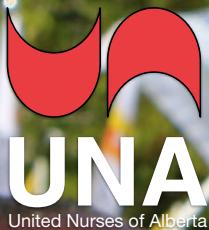


# News Bulletin

SPRING 2019 VOLUME 43, NUMBER 2



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**Editor:** David Climenhaga  
**Production:** Kelly de Jong

#### **Provincial Office**

700-11150 Jasper Avenue NW  
Edmonton AB T5K 0C7  

780-425-1025/1-800-252-9394  
f 780-426-2093



#### **Southern Alberta Regional Office**

300-1422 Kensington Road NW  
Calgary AB T2N 3P9  
p 403-237-2377/1-800-661-1802  
f 403-263-2908

[www.una.ca](http://www.una.ca)  
[nurses@una.ca](mailto:nurses@una.ca)  
[facebook.com/unitednurses](http://facebook.com/unitednurses)  
[twitter.com/unitednurses](http://twitter.com/unitednurses)

#### **Executive Board**

**President:** Heather Smith  
h 780-437-2477 w 780-425-1025

**1<sup>st</sup> Vice-President:** Jane Sustrik  
c 780-915-8367 w 780-425-1025

**2<sup>nd</sup> Vice-President:** Daphne Wallace  
c 780-991-4036 w 780-425-1025 or  
403-237-2377

**Secretary/Treasurer:** Karen Craik  
c 403-510-5163 w 780-425-1025 or  
403-237-2377

**North District:**  
Roxann Dreger Emily Lozeron

**North Central District:**  
Terri Barr Christina Doktor  
Eva Brown Jenna Knight  
Teresa Caldwell Karen Kuprys  
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**South District:**  
Sharon Gurr John Terry

#### **Directors**

**Labour Relations:**  
David Harrigan

**Finance and Administrative Services:**  
Darlene Rathgeber

**Information Systems:**  
Andrew Johnson

PUBLICATIONS MAIL  
AGREEMENT #40064422  
RETURN UNDELIVERABLE  
CANADIAN ADDRESSES TO:  
UNITED NURSES OF ALBERTA  
700-11150 JASPER AVENUE NW  
EDMONTON AB T5K 0C7

# The message for nurses in 2019 **CARE! NOT CUTS!**

■ **SUMMERTIME** is upon us and before we know it, fall will be here – bringing challenges of a sort Alberta's nurses have not faced since the mid-1990s.

The return of needless austerity to health care funding and the organizational chaos that inevitably follows it is not happy news, but it is a political reality now being confronted by nurses across Canada, not just in Alberta.

In New Brunswick, Ontario, and elsewhere on the Prairies, politicians are drawing on the same old 1990s austerity playbook – asking nurses, other health care workers, and public employees to pay a special “tax” in the form of reduced incomes and expectations to subsidize big tax cuts for corporations and the wealthy.

Here in Alberta, our provincial government has already taken steps to interfere with our provincial contract and collective bargaining for our 2019 wage-reopener.

The government says Bill 9, *the Public Sector Wage Arbitration Deferral Act*, is intended simply to delay arbitration until its “blue-ribbon panel” on Alberta’s finances reports in August. But since the panel’s chair has already written a report calling for legislated 2-per-cent wage rollbacks after “consultations” with public sector unions, it’s hard to believe a genuine consultative approach as demanded by Canada’s Constitution is what the government has in mind.

Bill 9 also gives cabinet extraordinary powers to cut your salaries – and those of thousands of other public employees – just by changing regulations with the stroke of a pen. No debate; no need to consult the Legislature.

In the same time frame, we must prepare for the next round of contract bargaining.

So in this edition of NewsBulletin, you’ll find an important survey asking you what your priorities for bargaining in 2020 are. Please take the time to fill it out.

Turning to the federal election expected this fall, during the recent Canadian Federation of Nurses Unions biennial conference in Fredericton I had the privilege of taking part in a “Care, Not Cuts” demonstration on the lawn of New Brunswick’s Legislative Building with close to 1,000 other nurses from across Canada.

I reminded participants we must push back when we are confronted by highly ideological governments committed to cutting public services, reducing the scope of public health care, and privatizing whenever they can.

This makes what we do in the campaign leading up to this fall’s federal election historically important. Canada can’t afford a federal government committed to the ideology of privatization and profit above all. If that is the result of the election, we will never achieve pharmacare – so essential, and now so very close.

No one knows better than nurses what under-funding of public services and chronic understaffing in health care will do to the quality of care we can deliver.

No one knows better than we do what putting cuts ahead of care will do to our patients and their families.

So let’s make sure our politicians get the message this summer and fall: *Care, not Cuts!*

In Solidarity,

Heather Smith

President, United Nurses of Alberta

# WAGE RE-OPENER BARGAINING

UCP legislation putting UNA wage-reopener on hold called breach of contract and violation of Charter rights



## ■ THE United Conservative Party

Government has passed Bill 9, which delays collective bargaining and arbitration for tens of thousands of public employees including UNA members until the end of October.

MLAs gave the *Public Sector Wage Arbitration Deferral Act* first reading on June 13, indicating the government's intention to pass the bill as swiftly as possible. Bill 9 was expected to become law following its final passage by MLAs on June 20.

While Finance Minister Travis Toews portrayed the legislation as a mere procedural delay while the government awaits the report of its so-called "blue ribbon" panel on the state of Alberta's finances,

and claimed it does not break public-sector contracts, the bill clearly breaches both UNA's current collective agreement and the Charter rights of UNA members.

UNA's collective agreement with Alberta Health Services included a wage-reopener provision in its final year, 2019, which allowed resolution of an impasse through interest arbitration. In the event the parties went to arbitration, the agreement stated: "The arbitration hearing shall be held by no later June 30, 2019." Those conditions had been met when the government stepped in with orders to Alberta Health Services not to comply with the terms of the contract.

Bill 9 clearly amends this aspect of the collective agreement.

UNA members, including Secretary Treasurer Karen Craik and First VP Jane Sustrik, were at the Legislative Building in Edmonton to show their unhappiness with the introduction of Bill 9, and a comment by a government MLA that suggested nurses aren't true Albertans.

□ CONTINUED ON PAGE 4

UNA President Heather Smith, accompanied by other public-sector union presidents, addressed the media on June 13 about UNA's concerns with the government's plan to use legislation to override collective agreements.

When the agreement with AHS was negotiated, UNA agreed to two years of zero pay increases in return for the ability to negotiate a wage increase in 2019. So Bill 9 also strips the contract of the provision on which UNA's agreement to the previous wage freeze was based.

With final passage of Bill 9, UNA's negotiations are on hold until Halloween. By then, the government is expected to introduce legislation allowing more aggressive intervention in public-sector collective bargaining and arbitration, although the time line appears to have been designed to delay controversy until after the fall federal election.

UNA applied to the courts to overturn decisions by the arbitrator and the Labour Relations Board allowing the arbitration to be delayed beyond the date stipulated in the contract. But a technical decision June 5 by the LRB said it did not have legal jurisdiction to hear UNA's application to quash the arbitrator's ruling.

The Board said UNA must apply to the courts to overturn the arbitrator's original May 15 decision, which the union argued went beyond the powers of the arbitrator. UNA also filed a court appeal of the arbitrator's original ruling.

Those actions were followed within days by the introduction of what Opposition critics are now calling "the Bad Faith Bargaining Act" on June 13.

Analysis of the bill suggests the government could roll back wages without going to the legislature, simply by amending regulations in a closed door cabinet meeting.

UNA President Heather Smith told reporters and union members in the Rotunda of the Legislative Building that day the level of interference in collective bargaining in this bill goes further than anything done by premier Ralph Klein's government in the mid-1990s. "Even in the dark days of the 1990s, the Alberta government never reached into collective agreements and violated the constitutional rights of public-sector workers."



The legislation impacts 24 collective agreements covering roughly 180,000 public sector employees, some directly employed by the government but most by public agencies like Alberta Health Services.

Analysis of the bill suggests the government could roll back wages without going to the legislature, simply by amending regulations in a closed door cabinet meeting.

UNA and other unions will be meeting in the days ahead to chart their response to Bill 9. UNA instructed its legal counsel to review its options for challenging this breach of the contract and violation of its members' Charter rights through the courts. ■

## Small worksite negotiations continue

■ **UNITED** Nurses of Alberta is in the process of negotiating new contracts for members employed at smaller worksites throughout Alberta.

As this edition of UNA NewsBulletin went to print, locals were in various stages of negotiations for new collective agreements with Extendicare Canada Inc, Revera Long Term Care, CapitalCare, Bethany Care Society, St. Michael's Long Term Care Centre,

Salem Manor Society, Shepherd's Care Foundation, Chantelle Management Ltd., Venta Care Centre, Touchmark at Wedgewood, Agape Hospice, Canadian Blood Services, Carewest and the Good Samaritan Society.

Updates about when new agreement have been reached will be posted on the UNA website and in upcoming editions of this publication. 

## Retired UNA members can look ahead with the Alberta Retired Teachers' Association

■ **NURSES** over 55 who have been UNA members for more than two years are eligible to join the Alberta Retired Teachers' Association as affiliate members, qualifying to participate in the ARTA Retiree Benefits Plan.

The not-for-profit organization's Extended Health Care Plan provides affiliate members and their immediate families with four options for health coverage after retirement, plus other benefits.

Two of the health plans include Emergency Travel insurance for trips up to 92 days each, with no pre-existing conditions clause and no stability clause. Each health plan provides comprehensive coverage including prescription drugs, medical supplies, paramedical services, vision care, hearing aids, private duty nursing, private or semi-private hospital rooms and home care. ARTA also offers three dental care options with preventative, minor and major restorative services coverage available.

If you apply for ARTA Retiree Benefits Plan coverage within 60 days of losing employer-sponsored group health benefits, you may join without medical evidence of insurability. The plan does not have a termination age – you may continue coverage for as long as you wish to participate. Detailed information is available online at [www.arta.net/member-service](http://www.arta.net/member-service).

Additional ARTA membership benefits include regular communications through *news&views magazine*, a scholarship program for students related to ARTA members, and special discounted rates from ARTA's home and auto insurance partner. ARTA members may also participate in the Edvantage program, which provides discounts through partner agreements unique to ARTA.

If you qualify and want to find out more about becoming an ARTA member, call 1-855-212-2400. 

Detailed information is available online at [www.arta.net/member-service](http://www.arta.net/member-service).

# Alberta elects new government; new health minister appointed

By Dave Cournoyer  
UNA Communications Advisor

**Alberta politics never ceases to be interesting.**

■ **ON** April 16, 2019, the United Conservative Party was swept to victory in Alberta's provincial election by electing 63 MLAs and earning 54 per cent of the popular vote across the province. The New Democratic Party, which had governed since 2015 will form one of Alberta's largest Official Oppositions with 24 MLAs.

This election marked the first time in Alberta history that a change in government happened after one party served only a single term in government. It also marked the first time since 1993 that only MLAs from two parties were elected to Alberta's Legislative Assembly.



photo: www.alberta.ca

Tyler Shandro  
Minister of Health

The election results reflect a regional divide in Alberta politics. The UCP earned 53 per cent of the vote in Calgary and 65 per cent in the province's small cities and rural areas while the NDP earned 52 per cent of the vote in Edmonton.

Shortly after the election, Jason Kenney was sworn-in to office as the 18th Premier of Alberta and appointed his cabinet, which includes Calgary-Acadia MLA Tyler Shandro as Minister of Health and Calgary-Varsity MLA Jason Copping as Minister of Labour and Immigration. Calgary-Foothills MLA Jason Luan will report to Shandro as Associate Minister of Addictions and Mental Health.

Previous to his election, Shandro worked as a lawyer with a practice focused on administrative and municipal law. Copping was a management consultant as well as a labour mediator and arbitrator who had previously served on the Alberta Labour Relations Board.

UNA congratulated Shandro on his appointment.

"We look forward to meeting with Minister Shandro to ensure the expertise and education of Registered Nurses across Alberta is drawn upon to improve the quality of health care," said UNA President Heather Smith on April 30, 2019.

"Front-line nurses have enormous knowledge that can be used to protect and enhance the treatment of Albertans in the public health care system," Smith said. "We look forward to sharing that knowledge with Minister Shandro."

In the opposition benches, Edmonton-City Centre MLA David Shepherd will serve as health critic and Edmonton-Mill Woods MLA Christina Gray will serve as labour and immigration critic. Gray previously served as minister of labour from 2016 to 2019 in the NDP government.

Edmonton-Manning MLA Heather Sweet will serve as critic for Addictions and Mental Health.

Former premier Rachel Notley has indicated she plans to fulfill her role as Leader of the Official Opposition.

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The UCP election platform included the following campaign promises about health care in Alberta:

- Conduct an Alberta Health Services Performance Review to identify administrative savings, and move that money to front-line services
- Increase the budget of the Alberta Health Quality Council by \$1 million annually to establish more measurements and increase health care quality outcomes for patients
- Provide Albertans with increased choice of medical practitioners by increasing the number and scope of nurse practitioners in Alberta and allowing Nurse Practitioners the ability to bill directly to Alberta Health
- Expand the scope of practice of other health professionals, such as opticians, optometrists, and paramedics
- Lift the cap on midwifery services.
- Review the Connect Care contract and My Health Care Records to reduce potential duplication of services and ensure maximum effectiveness
- Modernize paper health care cards to be combined with either driver's licenses or provincial photo ID cards as a multi-use Personal Identification Card
- Save \$200 million by stopping the plan to buy laundry machines for AHS by maintaining more efficient, competitive contracting for these services
- Save \$640 million by cancelling the Edmonton 'Superlab'
- to "...cut surgical wait times, make major investments to reverse Alberta's opioid crisis, support mental health, and improve both primary and palliative care for Albertans."
- Maintain or increase health spending and maintain a universally accessible, publicly funded health care system
- Reduce surgical wait times to no more than four months in four years by replicating elements of the Saskatchewan model for health care reform, the Saskatchewan Surgical Initiative (SSI).
- "...respect the spirit of the Chaoulli decision (which legally only applies to Quebec) by establishing an ambitious goal of reducing those waiting for more than three months for surgery by 75 per cent by the end our first term."
- Invest \$40 million over four years to launch an Opioid Response Strategy that expands support for opioid treatment centres to deal with wait times and increases access, including additional detox beds, mobile detox programs, and funding a new Virtual Opioid Dependency Program
- Establish a dedicated Opioid Enforcement Team within the Alberta Law Enforcement Response Team to target aggressive investigation and disruption of opioid manufacturing and dealing at a cost of \$10 million over four years
- Expand Drug Treatment Courts, including new ones outside of Calgary and Edmonton, with an investment of \$20 million over four years
- Work with physician groups to understand what more can be done to reduce the prescription of powerful opioid drugs that have a high incidence of addiction and ensure general practitioners have training in opioid replacement therapy



photo: www.alberta.ca

**Jason Copping**  
Minister of Labour  
and Immigration

"Front-line nurses have enormous knowledge that can be used to protect and enhance the treatment of Albertans in the public health care system."

- Heather Smith

# UNA's Jane Sustrik receives AFL'S INTERNATIONAL WOMEN'S DAY AWARD FOR 2019

■THE second day of last month's 2019 biennial Alberta Federation of Labour biennial convention in Calgary closed with honours for United Nurses of Alberta First Vice-President Jane Sustrik, who received the Federation's 2019 International Women's Day Award.

"Jane has made a career of fighting for her co-workers," UNA President Heather Smith said in her nomination letter. "She has fought not just for their rights in the workplace, but, for the ability of Registered Nurses to work in a professional and responsible manner that protects the rights and safety of their patients."

"As a representative of a profession dominated more than 90 per cent by women, her fight for workers' rights is by definition a fight for women's rights," Smith said.



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Naturally, a major theme of the high-energy four-day event attended by about 300 delegates from throughout the province was the likely impact of the change in government in Alberta for working people and their rights.

Delegates heard economist Jim Stanford dismantle prevailing narratives about the problems of the energy industry. “Every time there’s a crisis in this industry, which seems to have boom and bust built into its DNA, the politicians and the captains of industry find someone else to point the finger at, other than themselves.”

“The reality is, none of those scapegoats were the problem. This is the problem: We’re riding an economy that at this stage is a roller coaster and instead of every time you get to the bottom of the roller coaster saying, ‘Geeze, I feel sick, let’s go back up to the top,’ you might want to think about how you’ve organized your economy and see if there’s another way to do this.”

The day will come when the rest of the world doesn’t want Alberta’s oil any more, Stanford warned, “and we’d better think about that problem. And raging against environmentalists is not going to help.”

Opposition Leader Rachel Notley also addressed the convention, her first major public remarks since her NDP lost the April 16 election to Jason Kenney’s United Conservative Party. She warned the new government is “preparing excuses to proceed with cuts to the programs that regular families rely on.”

She described Mr. Kenney’s objective as being “just to cover up the actual hole that he plans to blow in the budget when he gives a massive \$4.5-billion corporate tax cut.” That, she continued, “will cost each and every one of us in

our health care, our education, and our infrastructure.”

Other speakers included journalist and University of Alberta Professor Russel Cobb, American Federation of Labour Wisconsin President Stephanie Bloomingdale, Canadian Labour Congress President Hassan Yussuff, energy industry analyst Markham Hislop, and John Max Smith, the son of Britain’s Harry Leslie Smith, who for the past 10 years has promoted the importance of preserving the welfare state to maintain our democracy.

The biennial convention closed with the re-election by acclamation to another two-year term of Gil McGowan and Siobhan Vipond as President and Secretary-Treasurer of the AFL. ▶



Markham Hislop



Jim Stanford



UNA delegates attending the AFL Biennial Convention.

# ONE IS TOO MANY

## important thoughts for UNA members about the Day of Mourning, 2019

By Dewey Funk  
UNA, OH&S Advisor



MLA Joe Ceci speaks at the Day of Mourning ceremony in Calgary



UNA Secretary-Treasurer Karen Craik.

■ ***ONE is too many.*** This was the theme United Nurses of Alberta emphasized this year on the National Day of Mourning.

The National Day of Mourning has been observed each April 28 in Canada since 1991, a year after passage of the Workers Mourning Day Act by Parliament. It commemorates working people who have been killed, injured or suffered illness from workplace hazards and occupational exposures.

At UNA, we realize health care is different from most occupations when it comes to protecting workers from the dangers of their work. This is because in addition to expected workplace hazards, nurses' work requires a high degree of physical work with patients.

When people enter the health care system as patients, they naturally experience fears and emotions, as do their friends and family members. Many of us feel we have lost control when we or a loved one is in a health facility. This can lead

to emotionally charged reactions and, sometimes, potential for violence.

This helps explain why injuries to health care workers are so high compared to most other occupations. Health care workers' lost-time claims and no-lost-time claims accepted by the Workers' Compensation Board have been increasing. All categories of injury – exposures, musculoskeletal injuries, slips, trips, falls, and workplace violence – increased in the health care sector between 2015 and 2017.

We know from 2017 Workers' Compensation Board statistics that workers in the predominantly female health care sub-sector have the highest rate of accepted workplace violence claims. WCB statistics indicate health care workers are 70 times more likely to have an accepted WCB claim resulting from violence than in the predominantly male mining, manufacturing and construction sector.



## So, what does *One is too Many* mean when so many injuries are occurring?

Health care workers are now getting the message their injuries must be reported. The increase in injury reporting has been shown through employer tracking systems. Only by reporting injuries can we ensure changes in workplace practices occur that lower injury rates.

There has also been increase in reports to UNA of weapons use, violence and sexual assault.

Meanwhile, recent research by the Canadian Federation of Nurses Unions suggests 70 to 80 per cent of all violence faced by nurses is never reported. In a 2017 discussion paper entitled *Enough is Enough*, CFNU pointed to short staffing, inappropriate placement of patients, inadequate or inaccessible security, lack of secure rooms for patients in emergency departments, lack of mental health beds at designated facilities, and inadequate communications protocols and practices as risk factors.

At last year's Day of Mourning ceremony in Edmonton, UNA, the Health Sciences Association of Alberta and the Alberta Union of Provincial Employees called for an end to violence in health care. UNA President Heather Smith said security must be on site at every urgent care centre in Alberta.

Alberta Health Services responded by hiring more security in some locations and placing more mobile security units in rural Alberta. More sites can now access security assistance to deal with aggressive patients. But many areas still do not have access to timely security. More must be done to ensure safe workplaces for UNA's members and other health care workers.

When one of our members is injured because access to security is not timely, that is *one too many*.

Every time one of our members is injured because of faulty equipment, short staffing, or unsafe working conditions, *that is one too many*.

UNA calls on each of you to reflect on the dangers of your job and remember you are an important person. UNA does not want you to be a statistic we mourn next year on April 28. When you go to work, work safe – your partner, spouse, children and family all want you to come home safe and uninjured.

### Occupational Health and Safety Facts about workplace violence claims

Alberta Workers' Compensation Board statistics show:

- The rate of workplace violence claims in the Health, Government & Education Sector is at least 40 times higher than in each of the Mining, Manufacturing and Constructions Sectors.
- In health care alone, the rate of workplace violence claims accepted from the predominantly female Health Care Sub-Sector is more than 70 times the rate of workplace violence claims in the predominantly male Mining, Manufacturing and Constructions Sectors.
- Workers in the Health Care Sub-Sector have the highest rate of workplace violence claims accepted by the Alberta Workers Compensation Board
- The rate of workplace violence claims for workers in the Health, Government & Education Sector who do not work in health care is less than two-thirds the rate of for workers in the Health Care Sub-Sector. 



UNA OH&S Advisor  
Dewey Funk

Contact your OH&S Committee representative to bring your concern to the attention of the OH&S Committee. You are also welcome to contact me directly, or your LRO.

# UNA continues bid to ensure members are PAID AT APPROPRIATE RATE FOR OH&S COMMITTEE WORK

■ **ALBERTA** Health Services continues to pay many members of United Nurses of Alberta at a lower rate than required by provincial legislation for Occupational Health and Safety Committee work.

In mid-April, UNA took the position Occupational Health and Safety Committee work required since Alberta's current workplace safety legislation took effect on June 1, 2018, should be paid at the same rate as any other work.

In other words, work on a Joint Work Site Occupational Health and Safety Committee as defined in the legislation qualifies for overtime pay, premiums and shift differentials if justified under the normal rules of UNA's collective agreements.

Despite this longstanding position taken by UNA, an AHS safety bulletin published on April 10, 2019, contends that the collective agreement says attendance at Joint Work Site Occupational Health and Safety Committees "is always at the basic rate of pay."

Basic Rate of Pay is defined in the Provincial Collective Agreement as the step in the scale applicable to the employee as set out in the Salary Appendix, along with educational allowances and the Long Service Pay Adjustment, but not including of all other allowances and premium payments.

The Occupational Health and Safety Act says that when a committee member

attends meetings, training, or does other committee work required by the law, the member is deemed to be at work and is to be paid at the applicable rate of pay.

UNA's position is that all committee work – including attendance at OH&S meetings, OH&S training, and preparing for meetings and participating in inspections and investigations – is subject to overtime, weekend premiums, and shift differentials when the appropriate conditions outlined by the collective agreement and provincial legislation are met.

UNA filed a grievance, which is proceeding, although the change of government on April 16 casts some uncertainty about what will happen next.

UNA continues to encourage members who do OH&S Committee work at times they would normally qualify for overtime, shift premiums or shift differentials to submit that for time as they normally would.

UNA is seeking the following information: a brief description of the committee work performed; the date and time it took place; what premiums, differentials, and overtime the employee claimed; when they were denied; if overtime was requested, and the circumstances that led to the employee to qualify for overtime. For example, if the committee meeting took place after the employee's shift. If the request was denied in writing, please send a copy to your Labour Relations Officer. ✓

If you have any questions about the OH&S Act, please contact UNA Occupational Health and Safety Advisor Dewey Funk at [dfunk@una.ca](mailto:dfunk@una.ca), 780-425-1025 in Edmonton, or 1-800-252-9394 province wide.

If you have questions related to pay issues, please contact your local executive or Labour Relations Officer by calling 780-425-1025 or 1-800-252-9394 north of Red Deer or 403-237-2377 or 1-800-661-1802 in Southern Alberta.

# UNA made sure this Nurses Week Albertans remembered nurses are on their side and at their side

■ **UNITED** Nurses of Alberta marked Nurses Week 2019 with a positive advertising campaign using images of real UNA members urging Albertans to help the union ensure nurses are at their side and on their side now and in the future.

A radio message read by UNA President Heather Smith and online ads carried the message throughout Nurses Week, which is celebrated internationally on the week that includes May 12 – the birth date of Florence Nightingale, who is widely recognized as the founder of the modern nursing profession.

Each year UNA makes an effort to ensure Nurses Week is used to recognize and appreciate the contributions nurses make every day. This year's messaging reminded Albertans that as front-line health care workers, the Registered Nurses and Registered Psychiatric Nurses represented by UNA understand what health care means for Albertans.

You can listen to UNA's radio ad at [www.una.ca/996/nurses-week-2019](http://www.una.ca/996/nurses-week-2019). 



Photos: Facebook



Nurses week events at UNA Locals.

## High Level evacuated as fires burned close in May

■ **THE** entire community of High Level was evacuated in late May, including 20 patients and long-term-care residents at the Northwest Health Centre, as the Chuckegg Creek Fire burned close to the northwest Alberta community.

Patients and residents from the hospital were flown to facilities in Grande Prairie and Peace River.

In all, more than 4,000 people were ordered to evacuate their homes in the region about 750 kilometres northwest of

Edmonton. The bulk of the evacuees came from High Level and the nearby First Nation at the Bushe River Reserve.

During the emergency, Alberta Health Services pledged that employees from the hospital displaced by the fires would be paid until they could return to work. This included full time, part time and casual staff, the health agency said.

United Nurses of Alberta was informed by AHS that in addition to regularly booked shifts, the paid

time applies to casual employees with pre-booked shifts and part time employees with pre-booked additional shifts.

At the time of the announcement, AHS said it would provide seven days of paid leave of absence in hopes its employees are able to return to their homes within that time frame.

Residents have since been able to return to their homes in the community. 



# PROVINCIAL WORKSHOPS

## have been revamped with offerings in all Districts

■ ARE you looking to further your union education? UNA's Provincial workshops have been revamped with offerings in all Districts.

To register, sign into DMS and navigate to the "Events" section. Please check course descriptions to determine eligibility.

### Workshops for General Members:

- **Know Your Rights** – In this workshop, UNA members will learn about the structure and role of their union, how to identify types of workplace concerns, and what problem-solving processes are available. This workshop is open to new or newly engaged UNA members. It is not provincially funded for Local Executives and is not eligible to be retaken with provincial funding.
- **Dealing with Abuse** – This workshop is designed to provide participants with an understanding of the various types of workplace abuse and teach them that abuse in any form is unacceptable. This workshop is open to all members and is not eligible to be retaken with provincial funding.

### Workshops for Local Executives, Unit/Office Representatives, & Committee Members

- **Engagement & Support** – This workshop is provincially funded for Unit/Office Representatives and Local Executives except for those who previously completed the old "member engagement" workshop.
- **PRC** – This workshop is open to Local Executives and PRC

Committee members and is not eligible to be retaken with provincial funding.

- **OH&S Basic and Advanced** – These workshops are open to OH&S Committee members and Local Executives and is eligible to be retaken with provincial funding if participants took an older version.

### Workshops for Local Executives

- **How to Run a Local Administration** – This workshop is open to Local Executive members and is not eligible to be retaken with provincial funding.
- **How to Run a Local Finance** – This workshop is open to all Local Executives and is not provincially funded for those who attended the previous Treasurers' workshop.
- **How to Run a Local Labour Relations** – This workshop is open to Local Executives and is provincially funded even for those who took the previous Grievance workshop.

For more information, contact UNA Educator Tara Forbes at [tara.forbes@una.ca](mailto:tara.forbes@una.ca)

# Rising health care violence warrants national action



■ CANADA'S Parliamentary health committee recently began a historic study into the rampant violence against health care workers. This is first time the issue will be examined by the federal government.

The stories MPs hear may shock them.

This past March, a New Brunswick nurse was brutally attacked by a patient's spouse who pulled out clumps of her hair, and left her with a two black eyes and a severely injured nose.

In January, a nurse was attacked in Ontario, suffering a skull fracture and brain bleed. In the same facility, described by staff as "bursting at the seams," 170 violent incidents were reported between April and December 2018.

A 1,200-per-cent increase in meth-related hospital visits in Manitoba over five years has contributed to a dramatic increase in violence. Hospitals in Winnipeg saw double the number of incidents in January 2019 compared to the previous year.

These stories are part of a rising tide of violence against health care workers in Canada.

A staggering 61 per cent of nurses reported a serious problem with violence over 12-months and two-thirds considered leaving their jobs, according to a national survey. As high as high as these numbers seem, most cases remain unreported.

Violence not only causes profound suffering for front-line workers, it also costs our health care system. The rate of increase in violence-related lost-time claims was three times higher for health

care workers than for police and correctional officers combined, over a 10-year period. In Ontario alone, health care workers collectively missed about 25,300 days of work, or more than 69 years, due to workplace violence and harassment in 2016.

While health care is often considered a provincial matter, the crisis of violence is national in scope, and requires federal action to address its root causes.

The Parliamentary study follows concerted efforts by nurses' unions to bring national attention to the pervasive violence we face on the job – to call a "Code White" as we do in hospitals when a violent incident occurs. The study is an important opportunity to have our voices heard, and to help define a clear role for the federal government.

But what exactly should that role be?

As any nurse can tell you, short staffing is at the core of the violence crisis. An international study found that, compared to 10 other high-income countries, Canada was in the bottom three in number of nurses to population.

Understaffing of hospital units, long-term care facilities and home care services – even as workers are caring for more and sicker patients – leaves patients and their families frustrated and nurses vulnerable. Combined with weak security protocols, the violence crisis is the outcome of years of funding and nurse staffing shortfalls.

Canada's nursing shortage cannot be resolved in a piecemeal fashion. We need federal leadership to address this issue with a comprehensive national study into health human resources planning.



By Linda Silas  
President, Canadian Federation of Nurses Unions

Linda Silas is a nurse and president of the Canadian Federation of Nurses Unions, representing nearly 200,000 nurses and student nurses across the country.

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## CFNU BIENNIAL CONVENTION

# Canada's nurses delivered a powerful message in Fredericton

■ **ON** June 7, nearly 1,000 nurses from across Canada delivered a powerful message to politicians in all provinces when they marched through the streets of Fredericton chanting "Choose Care, not Cuts!"

The nurses, mostly delegates to the Canadian Federation of Nurses Unions' four-day biennial convention in the New Brunswick capital, marched through the city to the provincial Legislature Building where they engaged in a spirited demonstration demanding an end to the ongoing assault on public health care in Canada.



The ruckus attracted numerous provincial politicians from inside the building, including New Brunswick's Conservative premier, Blaine Higgs, who wandered through the crowd and traded good-humoured barbs with members of the throng. Many residents of the city of 58,000 people said it was the biggest demonstration they'd ever seen.

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Scenes from the 2019 CFNU Biennium in Fredericton - including UNA's huge delegation.



## CFNU BIENNIAL CONVENTION



From Left to Right: CFNU President Linda Silas, Bread & Roses Award winner Daphne Wallace, CFNU Secretary-Treasurer Pauline Worsfold, and UNA President Heather Smith.

# CFNU honours retiring UNA Second VP Daphne Wallace WITH BREAD & ROSES AWARD

**UNITED** Nurses of Alberta Second Vice-President Daphne Wallace received the Canadian Federation of Nurses Unions' prestigious Bread & Roses Award at the national organization's biennial convention in Fredericton on June 6.

Other Bread & Roses Awards went to safe blood supply advocate Kat Lanteigne, executive director of BloodWatch.org, and Mona O'Shea, president of the Prince Edward Island Nurses Union.

"Every one of us is inspired by the work of these tireless advocates for the safe, fair and public health care system that all Canadians deserve," CFNU President Linda Silas told the convention.

Wallace began her nursing career in St. John's, Nfld., and was a union activist within weeks. After working as an RN and union ward representative in Nova Scotia and British Columbia, she came to Alberta in 1990 where she has been active in her union ever since, holding office at every level until her election as Second VP in 2013.

Wallace plans to step down and retire after UNA's 2019 Annual General Meeting in October.

The CFNU Bread & Roses Award is given annually by CFNU to honour outstanding contributions to policy, decision-making, patient advocacy and raising public awareness of issues important to nurses. 



□ CONTINUED FROM PAGE 16

## CFNU BIENNIAL CONVENTION

UNA President Heather Smith told the crowd: "Like CFNU members in Ontario, and here in New Brunswick, and elsewhere on the Prairies, many of us are having to learn to live with new highly ideological governments that are deeply committed to cutting public services, to reducing – not expanding – the scope of public health care, and to privatizing whatever they can."

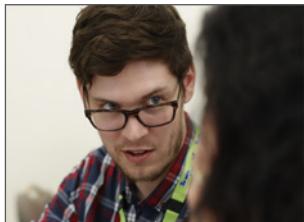
"No one knows better than nurses what under funding of public services and chronic understaffing in health care settings will do to the quality of care we can deliver," she said.

On June 5, delegates took part in a call to end violence in health care workplaces and a public show of support for a seriously nurse injured in an attack by a member of a patient's family in a Moncton hospital.

"This is a national problem that transcends provincial boundaries, and all levels of government have a responsibility to take measures to protect health care workers in their workplaces," CFNU President Linda Silas said.

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More scenes from the 2019 CFNU Convention





## CFNU BIENNIAL CONVENTION

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During the convention, CFNU also released a new discussion paper on the health impacts of climate change and the role of professional nurses addressing them that called on nurses to meet practical challenges by preparing for extreme weather events, planning for emerging patient needs because of climate change, and encouraging green initiatives at work.

The paper also urged nurses to take potentially more controversial actions, including helping educate patients and the public about climate science, calling

for federal and provincial actions to reduce and eliminate emissions, and demanding that Canada meet its obligations under the Paris Agreement.

CFNU convention delegates were told the organization has rolled out a new website for the upcoming fall federal election campaign, *StopPretending.ca*. The site, which is aimed at nurses and members of the public, hosts tools that make it easy for users to advocate to candidates and officials of all parties about the urgent need for Canadian governments to invest in the country's health care system. 



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We must also build safer workplaces by implementing measures that have demonstrated success. Targeted federal funding could enhance protections for health care workers through violence prevention infrastructure and programs, drawing on established best practices, including security training (with legislated minimum standards) and resources, communication devices, training for staff, and risk assessments.

These actions need to be backed up by accountability measures. This is why nurses' unions support Bill C-434, introduced by NDP MP Don Davies, which seeks to amend the Criminal Code to make assault of a health care worker an aggravating circumstance for sentencing.

The promotion of the existing Westray law among Crown prosecutors could also help to hold grossly negligent employers more accountable for the serious injury or death of employees.

Finally, we need standardized Canada-wide data collection on incidents of workplace violence in health care to make sure we are effective and applying our finite resources to proven solutions.

There's no magic way to end violence in health care. But through evidence, and national action, Canada can make major strides toward creating a healthier and safer health care system for everyone.

Nurses are calling a Code White, and it's time for Canada to respond. 

# Advisory Council on Pharmacare issues definitive verdict: PUBLIC UNIVERSAL PHARMACARE IS THE ONLY OPTION FOR CANADA

THE final report of the Advisory Council on the Implementation of National Pharmacare, issued on June 12, strongly recommended an end to the current costly and dysfunctional patchwork system of coverage in favour of a single pharmacare system that covers all Canadians.

Linda Silas, president of the Canadian Federation of Nurses Unions, called the report “a victory for Canadians.”

“The ball is now in the Trudeau Government’s court to make this a federal election priority and to move as fast as possible toward full implementation,” she said in a statement.

Public support for pharmacare is very high among Canadians, with recent Environics public opinion polling showing support for public coverage of prescriptions, “the same way that doctors and hospitals are covered,” at 84 per cent across Canada.

“This report closes the debate about the best model of pharmacare for Canada,” Silas said. “The answer is definitive: Canada needs a public universal pharmacare plan with a comprehensive formulary, and nothing less.”

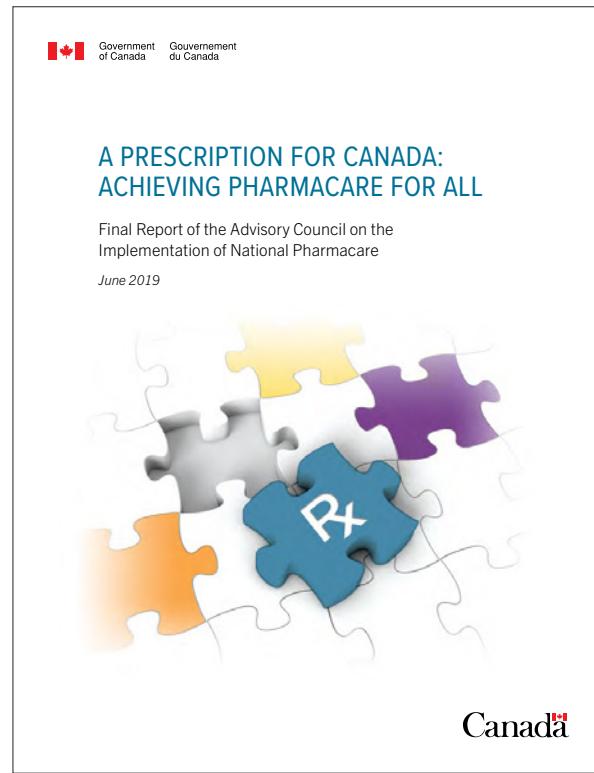
The grave consequences of Canada’s current fragmented system of drug coverage are well understood. A 2018 report commissioned by CFNU found that thousands of Canadians die prematurely and up to 70,000 older Canadians suffer avoidable health deterioration every year

because they can’t afford the high cost of prescription medication. In addition, the Parliamentary Budget Officer conservatively estimated this model would save Canadians a minimum of \$4.2 billion annually.

Although over an eight-year timeline, the Advisory Council’s final report has called for the implementation of a pharmacare program similar to that of the Consensus Principles endorsed by a national coalition of more than 80 organizations including United Nurses of Alberta and CFNU from every region of Canada. 

“This report closes the debate about the best model of pharmacare for Canada.”

- Linda Silas



# UNA awaits Labour Relations Board ruling in first phase of application to REPRESENT NURSE PRACTITIONERS

■ **UNITED** Nurses of Alberta is awaiting the result of an Alberta Labour Relations Board hearing into whether Alberta legislation that prevents Nurse Practitioners from joining a union is a breach of the Canadian Charter of Rights and Freedoms.

The Alberta exclusion resulted from amendments to the Labour Code put forward by the Progressive Conservative Government and passed by the provincial Legislature in 2003

The Board held its second hearing into UNA's application seeking a determination it can represent Nurse Practitioners on April 8.

UNA argued the portion of the Alberta Labour Relations Code preventing Nurse Practitioners from seeking union representation violates the freedom of association provision of the Charter. No date for the decision has been set by the Board.

When the results are made public, UNA's application will move into its second phase if the union was successful with its arguments in the first stage.

The ALRB will then have to determine whether NPs are employees – as opposed to managers – and if so, which bargaining unit should represent them.

Applicants with UNA are Nurse Practitioners Jessica Wakeford and Rochelle Young. Wakeford and Young, as well as UNA Labour Relations Director David Harrigan, testified before the Board at a hearing in late February.

UNA argues that since it holds a certificate with the ALRB for "all employees when employed in direct nursing care or nursing instruction" by Alberta Health Services, employees of AHS who are Nurse Practitioners doing direct nursing or nursing instruction are therefore members of UNA's bargaining unit.

UNA's request for determination notes that in no other Canadian jurisdiction are Nurse Practitioners precluded from union membership under the provincial labour code or from participating in collective bargaining. The Alberta exclusion resulted from amendments to the Labour Code put forward by the Progressive Conservative Government and passed by the provincial Legislature in 2003.

UNA also argues it has a strong community of interest with Nurse Practitioners because of its long history of representing Registered Nurses and Registered Psychiatric Nurses, the similar educational requirements of RNs and NPs, the fact members of both medical professions must register with the same regulatory college, and because NPs must first be RNs. In addition, UNA represented Nurse Practitioners before they were excluded from union membership under the Labour Code.

UNA's request for a determination arises from the concern that with union representation Nurse Practitioners can safely raise issues with AHS about client care.

AHS employs more than 300 NPs in hospitals, home living, facility living, supportive living, palliative care and as members of Emergency Community Urgent Response Teams. ■

# Local 301 resolves numerous PRCs at Edmonton's University Hospital



■ **LOCAL** 301 at the University of Alberta Hospital reports significant movement on resolving numerous Professional Responsibility Concerns in Adult Mental Health Services at the Edmonton hospital's Emergency Department.

Starting in April 2018, United Nurses of the Alberta members in the department wrote PRCs about a variety of issues, including insufficient baseline staffing (fewer than three RNs or RPNs on all shifts), inadequately trained security staff from a private contractor, poor design and layout of the department, and high numbers of emergency inpatients.

These concerns resulted in staff frequently missing breaks, delayed or incomplete patient assessments, inadequate monitoring of patients on security/patient watch, regular use of the assistant head nurse to provide patient care, high levels of moral distress among staff, and staff reporting feeling unsafe when they come to work, Marie-Therese Mageau, Local 301 President said.

Despite collaborative discussions with the department's management, UNA members in the Local were unable to get a resolution. As a result, the Local advanced its members' concerns to the Senior Leader, Mark Snaterse, the Edmonton Zone's Executive Director of Addiction and Mental Health. Local PRC officials and staff met Snaterse on October 5 and December 21, 2018, in an effort to resolve the concerns.

The discussions were transparent, respectful and collaborative and, as a result, the following actions were taken to resolve PRCs in the department:

- Permanent funding was found for 3RN/RPNs on all shifts
- Funding was found for a staffing clerk position
- Program management and Provincial Staffing Services worked together to cross-train more casuals for a relief pool for the University Hospital and the Royal Alexandra Hospital
- The practice of pulling Adult Mental Health RN/RPNs to other parts of the Emergency Department was discontinued
- Frequently prescribed medications were added to the Pyxis machine closest to the department
- Mirrors were installed to eliminate blind spots in the department
- Access to Anderson Hall and Psychiatric Day Hospital at Alberta Hospital was opened 24/7 to help cope with mental health emergency inpatient numbers in the Edmonton Zone

As a result, Local members are now confident all problems in the department can be resolved.

The discussions  
were transparent,  
respectful and  
collaborative

# UNA members find inspiration on ORTHOPEDIC SURGERY

Laureen Hart



Jean Jordan on left



■ **NURSES** learn that orthopedic surgery can sometimes be an almost miraculous gift, wrote Local 301 member Laureen Hart of her role as a member of the 60-member Canadian orthopedic team that travelled to Cuenca, Ecuador, earlier this year.

But to have the opportunity to perform hip and knee surgeries for citizens of a country that lacks Canada's advanced health care system was both eye opening and inspiring, the UNA International Solidarity Fund grant recipient remembered in her report to the union.

"The pleasant and endlessly appreciative people that I had the joy of meeting

on clinic day truly moved me," the University of Alberta Hospital nurse said. "Due to poverty and limited access to medical services, most had lived with pain and varying degrees of physical disability for years."

Local 121 member Jean Jordan agreed, noting that "the idea of being physically able to work, and provide for one's self and one's family, does not seem unrealistic from our perspective. But for these people, these surgeries are life changing."

Arriving in February, the team set to work on Day 1 converting a floor of the hospital in Cuenca into "a Canadian hospital," Hart recalled. Thereafter, they got to work triaging about 300 potential

# MISSION TO ECUADOR



patients, many of whom had travelled long distances in hopes of receiving treatment.

"For the next six days, we worked 10-hour shifts at the hospital, preparing patients for surgery, assessing and assisting them post-operatively, providing discharge teaching to them and their families, and promptly sending them on their way," she wrote. "In Canada, the median length of stay in hospital for a hip or knee replacement is 3-4 days. These patients were expected to be out the door by noon the following day."

"The physio team works tirelessly to ensure the patients get up quickly after

surgery, and are given proper discharge instructions," observed Jordan, whose role was as a recovery room nurse and for whom this was the fifth mission to Ecuador.

Both expressed their gratitude for the opportunity, and their admiration for the Ecuadorian people they treated.

"I hope to return to Ecuador many more times," Jordan wrote. "The country is beautiful, the work rewarding, and the culture is truly amazing. We have so much to learn from one another, and I feel I have only just begun my education. 🌺"

*"The pleasant and endlessly appreciative people that I had the joy of meeting on clinic day truly moved me."*

- Laureen Hart

# UNA and AHS tentatively resolve issues arising from employer's unilateral introduction of new leave policy

■ **AFTER** a resolution conference at the Alberta Labour Relations Board on May 16, a tentative resolution was reached to important concerns about union representation and bargaining that arose early this year from a unilateral decision by Alberta Health Services to introduce a new Living Donor Wage Replacement Policy affecting employees including United Nurses of Alberta members.

While United Nurses of Alberta supported the principle behind the AHS decision to grant up to 12 weeks of paid leave of absence to employees who volunteer to donate organs or tissue, the manner the program was introduced on January 18, 2019, created issues that needed to be resolved.

UNA therefore filed an Unfair Labour Practice complaint on April 23 asking

the Labour Relations Board to apply remedies to allow the policy to be implemented.

After the May 16 resolution meeting, the parties tentatively agreed to the following actions:

- AHS will send a letter acknowledging their unilateral action breached the Labour Relations Code, the Collective Agreement, and UNA's exclusive representation of its members.
- AHS will meet with UNA to negotiate a Letter of Understanding to bring the Living Donor wage replacement into the Collective Agreement.
- No changes to that agreement will be permitted without the union's agreement. ■

Long-time UNA activist Denise Palmer was presented with a Lifetime Member Award from the Calgary and District Labour Council. Denise has been active in UNA, as well as the Alberta Federation of Labour Women's Committee and the CDLC Executive. She is shown to the right with CDLC President Alex Shevalier.

UNA Secretary-Treasurer Karen Craik, President Heather Smith, Denise Palmer, and Second Vice-President Daphne Wallace



## Part-time Employees have right to reschedule when their scheduled day falls on a named holiday

# KNOW YOUR Rights



Report from  
Director of Labour Relations  
**David Harrigan**

■ **PART-TIME** Employees have the right to request to reschedule a scheduled day that falls on a named holiday.

Under Article 18.03 (c) of the current UNA Provincial Collective Agreement (which is amended in Article 30 of the Agreement) “where a part-time Employee is not scheduled to work on what would otherwise be a regular work day directly as a result of a Named Holiday, those hours may, at the request of the Employee, be rescheduled in the Cycle of the Shift Schedule.”

This means an Employee may choose whether or not to make a request. If the Employee makes a request then the hours must be rescheduled in the Cycle of the Shift Schedule. This provision gives employees the option of adding an additional shift somewhere else during the impacted week and avoids a reduction in pay for that pay period.

For those Employees who do not make a request to reschedule the shift, they receive an additional 5 per cent pay in lieu of the paid time off for a named holiday provided to a Full-time Employee. 

## Employer must indicate denial of vacation requests in writing

■ **ARTICLE** 17.03 of the UNA Provincial Collective Agreement states that all vacation earned during one vacation year shall be taken during the next following vacation year at a mutually agreeable time.

At most UNA sites, the Employer must inform the employee of approval or denial of their requests on the vacation planner by April 30.

Under Article 17.03 (b) (ii) the Employer must indicate approval or denial of the vacation request in writing within 14 days of the request.

In addition, it is management’s job to find a replacement. The vacation planner is intended to assist the Employer with that task. So Employees should not be required to find their own replacement in order to have their vacation approved.

If there is a delay in the approval beyond the deadline, or if the employer says it is pending, the employee should consider their vacation denied and initiate a grievance immediately.

Grievances should be filed within 10 days (excluding weekends and named holidays) of April 30 or from the day you were informed of vacation decisions, whichever is earlier. 

For more information, members are encouraged to contact their UNA local executive or their UNA Labour Relations Officer at 1-800-252-9394.

# Nurses advocate for your safety all year round.

**Nurses face some of the highest rates of workplace violence in Alberta.**

United Nurses of Alberta continues to press for protection for the more than 30,000 Registered Nurses, Registered Psychiatric Nurses, and allied health workers represented by our union - and for our patients, residents, clients and their families and friends.



**UNA**  
United Nurses of Alberta