province.

They voted for the creation of a new staff position to work with Locals on the Professional Responsibility process.

Nurses file "Professional Responsibility Complaints" to document these unsafe conditions and to help protect themselves professionally.

Under the Provincial Collective Agreement UNA Locals have the ability to take "PRC" issues unresolved at the local level to the CEO and ultimately to the organization's governing board of directors.

The new provincial PRC staff position will assist Locals with making the most of the PRC process and resolving concerns about unsafe conditions for Patients, Clients and Residents.

hallways and moving them up to units where they become the third person in a two-bed room is just ludicrous... you're just moving the crisis and in many cases increasing the risk of misadventure," Heather Smith said in a CBC Radio interview.

Hospital ERs are constantly full, nurses reported at the AGM. At the Rockyview hospital in Calgary 29 stretchers are always occupied, in Red Deer the stretchers are full and even in smaller rural hospitals most ER stretchers have patients waiting to be admitted to beds in the hospital.

"We have no flat surfaces available for more patients," one ER nurse said.

"The doctors have the correct prescription," she said. "More long-term care beds or auxiliary hospital beds can free up hospital beds to ease the crunch. That's the best solution."

"It all comes back to capacity, capacity, capacity," Heather Smith said. "If they do not undertake to obtain the human resources to open beds this is just going to continue."

"There should be an immediate re-initiation of recruitment and retention initiatives across the province. There should be an honest discussion with staff about what their needs are. This isn't just an emergency department crisis," she said. 🇺🇸



Laughing on a make-believe cell phone. On day two of the AGM, speaker Billy Streat got everyone up and moving with his laughter yoga. One of the fun activities was with a pretend cell phone.

"The Tory government created the current crisis in health care with a long-term campaign to privatize health services and financing, and cut spending on hospitals and long-term care. Hospital spending has plummeted from 44.7 per cent of health spending in 1975 to 27.8 per cent in 2009."

— Diana Gibson, Research Director of the University of Alberta's Parkland Institute in the Edmonton Journal, Nov. 3, 2010

Up out of your seats. Several times at the meeting, nurses got up out of their seats for fun moments and activities at the AGM.





Gil McGowan, President of the Alberta Federation of Labour addresses the AGM.

Canadian pension analyst James Pierlot estimates that, by 2030, "two-thirds of Canadian retirees will not have enough retirement income (and) are looking at relative poverty."

— from the Alberta Federation of Labour website, afl.org.

Pensions in crisis

AFL mounts campaign to head off retirement poverty

At top issue unions need to tackle is improving pensions, Alberta Federation of Labour President Gil McGowan told nurses in his speech at the AGM.

Only 18 percent of Albertans have employment pension plans and most Albertans are retiring with an average of \$60,000 in savings.

McGowan said Alberta is key in improving pensions. Eight of Canada's province's are on board with the Canadian Labour Congress proposal to make a major boost in the Canada Pension Plan and head off a looming tidal wave of seniors living in poverty. But Alberta's finance Minister Ted Morton denies there is a problem, McGowan said. "Our province is the only province putting up a roadblock to reform."

To put pressure on Morton and the province, the AFL hosted a national pension summit, Pension Reform or Poverty: How to solve Alberta's Retirement Crisis in Edmonton November 27. Top Ca-

nadian pension experts Jon Kesselman, Canada Research Chair in Public Policy at Simon Fraser University, and Bernard Dussault, former chief actuary of the Canada Pension Plan were key speakers along with CLC President Ken Georgetti.

Two-thirds of future retirees looking at relative poverty

More than 11 million Canadian workers, 68% of the workforce, have no workplace pension. Eight million have neither a private pension plan nor registered retirement savings plans. Alberta's situation is the worst in Canada, with Albertans on track to only be able to replace 45% of their income in retirement, versus 50% nationally. The generally recommended percentage to avoid a large drop in living standards after retirement is 70%.

Those workers who do have pension plans or RRSPs have seen the value of those slashed as a result of the global economic meltdown. Workers in many industrial sectors have seen their pensions wiped out or drastically reduced as companies go out of business or because the plans are severely underfunded. ☹

What can you do?

The Alberta Federation of Labour is campaigning, in close cooperation with the Canadian Labour Congress (CLC):

- to double CPP benefits over seven years
- to increase OAS/GIS benefits for seniors by 15%; and
- for a federal pension insurance system.

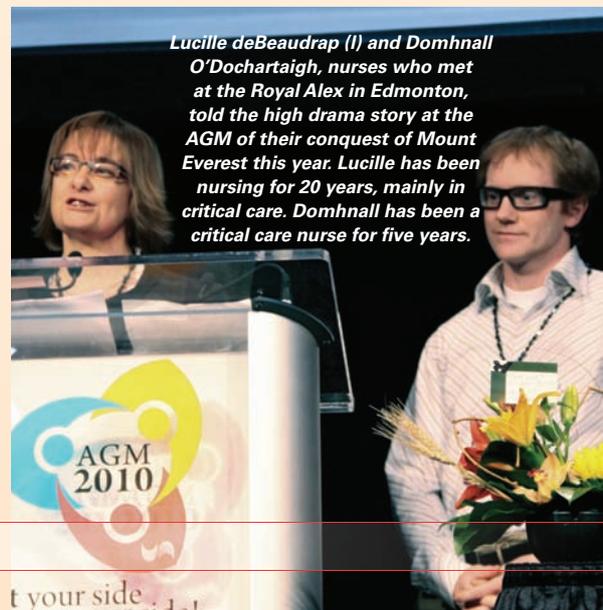
Find out more

www.canadianlabour.ca/issues/pensions-retirement

www.afl.org

www.realpensionreform.org

Or contact AFL pension campaigner Colin Piquette 780-483-3021 cpiquette@afl.org Alberta moving to market for water in face of impending crisis



Lucille deBeaudrap (l) and Domhnall O'Dochartaigh, nurses who met at the Royal Alex in Edmonton, told the high drama story at the AGM of their conquest of Mount Everest this year. Lucille has been nursing for 20 years, mainly in critical care. Domhnall has been a critical care nurse for five years.

Alberta moving to market for water in face of impending crisis

Maude Barlow outlines issues at AGM

“This province is going to face a water crisis really soon. I call it not the perfect storm, but the perfect drought,” guest speaker Maude Barlow told the UNA AGM.

Alberta is not only the province with the biggest impending water shortage, it is also the only province looking to put water up for sale, Barlow warns.

Maude Barlow is, the national chairperson for the Council of Canadians and, as Heather Smith said in her introduction, one of Canada’s preeminent activists. She has spoken several times previously at UNA meetings, often about free trade concerns. Her most recent book “Blue Covenant” shows water is emerging as the key life resource, an in crisis, around the planet. Barlow was in Alberta to speak on the “Our Water is Not for Sale” campaign.

“When I’m talking about water, I’m also talking about health care. The right to clean accessible water is a fundamental right, but it is also a fundamental health right,” Barlow told the nurses.

Globally water shortages are becoming critical. In just 20 years demand in the world will outstrip supply by 40%, Barlow said. “Millions and millions of more people will be cut off from their access to clean water and sanitation.”

“We grew up with the myth of abundance. This is as much of an issue here as it is anywhere in the world. Of all the parts of Canada, this province is ground zero of the crisis. Climate change will dramatically increase the drought conditions and increase evaporation... we have melting glaciers... when the glaciers are gone the Bow River will be gone.”

Since 1999 the Alberta government has been moving toward a market system of “water transfers” to allocate dwindling water supplies.

“I cannot tell you how dangerous it is,” Barlow said. “Water licensees are now holding licences worth a whole lot of

money. The country that has done this first is Australia, and we should be looking at Australia as the canary in the mine shaft.”

In Australia and other countries like Chile that have used water markets, they have seen serious consequences for municipalities and other bodies, where rivers have run dry and towns have been left waterless because other entities with more money were able to buy up licenses.

Barlow said using a market, where money rules water, is NOT the way to go. “Water is a commons, it’s a public trust, it’s a human right, it doesn’t belong to anyone, it belongs to all the people, to that community, it belongs to future generations. It has to be protected in law, it needs to be protected in the ecosystem as well. You have to do planning and thinking.”

The education campaign on water policy in Alberta is being run by Public Interest Alberta, the Council of Canadians, the Sierra Club and a number of other organizations. ♡

More information and resources are available at www.ourwaterisnotforsale.com



“We grew up with the myth of abundance. This is as much of an issue here as it is anywhere in the world.”

Maude Barlow tells nurses Alberta is ground zero for water crisis at UNA AGM.



Alberta's health system: chronically and dangerously understaffed

Delegates and observers overwhelmingly called on AHS to open more beds and increase nurse staffing to more appropriate levels.

Nurses surveyed at United Nurses of Alberta AGM reported their health care settings are chronically and dangerously understaffed and they say employers, including Alberta Health Services, either ignore – or are very slow to respond to – their concerns.

The nurses were asked to provide feedback to Alberta Health Services and to respond to the question: "What can AHS do?"

More than half also commented on the shortage of long-term care beds, and the trend to reducing RN care in LTC. Many pointed out that Albertans deserve better conditions and treatment in LTC, mental health and community care. Moreover, nurses also point out that investments in these areas would free up beds and resources in acute care facilities.

Another significant theme in the responses was the cost to the nursing workforce associated with chronic understaff-

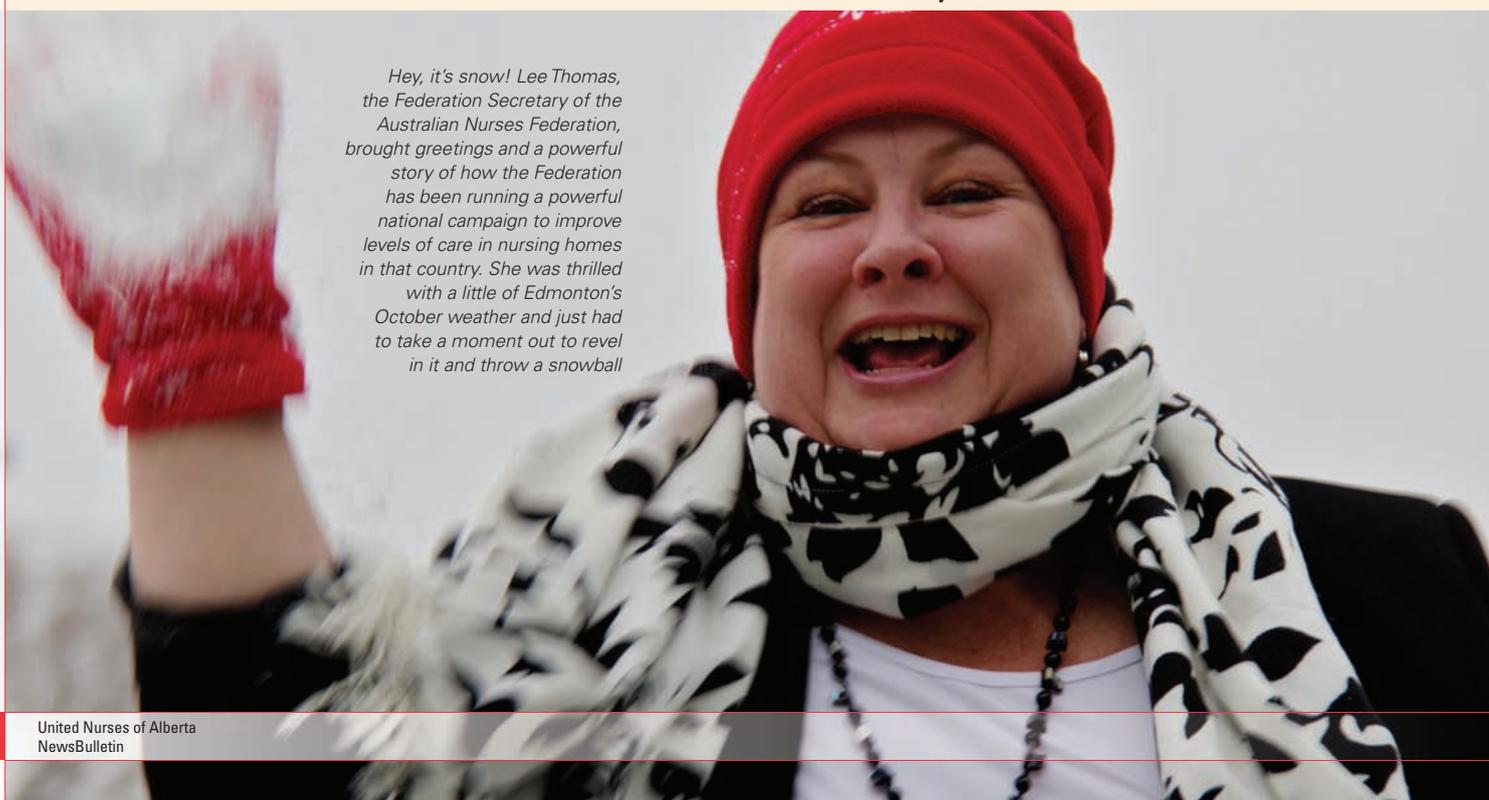
ing, increased patient acuity, and constant demands to work overtime. They reported nurses are frequently denied vacation, time off or leaves of absence, even for professional development.

These factors cause increased rates of employee burnout, reticence to work full-time, and lower retention rates of both new and experienced staff.

Rural nurses noted that serious concerns with security and staff safety also erode workplace satisfaction.

Finally, the nurses expressed frustration about communicating with management. This ranged from concerns about not being listened to by their direct managers to problems dealing with a complex and top heavy organization. They felt their concerns about unmanageable workloads and patient safety were not being acknowledged, and that they were not receiving the respect and consideration they deserved. 🇨🇦

Hey, it's snow! Lee Thomas, the Federation Secretary of the Australian Nurses Federation, brought greetings and a powerful story of how the Federation has been running a powerful national campaign to improve levels of care in nursing homes in that country. She was thrilled with a little of Edmonton's October weather and just had to take a moment out to revel in it and throw a snowball



Brief analysis of AHS approach to the nursing shortage

This fall, Alberta Health Services began consultation on a new planning document: *From Forecasting to Planning: Modeling Options for the Alberta Nursing and Health Care Aide Workforce*. Chief Nursing Officer, Andrea Robertson presented the ideas to UNA at District meetings across the province.

UNA members at the District meetings and President Heather Smith have raised several major concerns with the draft “models”, including that they all reduce the level of RN care provided to patients and especially to LTC residents.

The document outlines six models (scenarios) running until 2020. Some show the severity of the anticipated nursing shortage, while other models propose means to reduce the shortage. Although the scenarios are for the most part presented separately in the document, AHS is not looking at them as distinct or exclusive scenarios, and could implement a combination of these approaches.

There are two messages underpinning the document: The first is that the current nursing staffing model cannot be sustained and the second is that in the face of an aging population we cannot continue to devote the same type of workforce resources to continuing care that we have in the past.

The projections assume there will be no increase in the number of graduates from RN and LPN programs. It takes the nursing shortage as a given to which Albertans must adapt. It makes no mention of the policies that contributed to that shortage. Ultimately these proposals appear to recommend Alberta greatly reduce the qualifications and skill levels of those that care for us.

Although the document raises a number of excellent questions and concerns in regards to workforce planning, one question is notable by its absence: What type of care do we consider appropriate for our ill and our elderly?

The nursing shortage is not a new problem. As recently as 2007, the ministries of Health and Wellness, Advanced Education and Technology, and Employment, Immigration and Industry issued plans showing Alberta did not have the capacity to make necessary changes to our health care system because of a lack of providers. It also warned of a projected shortage of 6,200 nurses in Alberta by 2016. The report urged recruitment and retention.

Premier Stelmach had promised to increase the number of RN graduates to 2000 by 2012. As of September 2008 Advanced Education numbers showed just 1,344 first year nursing students enrolled. If ALL of them complete the four-year program, Alberta would still have only about 2/3 of the 2012 target. If nursing education had been expanded more, the shortage we would be facing would be much lower. 🍷



Andrea Robertson, AHS Chief Nursing Officer, discussed the draft workforce plan at UNA District meetings around the province.



Ultimately these proposals appear to recommend Alberta greatly reduce the qualifications and skill levels of those that care for us.



ARTA Benefit plan for retired nurses

Deadline for Enrolment – January 31, 2011

For more on the ARTA plan
go to UNA's website
[www.una.ab.ca/resources/
benefits/arta](http://www.una.ab.ca/resources/benefits/arta)

ARTA and UNA have agreed to create an opportunity for retired members of UNA to access the ARTA Public Sector Benefit Plan in a one-time limited time opening of the plan to all retirees who have belonged to UNA for at least 2 years. Until January 31, 2011, retired UNA members who

belonged to UNA (for 2 or more years) at any time in their careers may join the ARTA plan without providing evidence of good health.

After January 31, 2011 UNA members retired more than 60 days will be required to submit proof that they are in good health in order to access the retiree program. The risk of delaying application to the plan beyond January 31, 2011 is that a retiree's health can change in the future, and make them ineligible to participate. Over a third of the "late" applicants are not accepted. Normally employees expecting to retire apply for the ARTA Benefit Plan before their retirement date, so that the ARTA plan begins the day after the employer sponsored plan ends.

UNA suggests everyone considering the plan examine the details, and those of competitive plans, carefully. ♥♥

Getting your extra 2%

Employers match RRSP contributions up to 2% of annual earnings

Nurses can contribute to a supplementary RRSP and the Employer will match the contribution. The supplementary RRSP benefit is an easy way to double your money.

Nurses can begin contributing to the RRSP in any month. Contact Human Resources to set up a deduction from your cheque. You are not allowed to contribute for previous months, however.

You do NOT have to leave the money in the RRSP. You can withdraw it to use as you like (taxes are automatically withheld). Some time restrictions may apply. Check with your local plan for details. ♥♥

Social Media



UNA grows online

Nine UNA Locals now on Facebook

If your Local would like advice on starting their own Facebook Page, email dcournoyer@una.ab.ca.

You can also contact UNA on Twitter and YouTube by visiting <http://www.una.ab.ca>

The presence of UNA and its Locals on Facebook has grown rapidly over the past year. Members can now find nine UNA Locals with their own Page or Group on the popular social network. Since the summer, five new Locals have started to create their own social media presence (Local 1, Local 33, Local 79, Local 120, Local 211, and Local 301). The main UNA Page along has draw a following of over 2400 Facebook users making it a powerful tool

for communicating with the membership across Alberta.

All Local Facebook Pages and Groups can be found on the main UNA Facebook Page at <http://www.facebook.com/UnitedNurses> ♥♥



Lack of long-term beds, big part of the ER problem

by Noel Somerville

Deficits in senior care create ER crisis

In his Sept. 30 letter warning about the potential “catastrophic collapse” of emergency care in the province, Dr. Paul Parks points to the principal cause: lack of long-term care (nursing home) beds to accommodate seniors who are blocking hospital beds while awaiting placement.

Parks, the president of the AMA’s Section of Emergency Medicine, underlines the seriousness of the problem when he notes that more than 50 per cent of emergency beds in big-city hospitals are filled with seniors and others awaiting transfer to long-term care.

Dr. Felix Soibelman, President of the Edmonton Emergency Physicians’ Association, also highlights the nature of the problem when he says the government needs to provide “the right kind of long-term care beds ... places that provide ongoing nursing care.”

What the government has actually been doing is precisely the opposite of what is needed. That is, it has been subsidizing the building of supportive and assisted living facilities that don’t come under the Nursing Home Act and, consequently, where proper nursing care is not available. Such facilities are not part of the solution; they are part of the problem. When a resident falls, the fire department is called in to lift them because no one



on staff is trained to do that. When a resident takes a turn for the worse, EMS is called to ship them off to the nearest emergency department.

What is urgently needed — properly staffed and operated nursing homes

The government seems simply unwilling to understand the distinction between the facilities it is providing and what is urgently needed — properly staffed and operated nursing homes that can provide the care needed by:

- Seniors who are cognitively impaired or suffering from some other form of dementia requiring constant monitoring;
- Seniors who are chronically ill and require high levels of nursing care;
- Seniors who are profoundly frail and need help getting out of bed, bathing, toileting, dressing and who have to be taken to the dining room. Some even need to be fed when there, rather than being dismissed with, “so you are not hungry today.”

Or, even worse, perhaps the government does recognize the distinction, but insists on putting such patients into assisted and supportive living facilities without sufficient and qualified staff purely for penny-pinching reasons.

That certainly seemed to be the case when Ron Liepert was health minister and announced his Continuing Care Strategy, freezing the number of long-term care beds at 14,500, the same number existing for many years — a decision the government has still not formally rescinded.

Penny-pinching: false economy in short-term savings

Penny-pinching seems to be the reason why most of the RN staff were stripped out of the Youville Home in St. Albert earlier this year. Operators were able to do that, and circumvent the Nursing Home Act, because the Youville had been conveniently reclassified as an Auxiliary Hospital.

Penny-pinching also seems to explain why the government has been converting existing nursing homes to assisted living facilities to save the cost of the qualified nursing staff. In Hinton, the operator of the long-term care facility was actually

paid \$500,000 to downgrade it to assisted living.

A further example of penny-pinching is the decision to relocate the geriatric unit from Alberta Hospital Edmonton to Villa Caritas, a facility originally planned to accommodate long-term care patients from the dilapidated General Hospital facility in Edmonton. Despite the millions spent on converting Villa Caritas, it is now clear that both the AHE patients and the General Hospital patients will be worse off than before this plan was hatched.

The sad reality is that all of this penny-pinching is false economy because, in the long run, providing proper nursing home care with sufficient numbers of properly trained staff is infinitely cheaper than having such needy seniors blocking up emergency rooms and acute care hospital beds. Hospital beds are in fact one of the worst places to put frail seniors with compromised immune systems.

While Health Minister Gene Zwozdesky is to be commended for ordering the opening of new acute care hospital beds, this is a stop-gap measure and unfortunately, does not address the underlying problem, which is the lack of enough long-term care beds served by trained nursing staff.

Health Act undermines laws protecting care

It is even more distressing to note that, in the midst of this growing crisis, one of the main items on the agenda for the legislature's fall sitting is a new Alberta Health Act, a proposal that came originally from Liepert, who asked the Ministers' Advisory Committee on Health (MACH) to look into it. In September, 2009, the MACH received a submission from Stephen Duckett, chief executive of Alberta Health Services. Duckett was very supportive of a new Alberta Health Act, partly because he saw it as a way of getting rid of what he saw as the needlessly restrictive requirements of the Nursing Home Act — legislation designed to protect patients from inadequate care.

Until our provincial leaders can shake the notion that good quality nursing care is wasted on those who are old, sick and infirm, we will never effectively solve the horrendous wait-time problems in our health-care system. Nor will we deliver the humane treatment that all Albertans, regardless of age, deserve.

Our government is headed in precisely the wrong direction on this crucial issue, and it needs to change course immediately, before the crisis worsens. ❧



Noel Somerville is chairman of advocacy group Public Interest Alberta's Seniors Task Force.

This article was published by the Edmonton Journal on Nov. 3, 2010.

*www.pialberta.org/action-areas/seniors
friendsofmedicare.org*

Blood Services nurse Brenda Lukasik given “Award of Distinction”

Brenda Lukasik, a nurse at Canadian Blood Services (CBS) in Edmonton, recently was given the CBS “Living our Values Award of Distinction.” Only three CBS Awards are given nationally each year, and Brenda, after 20 years with the organization, was nominated and selected.

Brenda has been an instructor for many years at CBS. Her co-workers say she did “a lot of work behind the scenes” that made the transition from the Red Cross organization to CBS go smoothly.

“It’s a great honour,” Brenda said, “especially when it comes from your colleagues.” 🌸



Brenda Lukasik (centre, with son Roger and daughter Mary) receives Canadian Blood Services Living our Values Award of Distinction.

Donna VanWaes celebrated 41 years of nursing

The same love and enthusiasm for her career up until the day she retired Donna VanWaes retires after 41 years

Over 100 people attended her retirement party, including her first neuro head nurse and her first neuro instructor, reports UNA Executive Board member Daphne Wallace about her colleague, Donna VanWaes. “This is a great testament to the type of person she is,” Daphne says, “the same love and enthusiasm for her chosen career at the end as she had at the beginning. She has been a great mentor to many nurses, and in the 20 years I have known her, I have never heard her say a negative word about anyone.”

Donna retired recently after 41 years as a nurse, including 36 years on an acute care neuro science unit at the Foothills Hospital in Calgary.

When we asked Donna how she kept up her enthusiasm, working shift until her retirement, she said it had to do with

feeling valued as a nurse. “I worked with a wonderful team of nurses, doctors and therapists who openly showed their appreciation for the efforts of others. We often said ‘thank you’ for everything each other did.” Donna said that attitude included family members and went right up to the level of the Patient Care Manager and her UNA rep.

Donna appreciated her work environment because, she says, “I never felt bored. I loved to mentor, teach and to learn.” She took advantage of many learning opportunities, seminars, re-certifications, meetings, and even social events.

Finally, Donna says, she thinks nurses need to be “our own sympathetic permission givers”. “Get the sleep we need, take care of ourselves, it all contributes to our ability to be great nurses.” 🌸



Destabilization and de-democratization of health care

Alberta Health Act another barrier to democracy

The Alberta Health Act is filled with nice language, but the fine print shows it is a piece of enabling legislation that puts even more power into the hands of the Minister of Health and Wellness.

Health and Wellness Minister Gene Zwozdesky explains the purpose of the Alberta Health Act and, in the same news conference, tells how his government is going to head off the ER crisis story, which didn't break in the news until two days later.

The recent tabling of Bill 17: The Alberta Health Act, revealed a concerning trend in health care and democracy in Alberta. While focus has been on the Act leading to increased privatization, the Act will also move power away from the elected Legislature and behind closed doors. Far from proclaiming the promised principles for our health system, the Act says the Minister can set the principles with orders-in-council, agreed in private by the Cabinet. The Alberta Health Act is a continuation of the long-centralization of health care away from local governance to centralized authority.

Centralization of power in our health system is something we have become used to since the 1990s, when the Klein government dissolved the 193 local hospital and health boards and created 17

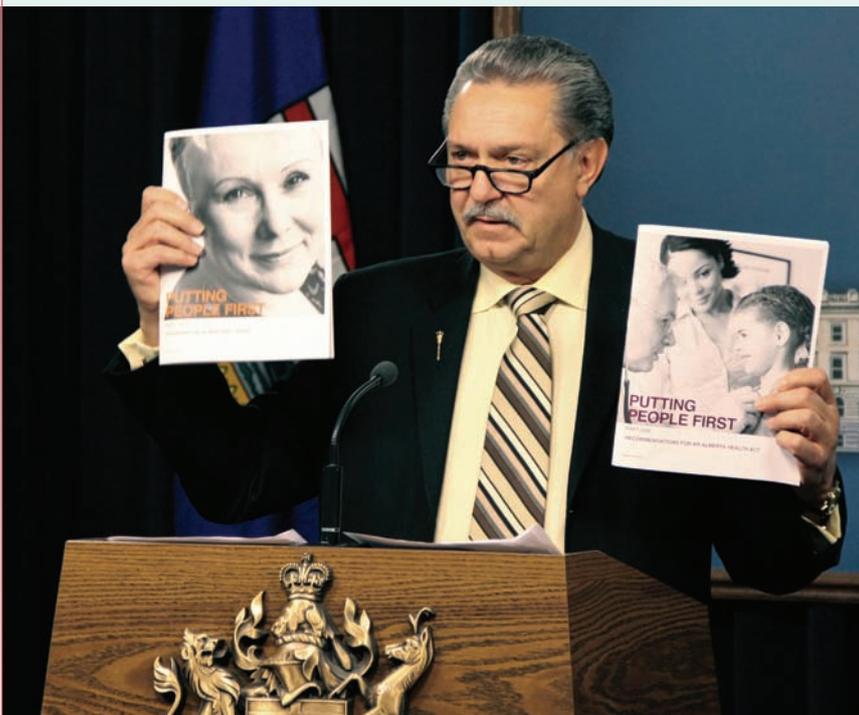
Regional Health Authorities run by his appointed board members. After allowing our health care facilities to further deteriorate and staffing shortages to increase, the government cut the 17 RHAs down to nine in 2001.

The trend veered back toward local democracy in 2001 when one-third of the RHA board members were elected by voters. But the partially-elected RHA boards lasted only until 2003, when the provincial government moved back to completely appointed boards.

In 2008, after winning a landslide re-election, the Stelmach government shocked Albertans by dissolving the nine remaining RHAs and putting the health care system under the control of the Alberta Health Services “superboard”. Shortly after, Stephen Duckett was hired as CEO and President.

In less than twenty years, local control over our public health care has become almost completely centralized in the hands of a small group of government appointees. The Alberta Health Act is filled with nice language, but the fine print shows it is a piece of enabling legislation that puts even more power into the hands of the Minister of Health and Wellness. This means that rather than having public debate in the elected Legislature, critical changes to our public health care system can increasingly be made behind closed doors without public discussion.

Friends of Medicare campaigns for democratic, universal, public health care. Join in at the website: www.friendsof-medicare.ca



Political Trick or Treat.

The day before Halloween, some members of the PC Party tried to pull a trick on Albertans. Members of the Edmonton-McClung Tories introduced a motion at their policy convention that would have limited the ability of unions to advocate for their members in the political arena.

Speaking to delegates at UNA's AGM, Alberta Federation of Labour President Gil McGowan said this was "kind of a back-handed compliment... they usually say we are ineffective, outdated and irrelevant... but the real reasons they want



Local 1 President Diane Lantz holds up a picture of member Larry Connell at the AGM microphone. Larry always has lots to say at the AGM, and Local 1 thought delegates might be missing him a little.

to shut us down and muzzle us is because we HAVE been effective."

The motion was hotly debated and narrowly defeated by PC members on October 30. 🍷

2011 UNA Constitution online

Normally the revised constitution is distributed with this NewsBulletin, but to save costs, and trees, it is now being made available online, on the website. Or, if you do need a paper copy, contact a UNA office.

Arbitrator restricts health region's contracting-out plans

Alberta Saskatchewan arbitrator ruled today the Regina Qu'Appelle Health Region cannot contract-out surgeries and diagnostic tests past 2013 because it is more cost-effective to perform the work in the public health system over the long-term and there is "sufficient evidence" to suggest the health region can find the additional capacity by that date.

Arbitrator Dan Ish made the ruling following four days of testimony about the health region's decision to contract-out these surgeries and diagnostic tests to private, for-profit clinics. The Saskatchewan government had asked both the Saskatoon and Regina health regions to pursue "third party contracts" to increase the number of procedures and reduce wait times. 🍷

The Saskatchewan government had asked both the Saskatoon and Regina health regions to pursue "third party contracts" to increase the number of procedures and reduce wait times

Nurses pleased Quebec backing off user fees

Canadian Nurses for Medicare applauded the Quebec government's rethinking of its idea of imposing a \$25 user fee for medical visits. Not only would the user fee violate the principles of universality enshrined in the Canada Health Act, it would also have penalized the poorest and the sickest people in our society and widened health disparities in the province. Such a move would have acted as a disincentive for people to seek early treatment of medical conditions, which would simply have led to more intensive and costly interventions and hospitalizations down the road. 🍷

Faces & friends

News about the people of United Nurses of Alberta.



UNA Sponsored Melissa Hart (l) from Red Deer College and Danielle Van Loenen (far r) to the Western Regional Canadian Nursing Student Association conference. Also in the picture, UNA provincial Secretary-Treasurer Karen Craik (2nd from r) and Queenie Lee, the Western Regional Director and a U of A nursing student.



AGM delegates gave a great round of applause for BettyAnn Emery when it was announced at the AGM that the meeting would be her last as President of Local 301 at the University of Alberta Hospital. BettyAnn has been President since 1997 and is retiring from a 25-year nursing career

AGM delegates took a minute out to sign a UNA flag to send in solidarity with Quebec nurses who at the time were in tense provincial negotiations. Since then Quebec nurses have reached a tentative settlement. The deal gives them a total 9.5% salary increase over five years, with increases in shift differential and a special increase of 3.45% for shift workers and 2% for non-shift nurses. One key point was an agreement to reduce the use of "agency nurses" by 40% over the five year term of the agreement.



4 CETA threatens our public health care

The E.U. has made it clear: they want all of our public services covered by the CETA — including health care. The trade deal will expose Canadian medicare to privatization pressures more than past free trade deals did. European health service companies will have greater access to our medicare services, especially in provinces that are already opening the door to private surgical clinics or other privatized care. Worst of all, under the rules of NAFTA, we'll have to offer the same access to private health corporations from the United States!



This short comic introduces CETA, a new Canada Europe Trade Agreement, a concerning new free trade initiative from the Harper government.

The comic makes the point that CETA would also threaten public health care.

A higher resolution copy is also available for printing. You can find out more and download it from www.tradejustice.ca.

AHS efficiency drive: no eating

No comment on this email memo (sic) to nurses.

Nurses win battle over discrimination

Registered Nurses who work for the federal government assessing Reliability for Canada Pension Plan disability benefits have finally won their discrimination case. The government has finally stopped appealing court decisions won by the nurses.

In 2007 the Canadian Human Rights Tribunal ordered the government to stop discriminating against the nurses who were paid only half as much as the mainly male doctors who did the same assessments.

Lawyers for the nurses estimated the nurses were owed tens, or even hundreds of thousands of dollars. But the Tribunal did NOT order compensation for the nurses, who will be back in court to get an award on their work going back as far as 1978.

Dear Team,

Regarding getting out of the room in a timely fashion.

I am hoping that your are planning your outs and getting out of the office ASAP. Please don't waste time making food and eating. We are paid to eat on the run.

Doing this will help you complete your work as scheduled and ensure in most cases that you are able to leave on time.



Report from Director of Labour Relations David Harrigan

Immediately following the AGM, Heather Smith and I met with Stephen Duckett, along with other senior leaders at Alberta Health Services. Dr. Duckett had requested the meeting as an informal exchange of information session. We provided him with a summary of nurses' views on the problems in health care and possible solutions. We talked about the AHS "discussion document" on workforce planning. (From "Forecasting to Planning") Dr. Duckett was very clear that he has never said there was a nursing shortage and does not believe there is one now. He did say that if we don't make some changes, there will be a nursing shortage.

This position is both sad and surprising, especially given that the first sentence of the AHS document is: "For nearly five decades, the nursing staffing shortage has been a critical concern for health care across Canada."

But Dr. Duckett did promise that by the end of the fiscal year (and sooner if possible) ALL overcapacity beds will be eliminated. He indicated that there may always be a need for "surge capacity" bed use, but he was clear that overcapacity beds, as part of the norm will no longer exist.

This was a pleasant surprise that would cut down on some of the overloading the nurses deal with regularly. However, given the tremendous political pressure to deal with emergency room wait times, it will be even more surprising if AHS succeeds in eliminating this dangerous overcapacity "fix". 🍷

Negotiations continue for nurses at other employers

Negotiations are underway for many nurses' contracts with other health employers in the province. Settlements have already been reached with:

- Venta Care Centre
- CareWest (Calgary)
- Grande Prairie Care Centre
- Edith Cavell Care Centre (Lethbridge)

Negotiations are underway with:

- Salem Manor
- Extencicare Locals
- Canadian Blood Services

Extencicare has proposed significant contract regressions. Salem Manor has as well. UNA has already applied for mediation with Salem Manor.

The Canadian Blood Services talks began November 15th for Edmonton, Lethbridge and the new Local in Calgary. This will be the first agreement for the Calgary CBS nurses.

Negotiations will be beginning soon with:

- Good Samaritan Society
- Bethany Care Centres (Calgary, Cochrane and Colleside in Red Deer)
- Salvation Army Agapé Hospice (Calgary)
- St. Michaels (Edmonton)
- Hardisty Nursing Home (Edmonton)
- Forest Grove LTC (Calgary)
- Capital Care (Edmonton)
- Shepherd's Care Centre (both Millwoods and Kensington Village)
- Revera Long Term Care (Bow Crest, Mount Royal, McKenzie Town Centre (all in Calgary) South Terrace, Edmonton, and Riverview, Medicine Hat)
- Touchmark at Wedgewood (Edmonton)
- Agecare Valleyview (Medicine Hat) 🍷

Transition agreements for AADAC and Corrections

We have negotiated a transition agreement for nurses working in the Alberta Alcohol and Drug Abuse Commission sector. This transition agreement clarifies how they move from their former agreement terms into the provincial Collective Agreement. Negotiations for a transition agreement for our new members who work for Alberta Corrections began in November. 🍷

Provincial Collective Agreement available

The new provincial Collective Agreement is now available in PDF form on the UNA website. Click on the Collective Agreements tab to view or download a copy. Copies of the new Salary Appendix and other documents are available as well.

Collective Agreement

BETWEEN

Alberta Health Services
Covent Health
Lamont Health Care
The Bathany Group (Calmate) Centre
and
United Nurses of Alberta

APRIL 1, 2010 - MARCH 31, 2013

UNA's Facebook
The discussion is happening, on
[Facebook.com/UnitedNurses](https://www.facebook.com/UnitedNurses)

UNA Net
Even more discussion (inside
voice) on UNA's internal email/
conferencing UNA Net.
Members get on line free from
UNA, go to Members' Area.



at your side
on your side!



Nurses from Local 80, at the High River Health Centre, have a tradition of getting a group photo at the UNA AGM.

This year the nurses were: (l to r): Laurie Light, Jodi Eldridge, Barb Dowie, Marie Corns, and Lindsay Snodgrass. With the High River nurses, in the back are President Heather Smith and First Vice-President Bev Dick.