

News Bulletin UNA

FALL 2019 VOLUME 43, NUMBER 3 United Nurses of Alberta

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Retiring UNA activist Jane Sustrik, who became Second Vice-President 20 years ago in 1999, and First VP in 2013.

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This fall, Alberta's nurses will require **DETERMINATION AND SOLIDARITY, COURAGE AND CLEAR VISION**

■ **FALL** is traditionally the beginning of a new season of work for most Canadians. Some people even argue Labour Day marks the “Real Canadian New Year”!

For most of us, new projects begin at work after summer vacations have wrapped up. Students return to school and university. At UNA, every fall there's an Annual General Meeting. Lawmakers usually get to work in a new legislative session. And, some years, collective bargaining begins in earnest and there's even a federal election!

All these things are happening this fall.

For unionized nurses in Alberta, they present us with special challenges.

Last spring saw the election in Alberta of a new government promising cuts in public funding, privatization of some health care, and a review of Alberta Health Services. Naturally, these developments alone would concern nurses and other health care workers.

Add to that the hints in the government's “Blue Ribbon Panel” report that public employees should face legislated wage rollbacks and the particular attention paid by panel members to specific language in UNA's Collective Agreement, and our level of concern naturally increases. In addition, the government has already tipped its hand by using legislation to break our current collective agreement.

The Alberta government plans a heavy legislative session starting in early October. It is bound to include laws very troubling to UNA members and other supporters of public health care.

This fall, too, there is a federal election, the outcome of which could have serious impacts on federal funding for health care, the future of essential programs like pharmacare, and even the kind of country Canada will be.

The result of the federal election will dominate the news the morning our AGM opens in Edmonton. The provincial budget, expected to contain deep funding cuts, will come down during our AGM. Delegates will be discussing the meaning of those events, and drawing on the expertise of nurses from across Canada on how to face the challenges ahead.

We live in interesting times! We have no choice but to show determination and solidarity, courage and clear vision. In the year and years ahead, UNA and its members will continue to fight for fairness, a decent society and each other.

Yes, these are challenging times. I know Alberta's nurses are up to the challenge.

In Solidarity,

Heather Smith
President, United Nurses of Alberta

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BARGAINING UPDATE:

Harrigan predicts 2020 bargaining will be the toughest in UNA's history

NEGS
2020



■ **AS** 2019 enters its last months, there's little doubt United Nurses of Alberta is embarking on the most challenging round of bargaining in its history, Labour Relations Director David Harrigan says.

The current Alberta Government has not only stated it intends to manage the province's fiscal situation in 2020 by implementing harsh austerity measures, it clearly has a strong anti-union bias, Harrigan said.

Moreover, he observed, based on the report of the "Blue-Ribbon Panel" headed by former Saskatchewan finance minister Janice MacKinnon, who was hired by the United Conservative Party Government to conduct what it called a "deep dive" into the province's finances

without considering ways to increase revenues, it seems likely Registered Nurses will be a target of the planned austerity measures.

"The MacKinnon Report suggested that the government should legislate rather than negotiate public-sector compensation," Harrigan explained. "Then it highlighted nurses' salaries, designated days of rest, overtime in UNA's collective agreements, as well as the need for 'an ability to maintain flexibility' as significant problems."

This makes little sense other than in the context of the UCP's ideological dislike of unions and their members, he said. "The MacKinnon Report was supposed to look into the province's finances.

UNA members walked information pickets like this one in Edmonton throughout Alberta after the province interfered with collective bargaining.

□ CONTINUED ON PAGE 4

NEGS
2020

2020 NEGOTIATING COMMITTEE MEMBERS

Central

Heather Venneman
LOCAL 43

Gail Pederson Todd
LOCAL 38

North Central

Lonee Rousseau
LOCAL 33

Orissa Shima
LOCAL 85

South Central

Diane Lantz
LOCAL 1

Leslie Perry
LOCAL 119

South

Melinda Skanderup
LOCAL 126

Margie Emes
LOCAL 120

North

Jan Robinson
LOCAL 17

Les Taylor
LOCAL 197



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Instead, they actually delved into specific provisions of our collective agreement like designated days of rest and overtime on named holidays worked by Registered Nurses. I doubt those are major factors in Alberta’s current economic situation!”

Harrigan also noted that the MacKinnon Report suggested a significant shift of work from Registered Nurses to Licensed Practical Nurses, as well as a move to encourage replacement of public health care facilities with private clinics.

And while the UNA collective agreement currently has a letter of understanding assuring no layoffs, that expires on March 30 next year. “This is a significant problem since this government clearly desires to move services from the public to the private sector.”

Add to this the government’s moves to break the existing three-year collective

agreement that expires in March 2020 by passing legislation to prevent wage-re-opener arbitration agreed to by UNA in bargaining in return for wage freezes in 2017 and 2018, and UNA’s 2020 bargaining committee faces unprecedented government interference in collective bargaining.

UNA’s contractually required 2019 wage-reopener arbitration dates in June were cancelled by the arbitrator the day before they were to commence. This was done at the employer’s request, as ordered by government. They were rescheduled to July.

In mid-June, the Legislature passed Bill 9, the *Public Sector Wage Arbitration Deferral Act*, which the government characterized as a mere delay while the MacKinnon Panel prepared its report on the state of the province’s finances.

□ CONTINUED ON PAGE 5

The UNA Bargaining Committee with President Heather Smith, Labour Relations Director David Harrigan and Labour Relations Officer Blair Bukmeier.



NEGS 2020

Scenes from a summer of labour relations discontent...



□ CONTINUED FROM PAGE 5

The Alberta Union of Provincial Employees sought an injunction against Bill 9, with UNA as an intervenor in the case. At the end of July, a Court of Queen's Bench Justice granted the appeal, allowing wage negotiations and arbitrations to continue.

On September 6, the Alberta Court of Appeal overturned the injunction, permitting Bill 9 to be implemented.

Now new arbitration dates have been set for November 22 and 23 — *after* UNA's long-scheduled demand-setting meeting for the 2020 round of bargaining on November 19, 20 and 21, when UNA members won't even know what their rate of pay coming into the 2020 negotiations will be.



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In addition, when the MacKinnon Report was released on September 3, it recommended that the government ignore collective bargaining and impose contracts, including wage rollbacks, using legislation.

If the government introduces wage freeze or rollback legislation, UNA may not have arbitration at all.

“Welcome to the Twilight Zone,” Harrigan commented dryly.

Much is said by the provincial government about how Alberta nurses are paid more than nurses in other parts of Canada, he said. “Why is anyone surprised? Average weekly earnings are 15 per cent higher than in the next provinces.”

Harrigan noted that the MacKinnon Panel cherry-picked examples of where Alberta nurses have a better deal and ignored examples where nurses in other provinces do better.

“This is why I say I expect this to be the most difficult round of bargaining in UNA’s history,” Harrigan concluded. 🍷

challenge 2019 AGM



UNA Annual General Meeting set for October 22-24 in Edmonton

■ **UNITED** Nurses of Alberta’s Annual General Meeting is set for October 22 to October 24 at the EXPO Centre in Edmonton. There will be contested elections for both first and second vice-president positions this year, as both First VP Jane Sustrik and Second VP Daphne Wallace are retiring.

The theme of this year’s AGM: *Challenge!*

More than 1,000 UNA delegates, observers, staff members and others from throughout Alberta are expected to participate in the union’s most important business meeting of the year.

Members interested in attending the AGM as delegates or observers who have not already made arrangements will need to speak with their Local executive. Members attending for the first time are urged to attend the orientation that will take place on the morning of October 22.

With bargaining getting under way in the New Year and the UCP Government dropping hints that legislated wage rollbacks are a possibility soon, one of the biggest challenges of 2020 promises to be negotiating a new collective agreement members can live with.

The demand-setting meeting for the 2020 round of bargaining is scheduled to take place in Edmonton November 19-21. 🍷





Flawed call-bell system fixed

thanks to Local 128's successful use of PRC process

■ **THE** circumstances described in this successful resolution of a Professional Responsibility Concern at the Redwater Healthcare Centre may ring a bell with a lot of UNA members.

In June 2018, members of Local 128 alerted site management through the Professional Responsibility Concern process that the patient call-bell system could not be heard everywhere in the hospital.

Obviously, this was a hazard for both patients and staff. This was particularly true on evening and night shifts when staffing was reduced and there were fewer people in the hospital. The problem became even more severe after 9 p.m., when the unit clerk went home, leaving no one on the desk to alert medical staff to bells and intercom pages.

Local 128 members discussed the concerns with management at regularly scheduled PRC Committee meetings over several months without getting a resolution.

With the assistance of PRC Advisor Joshua Bergman, the Local requested a meeting to discuss unresolved PRCs with the Senior Leader under *Article 36: Professional Responsibility* in the Provincial Collective Agreement, which covers Registered Nurses and Registered Psychiatric Nurses employed by Alberta Health Services.

The Local met with the North Zone's Chief Zone Officer, Greg Cummings on November 30 to discuss the matter. Dewey Funk, UNA OHS Advisor, came along to bring an OH&S perspective.

Because of commitments made by Cummings as well as additional collaborative communication with site management through regular PRC Committee meetings, the following actions were taken by the employer:

- Speaker volume was adjusted to ensure optimal volume throughout the facility
- An additional speaker was installed in the Med Prep room
- A new code blue station was installed in the Long-Term Care area

The Local considers the matter resolved. 🍷



CANADIAN
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National study to examine LOOMING CRISIS IN NURSING

■ **THE** Canadian Federation of Nurses Unions has commissioned a major study that will help governments and health care organizations tackle the shortage of nurses across Canada. The research project, which will be carried out by renowned expert Dr. Linda McGillis Hall of the University of Toronto, will use measures from the international RN4Cast study to survey nurses in all sectors about current nurse staffing levels, workload, working conditions, staff burnout and education.

“Canadians know there’s something not quite right with our health care system,” said CFNU President Linda Silas. “I know it, you know it and they know it.”

“But until we can provide lawmakers with hard data to show the magnitude of the problem – to show just how staffing shortages translate into neglected patients and poor health outcomes – it’s hard to get them to listen and take action.”

“We need to do something to get their heads out of the sand,” Silas added.

The lack of nurses has contributed to the shutdown of emergency rooms, bed closures, forced overtime and escalating workplace violence – all of which put added pressure on nurses as they try to provide the best care they can. At the same time, absenteeism is on the rise. The number of lost-time injury claims for workers in the health and social services sector continues to exceed those for all other industries, including construction, manufacturing and mining.

As a country, we’ve simply failed to invest in nurses. According to a 2018

article published in the Journal of the American Medical Association, Canada’s low nurse-to-population ratio places it in ninth place when compared to 11 other high-income countries. In Canada, there are 9.5 nurses for every 1,000 people; the average among high-income countries is 11.8.

To make matters worse, Canada’s aging population is sure to increase demand for nursing services. A 2017 report by the Canadian Institute for Health Information warns that the number of Canadians aged 75 and older is expected to double by 2037. As a group, the population of seniors (aged 65 and older) is expected to grow by 68 per cent, reaching 10.4 million by 2037.

Meanwhile, nurses too are aging; older nurses will be retiring at a time when we can just barely replace nurses leaving the profession. Data on the nursing workforce show that the number of RNs grew by just 0.5 per cent in 2017-2018. The number of new nurse graduates is also down, with most graduates taking part-time or casual positions. And since little is being done to address nurses’ poor working conditions, it certainly isn’t easy to attract new recruits to the profession.

All this amounts to a perfect storm – a looming crisis for the nursing profession in Canada.

“We know we’re on the edge of a crisis, but nurses and their unions are the only ones sounding the alarm,” explained Silas. “We need governments to wake up and pay attention.”

By Carol Reichert
and Ben René
Canadian Federation of
Nurses Unions



Dr. Linda McGillis Hall

“We know we’re on the edge of a crisis, but nurses and their unions are the only ones sounding the alarm. We need governments to wake up and pay attention.”

– Linda Silas, CFNU President

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Why pay three times for drug coverage when you could pay once?

PHARMACARE SHOULD BE AN ELECTION ISSUE

By Linda Silas and
Heather Smith

■ **ASK** any Canadian whether they'd pay three times for something if they could pay only once. It wouldn't take a genius to figure out the answer.

This federal election, voters are faced with this very choice. We can continue with a system that forces us to pay three times for prescription drug coverage or we can opt to simplify it and only pay once – through a national pharmacare program.

Nurses have been at the forefront of calls for improved pharmaceutical policy for more than twenty years. Our vision: build a better system that is more efficient and ensures access for everyone. Recent major studies by the *Parliamentary Health Committee* and an expert *advisory council* produced a conclusive verdict: a national public pharmacare plan for everyone will save money and lives.

Despite this, some politicians continue to cling to the myth that our fragmented system can be fixed with another Band-Aid solution.

Real life examples from Alberta suggest otherwise. Nurses have seen patients recover from acute illnesses, ready to be sent home with IV antibiotics that are not covered after discharge. Many times, such patients have to be kept in acute care beds for days while a hospital social worker navigates the system to ensure the prescription drugs are covered or the cost of them reduced. The cost of keeping these patients in hospital far surpasses the cost of the drugs.

Scenarios like these are common.

Millions of Canadians either do not have workplace health benefits and struggle to afford their medications.

Despite attempts by the powerful insurance and pharmaceutical industries to muddy the waters, a national public pharmacare program offers Canadians – even those with group health benefits – a better choice.

If you are like millions of Canadians who enjoy extended health benefits through your work, you may not realize that you could be paying three or more times for drug coverage.

Take, for example, a patient with diabetes who needs insulin to survive. John works full-time and receives a basic extended health benefits plan through his employer. Every two weeks, a health insurance premium is deducted from his pay cheque. To access those health insurance benefits, John must also pay a \$100 annual deductible to the insurance company.

When he goes to the pharmacy counter, the insurance covers only 70 per cent of the sticker price and he is left paying 30 per cent. Despite paying premiums every two weeks, John's plan still requires that he pay a portion of the retail price of the drugs. If John is unlucky and uses up his plan's yearly maximum of \$2,000, he has no choice but to pay 100 per cent out-of-pocket for his insulin for the remainder of the calendar year.

But that's not all. John also pays income taxes every paycheque and sales taxes on most of his transactions. These taxes cover the entire cost of his insulin whenever

□ CONTINUED ON PAGE 11



Linda Silas president of the Canadian Federation of Nurses Unions. Heather Smith is president of the United Nurses of Alberta. This newspaper commentary story was distributed to media by the CFNU.

U of A health economist thinks CANADIANS ARE FINALLY READY FOR PHARMACARE

■ **UNIVERSITY** of Alberta health economist Dr. Christopher McCabe says Canadians are finally ready to tackle the “unfinished business” of medicare – pharmacare.

“The fact that we don’t have equal access across the country to drug-based health care is not consistent with the principles that led to establishing medicare,” McCabe said in a report published by the U of A on September 18.

Canadians pay some of the highest drug prices in the world partly because insurance companies don’t co-operate to bulk purchase drugs they cover because they are in competition with one another, said McCabe.

He noted that Canada is unique in its lack of universal drug coverage among

developed countries with national health-care systems, adding that our reliance on private health insurance, usually provided as a benefit by employers, is actually higher than in the United States. About 15 per cent of Canadians have no drug coverage whatsoever.

“It creates some really strange circumstances,” he said in the story. “For example, older chemotherapies are infusions given in hospital, so they are paid for as a hospital service, while new oral chemotherapies are not automatically covered, so you may have to pay out-of-pocket if you haven’t got your own private insurance.”

McCabe is the Executive Director and CEO of the Institute of Health Economics at the U of A. 🍷



Dr. Christopher McCabe

Canadians pay some of the highest drug prices in the world.

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he is in hospital. As well, for a period two years ago, John had no income and was entitled to access a provincial pharmacare program for low-income residents only. Similar targeted public programs exist across Canada to cover, for example, seniors, veterans and Status Indians.

Doesn’t John’s job of simply paying for the drugs he needs to live seem more complicated than it could be? That’s because it is. John is paying at least three times to access the same insulin when he could just be paying once through his taxes.

Under a system of public pharmacare for all, John would never again have to pinch-pennies to afford his life-or-death medicine. That’s the peace of mind John’s

diabetic friend Claire enjoys in Scotland. Patients in the Netherlands, Sweden and New Zealand enjoy the same.

A disciplined public pharmacare system will eliminate billions in wasted health care dollars per year. The expert Advisory Council on the Implementation of National Pharmacare put the estimated annual savings at \$5 billion.

This election, Canadians have an important choice. With drug coverage on the national agenda like never before, we shouldn’t continue with our fragmented and wasteful system. We should choose to build a streamlined system that will save us billions every year while guaranteeing the equal access we all need. Let’s vote for pharmacare. 🍷



Kristen Steele with one of her patients.

Canadian Nurses for Africa mission treated more than 6,300 patients in April



■ **THANKS** to an International Solidarity Fund grant from United Nurses of Alberta, Local 423 Vice-President Kristen Steele participated in a medical mission to Western Kenya that treated literally thousands of people suffering from acute conditions, chronic diseases and the impact of serious injuries.

Over two weeks in April, 13 volunteer nurses from the Canadian Nurses for Africa organization worked collaboratively with Kenyan pharmacists, clinical officers, nurses, and community workers to offer 11 clinics in rural communities in Kenya's Kakamega and Vihiga counties, Steele noted in her report to UNA.

“Over the course of the mission we triaged, assessed, diagnosed, and dispensed medications to approximately 500 clients per day for a grand total of 6,325 individual visits,” she wrote. “Our patients ranged in age from months-old babies to adults in their 80s.”

“In addition to clinic visits, the team conducted 18 home visits for clients who were too unwell to travel, although at least one patient arrived at a clinic in a wheelbarrow,” she wrote.

The all-volunteer nurse-led national organization provides year-round follow-up treatment for patients whose conditions could not be dealt with during a single clinic. Nurses taking part in the 2019 mission came from across Canada.

Clinics also included extensive malaria testing on site, sex education classes at local schools, deworming treatments for more than 1,600 school children, and special clinics for a parasitic condition known as jiggers, carried by sand fleas, that is endemic to sub-tropical areas, Steele said. CNFA works with a local community workers who treats the condition throughout the year.

“CNFA accomplishes a lot in a short amount of time and it was a privilege to be among their volunteers,” Steele concluded her report. “We were always warmly welcomed with prayer and song by each and every community we served.

“*Asante sana* to UNA for their support!”

Local 423 represents UNA members at Carewest's Sarcee and Beddington facilities in Calgary. 🇨🇦

Photos provided by
Kristen Steele

“Our patients ranged in age from months-old babies to adults in their 80s.”

- Kristen Steele

DON'T FORGET, THE FEDERAL ELECTION IS ON OCTOBER 21

■ **DON'T** forget, October 21 is election day in Canada.

Canadians from coast to coast will be electing a federal government and whichever party you support, the stakes in 2019 are undeniably high.

Voting stations will be open from 7:30 a.m. to 7:30 p.m. in all Alberta ridings throughout the day on October 21.

Advance polls will be open on October 11, 12, 13, and 14. Visit elections.ca to find out which riding you live in and who is running in your riding.

YOU ARE ALLOWED THREE HOURS TO VOTE ON ELECTION DAY

According to the Canada Elections Act, everyone who is eligible to vote in a federal election must be allowed three consecutive hours to cast their ballot on

election day. If your hours of work do not allow for three consecutive hours to vote, your employer must give you time off.

For example, if you live in an electoral district where voting hours are 7:30 a.m. to 7:30 p.m. and you usually work from 9:00 a.m. to 5:00 p.m., your hours of work will not allow three consecutive hours for voting. To give you three consecutive hours to vote, your employer could allow you to arrive late (at 10:30 a.m.), let you leave early (at 4:30 p.m.), or give you three hours off at some point during the workday.

Employers cannot impose a penalty or deduct pay from an employee who is taking time off to vote if required by the Canada Elections Act. An employee must be paid what they would have earned during the time allowed off for voting.

The employer has the right to decide when the time off will be given, so talk to your manager ahead of time. 🍷



UNA Members participated in the Calgary Pride parade on September 1, 2019.



FEDERAL ELECTION 2019: Choose care, not cuts!



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By the Canadian Federation
of Nurses Unions

■ **OCTOBER 21** is federal election day in Canada, a crucial moment for nurses and public health care.

Crushing workloads, stressful and even violent workplaces, and the struggle of balancing this with raising kids and caring for older family members – sound familiar? Across the country, nurses and health care staff work against the odds every day to deliver the best care they can. But conditions are making it harder and harder to do right by patients.

Canada's public health care needs an upgrade. It's time to stop pretending there isn't a better way. When we choose care over cuts this federal election, we can make health care work for everyone. This is the message of the national campaign launched by the Canadian Federation of Nurses Unions to promote health care this election.

High-quality, universal, public health care is the only way we can make sure our system works for everyone. With pharmacare on the national agenda like never before, federal attention on workplace violence and safe staffing, increasing calls for better seniors care, and more, this election is a vital opportunity for us all to elect a government committed to care, not cuts.

There are five key ways candidates can commit to upgrading health care.

UNIVERSAL PHARMACARE: Millions of Canadians struggle to afford their prescription medications, and drug costs in Canada are almost the highest in the world. A national public pharmacare program could ensure universal access while saving our system up to \$11 billion every year.

IMPROVING SENIORS' CARE: A lack of appropriate care for seniors means more people end up in hospitals, adding to overcrowding and suffering. Everyone deserves to age with dignity, regardless of how much money they have.

MORE STAFF, LESS VIOLENCE: No one should go to work expecting violence. Short staffing leads to high tensions, staff burnout, and risks the safety of both patients and workers. We need better worker protections and more staff to meet patients' needs.

INCREASING FEDERAL HEALTH CARE FUNDING: Federal health care funding has failed to keep pace with inflation and growing costs. Funding must increase year over year to prevent shortfalls that squeeze provincial resources.

NATIONAL CHILD CARE: At a time when we need more nurses – not fewer – we must address the lack of appropriate and affordable child care options across Canada.

FIVE THINGS YOU CAN DO

1. Share CFNU's campaign video with your friends and family on social media.
2. Email your candidates and tell them you are voting for care, not cuts.
3. Sign up for email updates to get breaking news and analysis.
4. Talk to your co-workers, friends and family about the issues.
5. Vote for care. Advance polls are open from October 11 to 14 and Election Day is October 21. 🇨🇦

To learn more and
take action, visit
StopPretending.ca.



UNA to mark retirements of VPs Jane Sustrik and Daphne Wallace



◀ Daphne Wallace

■ **UNITED** Nurses of Alberta will bid farewell to two very familiar faces at the 2019 Annual General Meeting in Edmonton: First Vice-President Jane Sustrik and Second Vice-President Daphne Wallace have both made the decision to retire, and their departure will be deeply felt by UNA members.

“Jane and Daphne have been pillars of strength to UNA, and I am very grateful and honoured to have had the opportunity to work with both of them,” said President Heather Smith.

“Their good humour, strong commitment to UNA’s trade union principles and willingness to work hard for the benefit of all our members will be deeply missed,” Smith said.

Sustrik’s union involvement began in 1984 with her local of the Staff Nurses Association of Alberta (SNAA), only two years after she graduated from the University of Alberta Hospital Nursing School. She’s been working hard for nurses and all working people ever since, Smith said.

With her reputation for ironic wit, common-sense conciliation skills and willingness to be a team player, Sustrik has held many union positions over the years. She has been a member of local and provincial committees, SNAA’s Negotiating Committee and its Board. In 1990, she became president of the SNAA Local at the University of Alberta Hospital, the largest medical facility in Alberta. That position became a full-time job in 1992.

Those union roles continued until 1997, when she joined the committee that negotiated the successful amalgamation of

“Thank you both for your commitment and huge contribution to UNA.”

Heather Smith

with gratitude and best wishes



Jane Sustrik

UNA and SNAA. After 1999, she served on UNA's Negotiating Committee and executive, first as Second Vice-President in 1999 and since 2013 as First VP.

She has also served in many Alberta Federation of Labour posts, including as a member of its Executive, Human Resources Committee, and Restructuring Committee.

In January, Sustrik was appointed to the 10-member Board of Directors of the Alberta Workers Compensation Board by the provincial government. She expects to continue in that role after retirement. At the AFL's spring 2019 convention, she was honoured with the AFL International Women's Day Award for her commitment to the rights of women and all working people.

Wallace began her nursing career in St. John's, Nfld., and became a committed 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.

Wallace held office at most levels of UNA, becoming Second VP in 2013.

In June in Fredericton, N.B., Wallace was presented with the Canadian Federation of Nurses Unions' prestigious Bread & Roses Award at the national organization's biennial convention.

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

"I am so grateful to both Jane and Daph," said Smith. "Thank you both for your commitment and huge contribution to UNA." 🍷

What nurses need to know about their legal right to refuse dangerous work

By Dewey Funk
UNA, OH&S Advisor

How do I as a nurse invoke my right to refuse dangerous work?

What are my obligations?

What are my employer's obligations in the process?

Nurses are asking more questions about their right to refuse dangerous work.

Questions I frequently hear include: How do I as a nurse invoke my right to refuse dangerous work? What are my obligations? What are my employer's obligations in the process?

The most common question is whether a nurse even has the right to refuse dangerous work, since nurses know they are caregivers responsible for the wellbeing of the patients. Many nurses instinctively put their patients' needs first regardless of the cost to their health and safety. So making the decision to refuse dangerous work is often a struggle for nurses, as it is for workers in many fields. Nurses will see their right to a safe workplace to be at odds with the patient's right to receive care.

Nurses need to consider many factors, including their personal safety, professional obligations, the safety of others, patients, members of the public, and whether someone else has training to be safer on the job. But the answer to this key question is, yes, nurses *do* have the right to refuse unsafe work. And United Nurses of Alberta is there to assist nurses who have to take this serious step. UNA believes the decision must be evaluated and respected by everyone involved.

Many nurses worry they may be disciplined for refusing unsafe work. Neither the employer nor CARNA may discipline a worker who has legitimately refused unsafe work. UNA has successfully challenged employers on this point.

During training to become an RN or RPN the focus is on providing health care for patients and advocating for patient rights. This is so important UNA has insisted that patient advocacy be enshrined in our collective agreements through the Professional Responsibility Process.

If you believe your work has been structured so that your patients' safety and health comes at a risk to your own, you need to contact your union immediately. Your health and safety is important, and UNA can help you ensure that having a safe workplace is not mutually exclusive with providing safe patient care.

The dangerous work refusal process as outlined in Alberta's Occupational Health and Safety Act is discussed below:

Right to refuse dangerous work

31 (1) Subject to this section and section 5, a worker may refuse to work or to do particular work at a work site if the worker believes on reasonable grounds that there is a dangerous condition at the work site or that the work constitutes a danger to the worker's health and safety or to the health and safety of another worker or another person.

You have the right to refuse dangerous work if you believe on reasonable grounds the dangerous condition or the work constitutes a danger to your health and safety or the health and safety of another worker.

(2) A worker who refuses to work or to do particular work under subsection (1) shall promptly report the



refusal and the reasons for it to the worker's employer or supervisor or to another person designated by the employer or supervisor.

Should you choose to invoke your right to refuse dangerous work, you must promptly report the reason for the work refusal to your supervisor or the person designated by the employer. Faced with this situation, I advise nurses to state to the employer they are invoking the right to refuse dangerous work under the terms of the OH&S Act.

You do *not* have to file a written report first to invoke the right to refuse dangerous work. But you do have the duty to verbally report the work refusal to your supervisor or manager. Employers have been writing policies or otherwise insisting that employees must submit a written work refusal *before* the employer will consider the work refusal a formal notification. *This is not consistent with the legislation.* However, an employer may require an employee to file a written work refusal later in the process.

(3) If the employer does not remedy the dangerous condition immediately, the employer shall immediately inspect the dangerous condition in the presence of the worker, when it is reasonably practicable to do so and when the presence of the worker does not create a danger to the health and safety of that worker or of any other person, and one of the following persons, when it is reasonably practicable to do so and when the presence of that person does not create a danger to the health and safety of that person or of any other person:

(a) if there is a joint work site health and safety committee established under section 16, the co-chair or a committee member who represents workers;

(b) if there is a health and safety representative designated under section 17, that representative;

(c) if there is no committee or representative, or where no committee member or representative is available, another worker selected by the worker refusing to do the work.

Once you have reported your refusal to do dangerous work to your employer, the responsibility for remedying the situation falls to the employer.

The employer is obligated to inspect the dangerous condition in the presence of the affected worker or workers. The worker has an obligation to accompany the employer with either a Joint Work Site Health and Safety Committee member or, in the event the JWSHS member is not available, another worker selected by the employee. The employer may not choose the worker who will accompany the worker who invoked the right to refuse. This also applies during night shifts and shifts worked on weekends.

(4) The employer required to inspect under subsection (3) shall take any action necessary to remedy any dangerous condition, or ensure that such action is taken.

In the vast majority of cases, employers take corrective actions required to remedy the situation or condition in a timely fashion. This commonly includes taking broken equipment out of service or supplying personnel protective equipment to employees. However, there are occasions where the situation cannot be rectified at once.

(5) Until the dangerous condition is remedied, the worker who reported it may continue to refuse to work or to do particular work to which the dangerous condition may relate.



UNA OH&S Advisor
Dewey Funk

The employer is obligated to inspect the dangerous condition in the presence of the affected worker or workers.

□ CONTINUED ON PAGE 20

□ CONTINUED
FROM PAGE 19

A worker who has invoked the right to refuse dangerous work may also continue to refuse to do the work until he or she is satisfied the dangerous condition has been remedied.

(6) When a worker has refused to work or to do particular work under subsection (1), the employer shall not request or assign another worker to do the work until the employer has determined that the work does not constitute a danger to the health and safety of any person or that a dangerous condition does not exist.

The employer cannot approach another nurse and assign a replacement nurse to do the work immediately.

(7) Where the employer assigns another worker to do the work, the employer shall advise that worker, in writing, of

- (a) the first worker's refusal,*
- (b) the reasons for the refusal,*
- (c) the reason why, in the opinion of the employer, the work does not constitute a danger to the health and safety of any person or that a dangerous condition is not present, and*
- (d) that worker's right to refuse to do dangerous work under this section.*

If the employer assigns another worker to do the work, the employer must inform that worker of the first worker's refusal, the reason(s) for the refusal, why the employer does not believe the dangerous condition exists for the replacement worker, and the replacement worker's right to refuse.

Examples of why another worker can be assigned to do the work safely include the replacement worker having the required training for the situation where the dangerous work refusal was invoked, or

the broken equipment having been taken out of duty.

(8) On completing an inspection under subsection (3), the employer shall prepare a written report of the refusal to work, the inspection and action taken, if any, under subsection (4).

This is an employer obligation that must be completed by the employer.

(9) The employer shall give a copy of the report completed under subsection (8) to

- (a) the worker who refused work under subsection (1),*
- (b) the joint work site health and safety committee, if one exists, and*
- (c) the health and safety representative, if one exists.*

The employer is also required to complete a report and give a copy of this report to the worker who invoked the dangerous-work refusal and also to provide a copy to the JWHSC.

(10) The employer shall ensure that a report given under subsection (9) does not contain any personal information related to the worker who refused to work under subsection (1).

Personal information, such as the worker's name and address, must be kept confidential.

Finally, UNA members should remember that at any time in the dangerous-work refusal process they may call the Occupational Report Line:

- Edmonton (780) 415-8690
- Rest of Alberta (780) 415-8690

You also have the right to call your union for assistance at any time during the process, or before you make the decision to invoke a dangerous-work refusal. 🍷

YAH-EH-OO!



■ **UNITED** Nurses of Alberta volunteers served more than 1,500 burgers and hotdogs to neighbours and other members of the public on July 11 this year during the Southern Alberta Regional Office’s Stampede Barbecue.

It’s an annual event, and UNA volunteers are thrilled to celebrate Stampede and make new friends in front of SARO’s offices on Kensington Road in Calgary.

Thanks to everyone who joined us this year and to every volunteer who made the event a success. 🍷

Pictures show some of the UNA volunteers who made the 2019 Stampede BBQ a success.

UNA Secretary-Treasurer Karen Craik is in white at left.



UNA and AHS commit to consolidating and improving application of Dispute Resolution Process

■ **REPRESENTATIVES** of United Nurses of Alberta and Alberta Health Services have signed a joint commitment letter on consolidating successful practices in the application of the Dispute Resolution Process set out in Article 32 of the Provincial Collective Agreement.

Several years of work by UNA and AHS labour relations staff to improve the effectiveness and timeliness of the process preceded the letter signed in September by UNA and AHS. The letter will be distributed to affected union and management labour relations staff and affected AHS employees.

The letter notes that a series of joint statements on recommended practices will be distributed by both UNA and AHS. Topics are expected to include initial problem solving, resolution meetings, DRACs, disclosure of information, and terminology. The first documents were rolled out on September 25. Additional documents will be sent out in mid-November and early December.

In addition, a 2006 document on improving the effectiveness of the collective

agreement's grievance process has been updated to reflect current practices. UNA and AHS are "committed to delivering workshops to be jointly attended by both UNA labour relations staff and representatives and AHS labour relations staff," the memorandum noted.

Both parties recommitted themselves to the dispute resolution principles embodied in Article 32.01 of the collective agreement, among them:

- Encouraging open, face-to-face dialogue among people involved in a dispute
- Achieving timely and effective resolutions
- Supporting a positive, harmonious work environment
- Minimizing the time and cost of resolving disputes
- Finding solutions that are consistent with the terms of the collective agreement

"Both parties recognize how important it will be to sustain this commitment," the commitment letter concluded. 🍷

JANE SUSTRIK REPRESENTED UNA AT PREMIERS MEETING

■ **OUTGOING** First Vice-President Jane Sustrik represented UNA at the Council of the Federation premiers' meeting in Saskatoon on July 11, at which the Canadian Federation of Nurses Unions hosted a policy breakfast featuring expert speakers on the severe impacts of workplace violence in health care.

This provided an opportunity to present Canada's premiers with practical and attainable solutions, including improved security and safe staffing practices.

During the opening reception for the Council of the Federation, Sustrik approached Alberta Premier Jason Kenney to discuss Alberta nurses' issues. Premier Kenney was apparently astonished by the presence of a nurses' union representative at the reception, asking Sustrik three times what she was doing there.

Premier Kenney did not attend the CFNU breakfast this year. 🍷



COLLECTIVE AGREEMENT ARTICLES CAN BE A PUZZLE

- these puzzles are contract articles!

By Katie McGreer
UNA Labour Relations Officer

The encryption puzzles below reveal information about your rights under United Nurses of Alberta's Provincial Collective Agreement. But to unlock the information you must decipher the encryptions. Each letter or number replaces a letter of the alphabet.

SEE IF YOU CAN UNCOVER THE HIDDEN MESSAGES!

ANSWERS ON PAGE 27

1

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K																										

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3

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 25 5 2 9 17 4 5 19 20 3

4

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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N W B D V E R A W N V D H Q Z Z W O
 B Z I A Q O V D Q A A N Y H S V J B A V
 N W B D F Q H Q O I W Z

Advice to UNA members employed by AHS: Check to ensure you are receiving your education allowances

■ **UNITED** Nurses of Alberta members employed by Alberta Health Services are urged to regularly check their pay stubs to ensure they are being paid education allowances to which they are entitled.

UNA members report frequent failures by AHS to pay education allowances that recognize courses, diplomas and degrees outlined in Article 26 of the Provincial Collective Agreement that Registered Nurses and Registered Psychiatric Nurses are eligible to receive.

According to Article 26.01 of the Collective Agreement, the employer will acknowledge educational credentials from recognized post-secondary institutions and use those credentials to establish the employee's basic rate of pay.

The hourly allowances for educational credentials are as follows:

- Clinical Course (including mid-wife course): 50¢ per hour
- Certified Diabetes Educator Certificate: 50¢ per hour
- Board of Lactation Consultant Examiners Certificate: 50¢ per hour
- Canadian Nurses Association Certification: 50¢ per hour
- Active registration in the CARNA plus Degree or Diploma in Psychiatric Nursing (*a Diploma or Degree in*

Nursing plus active registration in CRPNA): 50¢ per hour

- Course in Nursing Unit Administration: 50¢ per hour
- One (1) Year Diploma: 50¢ per hour
- Baccalaureate Degree: \$1.25 per hour
- Master's Degree: \$1.50 per hour
- Doctorate: \$1.75 per hour

An education allowance for a Baccalaureate Degree shall be payable after the employee provides their employer with satisfactory proof that the degree is recognized by the Nursing Education Program Advisory Board, the College and Association of Registered Nurses of Alberta, or the International Qualifications Assessment Service.

Allowances for education shall be paid from the date the employee provides proof of qualifications to the employer retroactive to the date the employee completed the requirements for the qualification or from the date of hire, whichever is later, to a maximum of 12 months.

Unfortunately, however, experience shows that employees are not always paid the allowances to which they are entitled *even after they have informed the employer*.

As a result, at the time they inform the employer of their entitlement to an education allowance, UNA members

ACTIVIST STREET NURSE'S MEMOIR DESCRIBES 30-YEAR FIGHT FOR DECENT SOCIAL HOUSING

'A Knapsack Full of Dreams' chronicles 'horror unique to Calgary' in early 2000s



Cathy Crowe, RN

A Knapsack Full of Dreams, published by Friesen Press, can be purchased from most online booksellers and ebook platforms.

■ **FOR** more than three decades, federal and provincial governments in Canada have cut funding for social and housing programs, leaving a homelessness crisis that has reached the scale of a national disaster. We are likely on the brink of more of the same in Alberta.

Toronto-based community health nurse Cathy Crowe, RN – widely known as a *Street Nurse* from the documentary of that name about her work – “has organized, lectured, hectorated and harangued across the country on behalf of Canada’s most marginalized,” wrote veteran journalist and commentator Michael Valpy of the *Globe and Mail*.

She’s still at it. Crowe has penned a memoir of her 30-year career combining nursing and fighting for social justice. In

A Knapsack Full of Dreams, Memoirs of a Street Nurse, Crowe describes her life-long commitment to social justice and the right of all Canadians to decent housing.

In a chapter of particular interest to UNA members, Crowe describes the appalling conditions in Calgary in the early 2000s, when there were no facilities for homeless families and protection of their safety and health in winter conditions were shucked off onto inadequate faith-based volunteer shelters, often in church basements.

“Without the requisite political will to build real shelters and affordable housing, this Band-Aid solution had become institutionalized,” Crowe writes in *A Backpack Full of Dreams*. “It was a recipe for disaster, allowing for disease outbreaks, worsening physical and mental health, even deaths.”

“The horror unique to Calgary was that their volunteer faith program included sheltering children! ... All the families were forced to sleep in a common area alongside single men and women.”

She describes with shock “the prevailing patriarchal business/funder notion that the city did not need a family shelter, and the determination of Calgary funders in those days to stick to the fantasy the private sector could solve the housing crisis.

Well, Calgary has a family shelter now, thanks in part no doubt to Crowe’s work, but the notion that public solutions are not required to fix endemic social problems continues to be widely held in this province, and may be about to get worse. 🙄



Implementation of Connect Care by the employer doesn't mean interference with UNA Collective Agreement is permitted

■ **SOME** efforts by Alberta Health Services to implement the Connect Care information system may conflict with the United Nurses of Alberta Provincial Collective Agreement.

So it's important for UNA members to remember that implementation of Connect Care by AHS is not a valid justification for your employer to interfere with any collective agreement rights including, but not limited to, the following provisions:

- The employer must pay 2X an employee's basic rate of pay if they change their schedule with less than 14 days' notice;
- Employees who had vacation denied in the vacation planner cannot be pressured to submit more vacation requests to meet the 75 per cent requirement;
- Employees who had vacation requests denied may wish to request to carry over unused vacation; this should be done in writing and shall not be unreasonably denied;
- Requests for off-planner vacation, special leave, bereavement, or leave for education, caregiver duties, domestic violence, court appearances, military and public service, death or disappearance of a child, and professional development cannot be the subject of a blanket denial and must be assessed on an individual basis.

Employees are entitled to sick leave.

Connect Care is a mandatory in-service and employees are entitled to 2X their basic rate of pay if required to attend on an unscheduled day. Casual employees can only be scheduled following the provisions of the Provincial Collective Agreement.

Casual employees who have been hired to provide relief during the Connect Care rollout cannot be terminated without demonstrating just cause.

The employer cannot force an extended-workday employee to work standard workdays while they attend Connect Care in-services, nor can the employee agree to do so.

UNA members are encouraged to fill out a Professional Responsibility Concern Form if they feel staffing levels are impacted because the employer chose not to replace someone who attends a Connect Care in-service. 

KNOW your Rights



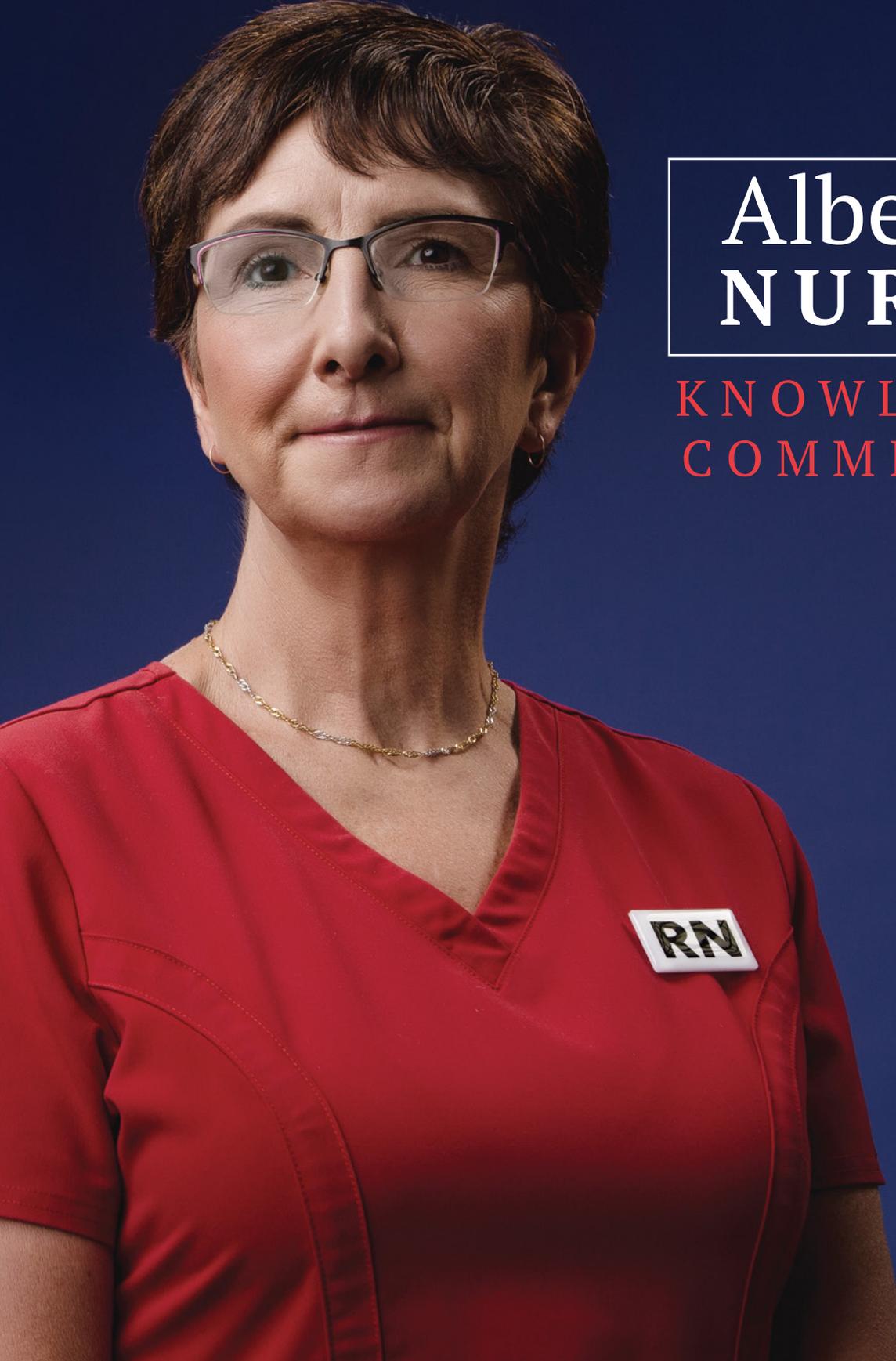
Report from
Director of Labour Relations
David Harrigan

If you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394.

ANSWER KEY

□ PUZZLE ON PAGE 23

1. If your manager changes your schedule without providing fourteen days notice, you are entitled to overtime pay.
2. If you request to work permanent nights, you have a right to revert to your former shift pattern after twelve months. (ARTICLE 7)
3. Without mutual agreement, you can't be scheduled to work on call for more than seven days in a row. (ARTICLE 9)
4. Your employer cannot unilaterally schedule your vacation.



Alberta's NURSES

KNOWLEDGE &
COMMITMENT

UNA 

United Nurses of Alberta

**AT YOUR SIDE
ON YOUR SIDE**

United Nurses of Alberta:
representing more than
30,000 Registered Nurses,
Registered Psychiatric Nurses
and allied workers in Alberta.

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