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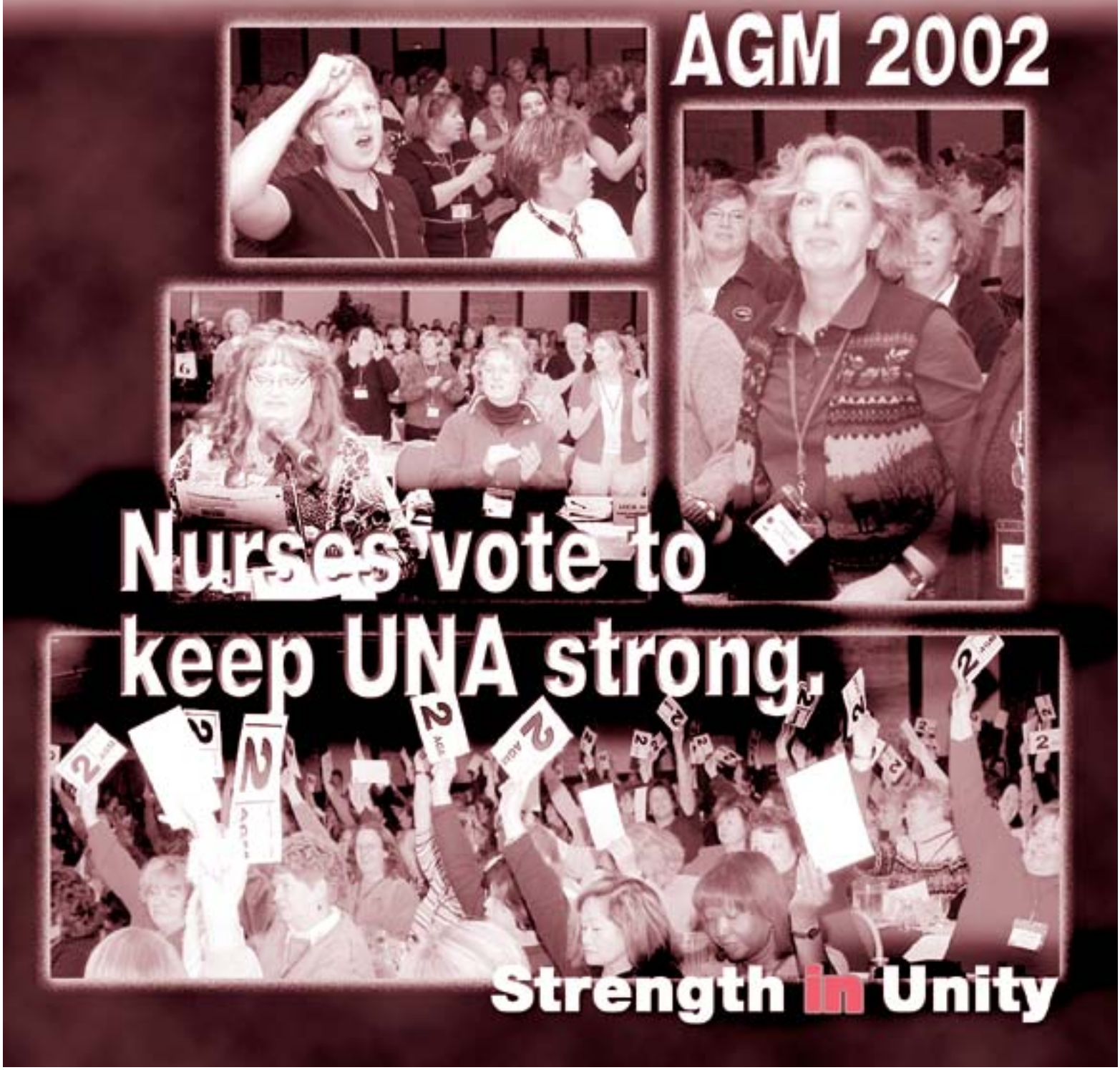

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A message from the President

Heather Smith
President, UNA

Very shortly after this Newsbulletin reaches you it is likely that the Romanow Commission will have submitted the final report to Prime Minister Jean Chretien. As I write this, the most commonly rumored date is November 28th. I feel very strongly that our future as nurses, and as Canadian citizens, will be tied to recommendations proposed by Roy Romanow.

If recent media coverage is a reliable reflection of the direction Mr. Romanow will take, we can be optimistic that he will be proposing a positive vision for health care in Canada. However, implementation remains an issue of political will, both at the federal and provincial level.

We got the Commission, now to get the recommendations implemented!

Without question, our work commences when Mr. Romanow's officially ends. A Royal Commission was first suggested by health care advocates in Alberta. UNA printed the postcards calling for a Commission in 1998. Now we need to ensure that politicians stop the malignant undermining of public health care that has gnawed at universality, public administration, accessibility and comprehensiveness for the past decade.

In the upcoming months, Locals and individual members will be called upon to assist in pushing politicians to act. I hope you will be willing to assist other advocates across Canada as we demand action and reinvestment to move public health care forward.

"Moving Forward" also needs to be added to our "Strength in Unity" theme for negotiations in 2003. Rumors abound that Employers will be seeking regressions when we enter negotiations in January 2003. At the North Central District meeting on November 14th we discussed the suggestion that employers could want to claw back contractual provisions such as an RN/RPN in charge of each ward or unit. The response was clear 'We move forward, we do not roll back!" Employers across Alberta need to hear that message now.

This Newsbulletin has a lot of coverage of the 2002 Annual General Meeting. In addition to celebrating 25 years of advocating for Registered Nurses and Registered Psychiatric Nurses within Alberta, the delegates determined that UNA would direct and not just respond to organizational and structural changes around us. If "all employee" bargaining units are required to organize nurses in the private sector then UNA will undertake to represent all employees. We acknowledged that Licensed Practical Nurses are valuable (but monetarily unrecognized) providers of nursing care, more appropriately aligned with our bargaining unit than with general support staff. Notwithstanding the decisions by the delegates, changes to the composition of the UNA membership is unlikely to occur for many months. Province-wide negotiations will take priority over organizing and the movement of LPNs into UNA bargaining units will undoubtedly entail legal wrangling with the Labour Relations Board.

UNA nurses at the AGM strongly embraced "Strength in Unity" and the historic decisions we made in 2002 reflect that principle.

2002 Annual Meeting

UNA celebrates 25th Anniversary at AGM and opens doors for a stronger future

Nurses at the UNA Annual General Meeting overwhelmingly endorsed the Executive Board motion to encourage Licensed Practical Nurses (LPNs) to join UNA. The delegates made a second significant change that allows UNA to organize "all-Employee" Locals, including support and other staff, when nurses at such sites would otherwise be unable to join the union.

"The delegates created history this meeting," UNA President Heather Smith, said after the meeting. "The possibility of uniting all licensed nurses is an exciting one. We may be able to bring significant advantages to RNs, RPNs and LPNs. United we can be stronger and more able to prevent Employers from pitting nurses against each other."

The mandate to create all-Employee bargaining units gives UNA the possibility of organizing privatized clinics or sites that are split off from public health facilities. "All nurses have a right to the protection of their union, whether they work in the public system or in a privatized clinic," says Heather Smith.

Over 550 UNA members and staff crowded the hall for the meeting.

Delegates also passed a number of changes to the UNA constitution so that the Local structure can be adapted if the Labour Relations Board (LRB) goes ahead with re-defining bargaining units. The Labour Relations Board is considering moving to Employer-wide bargaining units, which would amalgamate, for example, all of the hospitals under a Region's management into one bargaining unit or Local. The delegates approved the Executive Board proposal for composite Locals, with chapters for each hospital or site within the Local.

The delegates opened the agenda for a full discussion on these historical motions and raised many important questions.

Delegates wanted to know, for example, if LPNs would be organized in their own bargaining units and negotiating separately. There was strong support for a united structure, with LPNs joining existing bargaining units, negotiating in the same process and participating completely in UNA Locals and all

Pauline Worsfold & Betty Ann Emery, Local 301

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2002 Annual Meeting

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activities.

Other members raised concerns about their worksites where LPNs outnumber RNs and could outnumber them in Local meetings as well. But one view expressed at a microphone was that UNA would maintain a strong democratic tradition—every member is an equal member. The main difference would be that LPN rates of pay would appear as separate levels on the salary grid.

Delegates at the meeting asked about the experience at the Manitoba Nurses Union. Several members who have nursed in Manitoba spoke positively about nurses negotiating together there and pointed out that LPNs in Manitoba make about 75% of what RNs make, while in Alberta LPNs have fallen to about 50% of RN wage levels.

Members asked if UNA had asked LPNs if they want to join UNA, or if UNA had talked to the Alberta Union of Provincial Employees (AUPE) about LPNs in UNA. Vice President Bev Dick

Opening Doors for the Future

Delegates at the AGM made major decisions on LPNs and bargaining units, endorsing motions from the executive board. The wording of the actual motions appears below:

All-Employee Bargaining Units

Where the Labour Relations Board restricts representation, UNA shall organize "all-Employee" bargaining units to ensure RN/RPN representation.

Licensed Practical Nurses

Licensed Practical Nurses (LPNs) will be encouraged to consider UNA representation.

Composite Locals

Upon approval by the Executive Board, UNA establish a Composite Local structure for each occasion that an Employer-wide determination results in amalgamation of current Locals or bargaining certificates.

Deadlines set for Local executive nominations

One constitutional change adopted at the AGM was the subject of considerable debate. The motion was to amend the rules for Local executive elections. It was passed by delegates and held up even after a call to reconsider it had come forward. The change sets a nomination deadline for Local executive positions seven days prior to a Local's annual general meeting. Nominations previously could be made at the last minute, from the floor at a Local AGM. The week earlier deadline would give members more notice if a challenge or competition for executive positions is coming up at a Local's annual general meeting. If no nominations are filed before the week earlier deadline, nominations can still come from the floor, but if there are nominations prior to the deadline, then the nominations close with the deadline. If there is only one written nomination in advance that person is acclaimed.

UNA Executive Board Elections

Elections at the Annual General meeting brought in the new provincial Executive Board. An additional representative was added to the North Central District based on the growing membership in the District. The make-up of the Board is:

Heather Smith, President (acclaimed)
Bev Dick, 1st Vice-President (continuing term)
Jane Sustrik, 2nd Vice-President (continuing term)
Karen Craik, Secretary-Treasurer (acclaimed)

District Representatives:

North District:
Roxann Dreger (continuing term)
Bridget Faherty (acclaimed)

North Central District:
Alan Beseker (acclaimed)
Teresa Caldwell (continuing term)
Chandra Clarke (continuing term)
Marilyn Coady (acclaimed)
Tim Grahn (elected)
Tom Kinney (acclaimed)
Beryl Scott (continuing term)
Heather Wayling (acclaimed)

Central District:
Joan Davis (continuing term)
Kim Ruzicka (acclaimed)

South Central District:
Jacki Capper (acclaimed)
Blanche Hitchcow (continuing term)
Donnie Lacey (acclaimed)
Denise Palmer (continuing term)
Robert Reich-Sander (continuing term)
Daphne Wallace (elected)

South District:
Barbara Charles (continuing term)
John Terry (elected)

Linda Silas tells AGM National report outlines common sense solutions for nursing crisis

We need to give hope to nurses at the bedside," Linda Silas, former president of the New Brunswick Nurses Union told the UNA AGM. Silas was talking about the final report from the Canadian Nursing Advisory Committee (CNAC) which came out in August. Silas said nurses now have to use the report as evidence to pressure politicians to improve working conditions and working life for nurses. "We should not be satisfied with another glossy report," she said, "it's our worklife. And we have to do something about it."

Silas was the sole representative from a nurses union on CNAC (she was nominated by the Canadian Federation of Nurses Unions) but she said that the entire group insisted on a forceful report. "The strong language in the report was not from me… everyone was fed up with what is happening with the work force in nursing."

Silas outlined some of the reports contents, including the pressing urgency of preparing and hiring more registered nurses to maintain the health system. The shortage of nurses is the big problem and it began with the direct layoff of nurses in the 1990s, she said. The number of nurses has dropped from 1.36 RNs per hundred Canadians to just 1.19 per hundred. "There's less nurses to do more jobs… and patient acuity is going up."

From the research for the report, she pointed out that of all caregivers, the highest stress is on nurses. Canada-wide, nurses worked a quarter of a million of hours of overtime last year, which works out to 7,000 full-time nursing positions. And she said there is a direct correlation between overtime and sick time… "the more you do overtime, the sicker you will be… Nursing continues to be the sickest employee group in Canada."

Silas noted that "the nurses under 30 are the worst off, they are not hacking it and they just want to leave."

She also highlighted some of the reports recommendations as important solutions to the crisis.

"We need 70% of our nurses to work full time to manage it adequately," she said. "Almost half the nurses work on a part-time or casual basis," Silas said. The reason, she explained is "a lot of us are mothers and can't work full time." But she got a big round of applause when she pointed out that: "What we really need is full time jobs with family benefits, and not part-time jobs without benefits and half salaries."

We need to increase the number of front line managers, Silas says, the mentors that you have on the floor, not the type that is off meeting in 25 committees. We need experienced nurses with strong leadership abilities.

We need new nurses and should expand nursing enrollment by 25% right away.

We need special funds for nursing students, a millennium nursing scholarship fund, or a student loan forgiveness program

We need long-term, multi-year funding and investment in the nursing workforce

But, Silas said, getting governments to act on the CNAC report is not going to be easy. "If you want something done, it has to be political. You need a lot of nurses talking about it to politicians, MP by MP and MLAs too. We have to do something in the next two or three months, or the opportunity is gone," she said.

Linda Silas, CNAC

"What we really need is full time jobs with family benefits, and not part-time jobs without benefits and half salaries."

Lillian Bayne

Romanow Commission enjoyed tremendous public input

Nurses did not get a sneak preview of the Romanow report, but guest speaker Lillian Bayne, an executive assistant to Roy Romanow who sat in on 19 of the Commission's 21 public hearings, did give a perceptive read on Canadians' views of health care reform.

"Canadians care passionately about their health care system," Bayne said. They participated in droves, there were 22 million website hits and tremendous presentations at the public hearings. "Canadians are prepared to work to maintain medicare and they want to see improvements in the system."

In her perspective on what she heard, Bayne served up some startling observations. Some communities are less well-served than others. Health care could use a "gender lens policy" to make sure the different health needs of men and women are met most appropriately. Aboriginal Canadians have two to three times the levels of chronic disease of other Canadians. Nine million rural Canadians have less access to health care than urban Canadians and could benefit from funding to assist with travel and more telephone assistance. The system has overwhelmingly failed people with mental illnesses, Bayne said, witness the high number among the homeless people on our streets. Seven to twelve percent of Canadian homes have no drug plan coverage.

She also talked about perceptions of health care funding and noted off the top that Canadians are fed up with provincial, federal bickering over health care funding. They believe the federal government must have an important role in protecting a "seamless" national health care system. But she also said that "stop and start funding" has hurt health care and there is a "long recovery time following funding cuts." Provincial governments who complain that health care spending is taking 40% of provincial budgets have to look at the "denominator" in the equation. Tax cuts have greatly reduced overall spending with $20 billion provincial tax cuts and $20 billion in federal tax cuts in 2001 alone.

Canadians can expect a comprehensive report from Romanow. "I look forward to the Commission's prescription for change," Bayne said. But the report will need public support to actually get changes implemented. "The bottom line is there is a huge risk for Medicare if we don't act now. Action has to be taken with the Commission's recommendations, the longer we wait the more we imperil our public health care system… You are the people who are going to implement these things, to make government accountable. From my experience you've done a fabulous job so far," she told the nurses.

New Research gives shift workers better strategies

Jon Shearer

Jon Shearer is a sleep researcher, and it's no surprise he says, that he works a lot of nights. "I remember driving home in the morning after a night at work and stopping at a stop sign, everything under control. And I just sat there patiently waiting for the sign to turn green." That was just one example, Shearer says, of the symptoms of shift work. He told a number of shift work stories during his presentation at the UNA Annual General Meeting. An animated speaker, he strode around the meeting floor explaining the different effects of shift work and what shift workers can do to adapt.

Shiftwork is dangerous, Shearer said. He believes that very soon the medico-legal implications of sleepiness and civil liability will be a major issue in the legal world "It should make for some fun times for many shiftwork organizations. Shiftwork is dangerous to the shiftworker's and to the organization's health!"

But, Shearer said there are many things an individual and a workplace can do to mitigate the dangers. Allowing shift workers to nap, would be a good step forward. "We almost all do it anyway—let's set up cots so people take the 20 minute break." He also demands that Employers make shift work education an on-going priority not just an "HR flavour of the month."

Some of his recommendations for people working shift include better eating habits—keeping blood sugar levels up. Closing the cafeteria overnight and expecting people to live on chocolate bars isn't adequate, he says. He also said people coming off work in the morning should not necessarily try to get to sleep right away, just at the time of day when the body's rhythms and temperature are rising. A hot bath, some relaxation time, may make for a more rested sleep.

Sleep research has come a long way in the past 20 years, Shearer said. There was virtually no data or information on working shifts when he started. He urges nurses to inform themselves, and find out how they can live better more balanced lives. A good place to start is his website www.jonshearer.com, which will be completed by January.

Nurses take on health cuts

Provincial budget squeezes on Alberta's Health Regions are hurting health care and reducing staff. The Chinook Health Region in southern Alberta has been particularly hard hit by budget cuts, and United Nurses of Alberta (UNA) members are fighting back. UNA Locals in the Region ran a series of three hard-hitting newspaper ads in October to let the citizens of their area know that despite the Region's "consultation" efforts, the cuts are going ahead.

"What is our Health Region's first priority… meeting the health care needs of Southern Albertans… or the BUDGET demands from Edmonton?" read one of the ads.

The Chinook Region's business plan, approved by the Health Minister Gary Mar in June, included layoffs of 144 Full-Time Equivalents which would affect well over 200 health employees. But after a public outcry over closed hospitals and beds earlier in the summer, the Region consulted with communities, amended its plans, and the projected layoffs grew to 173 FTEs.

The Chinook Region is closing whole hospitals and large parts of hospitals, in a number of southern Alberta communities: Pincher Creek, Fort MacLeod, Coaldale, Picture Butte and others.

"You can't make cuts this severe without significantly reducing the health services you provide," Heather Smith, president of UNA said at a news conference in Lethbridge. "This bottom-line approach to health care is going to have an impact on the citizens of this Region."

Chinook is the only Alberta Health Region that announced such drastic layoffs with its budget cuts.

"Nurses want to know why this particular part of the province is the one that is cutting so deeply," said Linda Bridge, an RN at the Lethbridge Regional Hospital and President of the United Nurses of Alberta Local.

"Why is Chinook hit so hard by the budget crunch? When the provincial government asks Chinook to cut its budget, do they simply reply: 'How low should Chinook go?' Are they really standing up for the health services we need in Southern Alberta?" Linda Bridge asked.

One of the largest cuts is the Long-Term Care wing at the Pincher Creek Hospital. All the residents are being moved to a new Good Samaritan Society "assisted living" facility where they can be charged for meals, and "unbundled" services. "Will individuals and their families be obliged to pick up more and more of the costs in these types of facilities," Heather Smith asked. "We don't think Albertans believe safe, high quality care for our seniors should only be for those who can afford it."

Nurses concerned about cuts in Keeweetinok Lakes

In High Prairie and across the Keeweetinok Lakes Region, UNA nurses are anxiously awaiting news of more cuts. They have also been speaking out publicly and in the media about what the cuts may mean.

"After recent meetings with the CEO and management to discuss staff suggestions on money savings, it became very clear that even if all our cost saving suggestions were implemented, it would not be enough, Local President Natasha Willier said in a news release the Local put out.

"We are so underfunded that we would have to close down programs or even whole facilities to stay within the budget the province has set," the nurses told their community.

In 1994's round of cuts, this community lost 2/3 of it's hospital beds when we went from 75 beds to 25. We also lost 15 long term care beds.

The Keeweetinok Lakes Health Region has been asked by the province to cut a further $1.7 million out of it's budget. The nurses have realized this cannot be done without layoffs and reductions in health care services to the community.

"How many beds can we lose and not have to send all maternity patients, heart attack victims and people needing basic surgery or hospital care somewhere else? If it comes to that, where will we go, since all the larger hospitals are often full and doctors in communities like Grande Prairie are not taking new patients," Willier said.

The impact of CUTS in Pincher Creek

Local President Jan Frith tells the story

I would like to draw a word picture for you.

Pincher Creek is a community that drew me to it 31 years ago. It is a place of good neighbors and work mates that you can trust and enjoy, a community in which to raise children safely, grow old comfortably and die with dignity, supported by friends and family.

A community where Bach and Gordon Lightfoot, Beethoven and James Keelahagn, down east and out west music can - and do - get played on the same night at Myrna's Coffee Shop with gusto and appreciation. It's a place where the Nature Conservancy and the Petrochemical industry actually exchange ideas on sustainability.

A challenge of wind and swift weather changes and a beauty that takes your breath away, where the grasslands run right up to the rocks of the Eastern slopes. Wild life abounds and odd and wonderful people appear to study spiders, watch birds, write books, paint landscapes and discuss world events,

One can find a sweat lodge, a place to meditate or spiritual guidance of your choice, a leather worker, a blacksmith, quilters and potters. There are about 4000 townspeople and another 4000 folk within the immediate area, including the Peigan (Pikani) Reserve.

Eight doctors in the Associate Medical Clinic service a hospital that was built 18 years ago, which currently has 16 Acute Care and 31 LTC beds. Here we have over 110 births per year, a very busy ER, Cardiac Care and CST, an endoscopy program and an OR day each week. In short, meeting the medical needs of a stable population with a significant number of seniors that helped to create the kind of community that human kind needs in order to thrive and grow.

That is, until the spring of 2002 when the plan changed. Enter the Chinook Regional Health Authority and the Good Samaritan Assisted Living complex to "solve" the problem of not enough intermediate care between the Senior's Lodge and LTC.

Now the LTC was closed October 10, with the lay off of 7 RNs, 8 LPNs, 11 PCAs and support staff. In a major betrayal of a promise to the community, the Region has ignored pleas from the local levels of government and community groups that have made submissions and organized demonstrations. MLA Dave Coutts is on record as saying that the CRHA doesn't have to do this, that it has enough money, neatly removing himself from the loop.

There are no severance packages offered to the laid off workers.

A case in point is Nancy - 22 years of service at the Pincher Creek Hospital. She has a full sick bank and is a stellar employee who has worked in LTC for the past 12 years. At age 50, she does not want to bump into Acute Care. Gerontology is her specialty, she does it well, the patients love and trust her.

Five new nurses have been recruited to work in Pincher Creek, helping to meet present and, we thought, future staffing needs. In the next few years 5 out of 16 Acute Care RNs (FT and PT) will be ready to retire. We may well lose our new nurses now. Employees with less than 24 months service have no bumping rights - it's casual or off to another work site.

This all sounds very much like a familiar agenda - how better to incur favour with a government dedicated to encouraging private for profit health care? By making the public delivery impossible, closing the small community based facilities and LTC centres, we end up warehousing the elderly and vulnerable, increasingly at their own expense, in private assisted living.

How do we expose this heartless treatment of honest employees? Do we have to walk off the job to make our point? This community is beginning to realize how they are being held hostage by decisions made in Lethbridge. Weekly letters to the Editor in the local paper express some of this outrage. No one in Chinook is listening.

Nurses have input to review of Protection of Persons in Care Act

Since the Protection for Persons in Care Act (PPCA) came into force in January 1998, there have been numerous complaints about its implementation. Four years later, in January 2002, the Minister of Community Development announced that the Office of the Ombudsman would be entrusted to perform a review of the Act. After that announcement, progress was slow, and for reasons unknown, responsibility for review was taken from the Ombudsman and transferred to a newly struck Protection for Persons in Care Legislative Review Committee. The membership of the Committee perhaps foreshadows its conclusions. Chair Broyce Jacobs (MLA Cardston-Taber-Warner) is joined by fellow Tories Gary Masyk (MLA Edmonton Norwood) and Karen Kryczka (MLA Calgary West). The four public members are Greer Black, president of Bethany Care Society and the Alberta Long Term Care Association; Lyn Krutzfeldt, director of Central Park Lodge for Western Canada; Brenda Huband, executive director of Carewest; and Carl Bond, president of Travois Holdings and Summit Care Corporation.

Input into prospective changes was requested through both public consultations and written input. UNA made a comprehensive written submission to the Committee, along with statements by three brave members who have written about their own experiences with investigation under the Act. The complete submission is available on the UNA website (www.una.ab.ca).

Aside from direct responses to the questionnaire, two important issues were raised by UNA. First, the rights of those accused under the Act must be respected in the same way that the rights of the complainant and the rights of the abused are respected. This includes the right to know who made the accusation and to be able to respond directly to the accusations. Second, the Committee was urged to take into account the difference between the professional actions of nurses and an intentional act of abuse. Sometimes treatment hurts, but it must be done. And members should not be at risk of allegations for doing their best to help someone get better.

Importantly, the AARN has already taken steps to reduce the number of investigations done by their Conduct Committee. Prior to November 2001, any accusations made under the Act involving an RN would be taken directly to the AARN to investigate. The vast majority of RNs investigated were exonerated of all charges, yet still had a conduct investigation on their records. After November 2001, if the accuser was not willing to file charges against the RN directly with the AARN, it was left to the Ministry of Community Development to investigate the allegations. Only if the investigation found elements of wrongdoing would the case be referred to the AARN for a second investigation. This greatly reduced the number of cases investigated by the AARN (less than 10% of the pre-November 2001 levels). In the year preceding this procedural change the AARN conducted about 26 investigations. In the first six months of 2002, NO cases were referred to the AARN.

Nonetheless, all of the cases investigated by the AARN in the last year have been dismissed before reaching a hearing. Improvements are desperately needed in the Act, and we hope that the Committee will take the steps necessary to put those needed changes in place.

From its inception in January 1998 to March 31 , 2002 the PPCA process had handled 2577 cases of alleged abuse. Consistently over 60% of the complaints have been dismissed.

Many nurses have been investigated as a result of PPCA complaints, some of them filed anonymously. While almost all of the complaints were dismissed as unfounded, the nurses were often subjected to intrusive investigations. UNA has provided the review with three case histories of such disruptive investigations.

One nurse said this about her experience with a complaint:

"Because of the PPCA, I feel that I became the scapegoat and cover-up to much larger problems that seem to have led to the circumstance. ... I found the process, especially initially, very stressful and the treatment by the facility management so unfair that I am reluctant to continue nursing."

Another nurse added:

"Although the accusation has been dismissed, I can't help feeling violated and upset about the anguish I have been put through."

Armstrong takes on Alberta's LTC

A new report from Wendy Armstrong of the Consumers Association of Canada raises serious questions about the Alberta government's plans for long-term care in the province.

Many families are left with the untenable choice of giving up one person's salary to provide care for someone at home, or placing a relative in unregulated U.S. style elder-care facilities—at U.S. prices," says Larry Phillips, President of the Alberta Chapter of Consumers' Association of Canada. Phillips was releasing the new report on the big changes in Long Term Care (LTC) that are going on in Alberta. The report was researched and written by Wendy Armstrong, who also authored a landmark report on health care privatization, The Canary in the Mineshaft, in 2000.

Armstrong has produced another critical and factual bombshell. The report entitled Eldercare—on the auction block, The Alberta Experience is a detailed review of information and analysis. Anyone who wants to understand where the Alberta government is going with Long Term Care should start here. Armstrong looks at how the provincial government began cutting public coverage of LTC in the early '90s. They stopped building desperately needed new LTC facilities and began encouraging business to fill the void. The result was new privately owned "assisted living" facilities, an idea imported from the U.S. As Armstrong points out, it has become " multi-unit apartments with varying amounts of on-site personal supports and care—all available for a hefty price."

The government, Armstrong says, has been separating "health" from "housing" and has narrowed its health care commitment to a limited set of "core" services, while "complementary" services can be offered for sale by the operators. She examines "unbundling" a key concept in the government's LTC plans. Instead of comprehensive care, LTC facilities can offer a menu, some core services provided by the public health system, all the others are available for a fee from the assisted living operator.

Monthly fees in some of these commercial "assisted living" settings can add up to more than $4,000. To top it all off, the government is not regulating the business and refuses even to make it necessary to license them.

Armstrong goes on to deal with many emerging issues in the changing LTC. Albertans are not sophisticated consumers in an open market, she maintains, and LTC choices are governed by many factors, not just cost and quality. Alberta seniors are hardly a wealthy group either, with a median income of just over $1,400 per month in 1997. Moreover, Armstrong makes the case that shifting costs from government to families, doesn't save money, and in fact may cost more, when you factor in the social costs faced by families who give up jobs, or work less, or live under tremendous strain to care for aging parents or relatives. And, she presents a strong factual case that for-profit LTC costs more, and costs much more to administer. "Intentionally or not, Alberta has created a high-priced American system of health care with widespread fragmentation of payers, providers, managers, and suppliers."

"Rather than fortifying the public system, Alberta's strategies have compromised the sustainability of the public system," Armstrong concludes. Her report goes on to make a number of recommendations on restoring and expanding public coverage for LTC services, as well as licensing and monitoring of LTC operators, and ending the practice of the "unbundling" of services.

The report is available through the Alberta Chapter of the Consumers Association of Canada at (780) 426-3270.

What Armstrong heard about Long Term care:

"Many families either go in daily to feed a parent in long term care or pay someone to go in and feed them or they don't get fed. One woman paid $10,000 per month at a private lodge to make sure her failing mother was fed and taken care of." — Bev McKay, Families Allied to Influence Responsible Eldercare (FAIRE), 2002

"I finally got a call from the private lodge with a special 20 bed unit for people with dementia. It costs about $2340 a month—but it's going up another $200. Mom's been there well over a year now waiting for a public bed and I'm starting to worry. With her income, she'll have used up all her savings in 2 years and then what will I do?"

Indeed, so much of the burden and cost of care has been off-loaded to families that the Long Term Care Association of Alberta is quietly advising people to purchase private LTC insurance to protect their income and assets.

If this sounds like American-style health care, it is. And just as the administrative costs of the U.S. system are much more expensive than Canada's, Alberta is now spending more money managing an increasingly fragmented LTC sector, leaving less money for actual care.

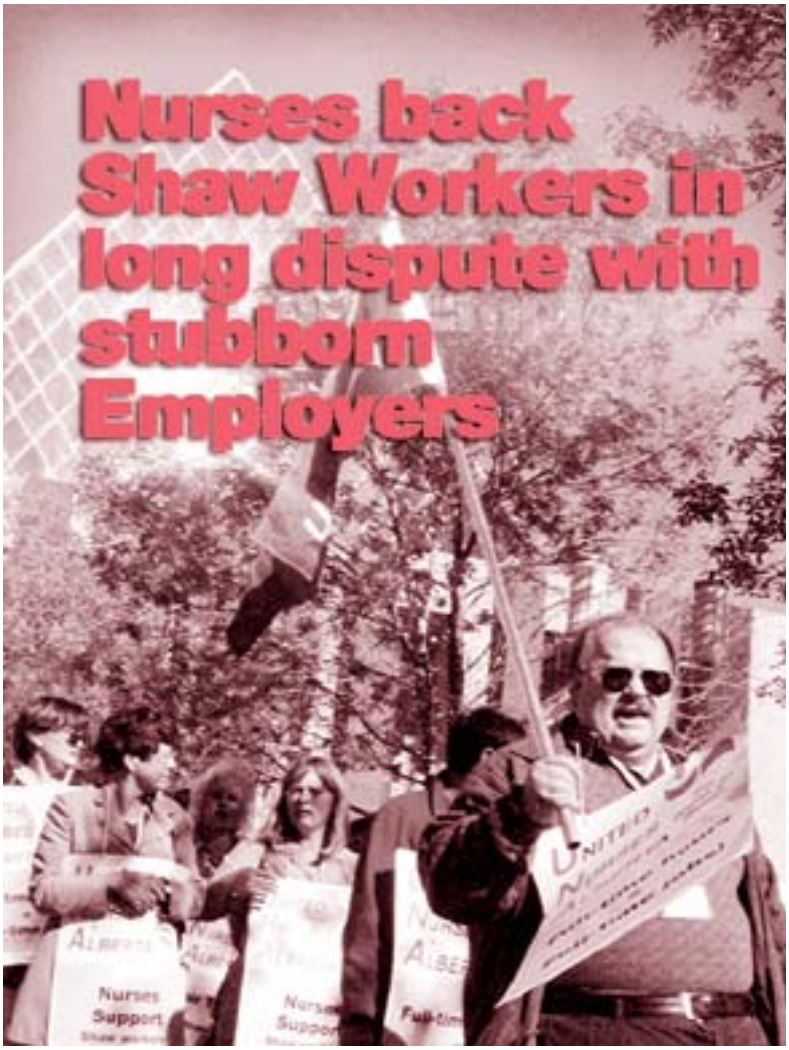
CBC's Marketplace looks at profit and politics in Ontario LTC

In March of 2001 CBC's consumer program Marketplace produced a major feature on LTC in Ontario. The report tracked the growing size of the for-profit component of care. The Conservative government made a huge expansion of long-term care beds in the province, starting in 1998, but most of the new beds were in for-profit facilities. As Marketplace pointed out: "The amounts of money are staggering. For instance, if the government awards your private company a hundred beds, that is worth almost $80 million in subsidies over twenty years. Your company ends up with a valuable building and a nursing home licence, both of which can be sold."

The program also looked at a possible connection between political contributions made by Long-Term Care Corporations to the Ontario Conservative Party. They cited York University political scientist Robert MacDermid, who had concluded after a detailed analysis that "The companies that received the most beds also seemed to be the companies that gave the most money."

More information on the Marketplace report is available on their website at: www.cbc.ca/consumers/market/files/health/nursinghomes/index.html.

"I've worked with a number of assisted living buildings over the years, both for-profit and not-for-profit. It depends on the owner/operators, their philosophy and if they are fully occupied. Some are good, and others really take advantage of people with extra charges and unbundling everything from the basic rent. People need to be careful and not just read the brochures. But it is often a crisis, like the death of a spouse or some new health problem that will lead to them needing this kind of facility."



During the UNA Provincial Demand Setting meeting nurses hit the bricks in front of Edmonton City Hall in support of the striking workers at Edmonton's Shaw Convention Centre. While the nurses were outside marching and enjoying a barbecue, City Councillors were inside voting to give the Shaw management the extra $1.9 million it had spent on fighting the strike.

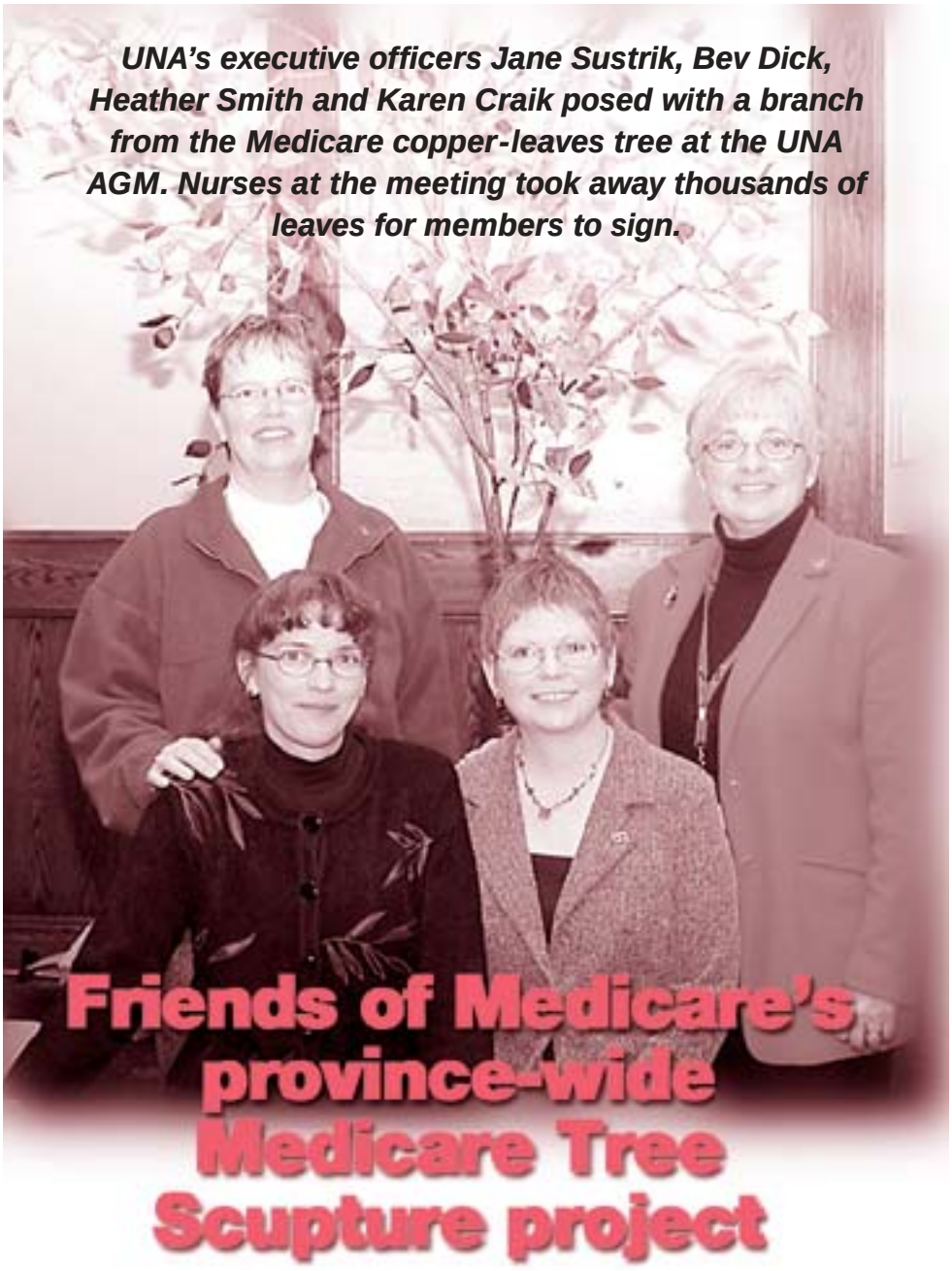
The Shaw Conference Centre workers, many of whom are new Canadians, have been on strike for their first contract since last May. They are not seeking a salary increase but want to have a union and they want protection from harassment, discrimination and unfair treatment. One outstanding issue is recognition of full-time work. Shaw management continues to classify many of the Employees part-time, and deny them full-time benefits, even after they have worked full-time hours for months and even years on end.

Over the summer, the Labour Relations Board ruled the Shaw Employers were guilty of unfair labour practices. The ruling, however, did not force Shaw back to the table or into good faith negotiations. The United Food and Commercial Workers has taken the dispute to Edmonton City Council. Edmonton owns the Shaw, and is the City Council is the only shareholder in Economic Development Edmonton which manages the conference centre.

UNA has pulled bookings for three major provincial meetings next year from the Shaw. The Alberta Teachers Association and other unions and organizations have also cancelled bookings which has cost the Shaw, and downtown Edmonton, millions of dollars in lost revenue.

UNA looks back at 25 years

Nurses at the AGM had a chuckle and some reminiscing during a retrospective talk on the history of unionized nursing in Alberta. Illustrated with slides, the talk was presented by nurses who were there at the time and spiced up the history with their personal anecdotes. The talk was prepared by Vice President Jane Sustrik, Kris Morra on photo slides and Education Officer Trudy Richardson who introduced the retrospective. A number of long-time UNA members came up to talk about different periods in UNA's history. Labour Relations Officer Mike Mearns talked about the early years to 1980, including the years when the UNA Calgary office ran out of his basement. Donna Clarke talked about the early strikes from 1981 to 1985. Lee McNiven talked about the period from 1986 to 1990. Former Vice President Sandie Rentz covered the period from 1991 to 1994. Current Board member Denise Palmer talked about 1995 to 1998 and the tough period of layoffs. President Heather Smith took the last part of the show from 1999 to the present, including the fight to preserve public medicare.



UNA's executive officers Jane Sustrik, Bev Dick, Heather Smith and Karen Craik posed with a branch from the Medicare copper-leaves tree at the UNA AGM. Nurses at the meeting took away thousands of leaves for members to sign.

Friends of Medicare's province-wide Medicare Tree Scupture project

Friends of Medicare spokesperson Christine Burdett officially launched the Medicare Trees campaign October 18 at a news conference in Edmonton. Albertans are all invited to inscribe their name or message on one of the copper leaves to be attached to the beautiful metal sculpture Medicare Tree. The Tree will become a large, 20 foot tall, public sculpture that is symbolic of the importance of Medicare to Albertans.

Christine Burdett took the first "bough" full of leaves, and leaf kits to Calgary, Medicine Hat, Lethbridge, Red Deer and Grande Prairie to promote the project.

Nurses also had a look at the Medicare Tree bough when President Heather Smith presented it at the UNA AGM. The delegates took over 1,000 leaves back to their local members to be inscribed. The project is also trying to meet its costs by donations of $2 or more for each leaf signed. While donations are important to pay for the project, the most important thing is to give everyone possible a chance to participate and do their leaf. Leaf "tables" can be put up in public places, perhaps even hospital foyers, for health workers, patients and the public to participate.

Check with your Local Executive for your copper leaves, or contact the Friends of Medicare at (780) 423-4581.

New Spotlights encourage nurses to use their rights

Some nurses denied Charge Pay

Permanent nights or evenings are NOT part of a position

Two new Spotlight posters from UNA highlight important issues that affect many nurses. Some Employers are denying the $1.75 an hour charge pay for nurses who have in-charge responsibilities. A new Spotlight poster available for posting on units explains that nurses assigned in-charge duties must receive the In-Charge premium, whether or not they have been designated as in-charge.

Another issue that is confusing for many nurses is whether a shift-line is forms part of the definition of a position. Some Employers post vacancies for permanent night or evening positions. But under the collective agreement permanent nights or evenings can only be scheduled with the agreement of the Employee and shift schedules are NOT part of a job description. Employers may post the current shift schedule of a position for information only. A successful applicant can take the job, but refuse to a schedule of permanent nights or evenings. They may have to work out the current rotation, up to 12 weeks, but they can insist on a regular shift rotation.

Check the spotlights for more details. Many of UNA's Spotlight contract information posters are now available as PDF files on the UNA*Net, check the Spotlights Folder in the Conferences Folder.

Nursing News

Nurses are the best indicator of quality in California nursing homes

The California Health Care Foundation has put up a research website on nursing home care in the State. Designed as a consumer guide for families needing nursing home care, the site also includes a great deal of information on the 1500 nursing homes in California.

One major conclusion the Foundation came to was that levels of nursing care are the best indicators of quality of care in the nursing homes.

"Nursing facilities that reported staffing levels of 4.1 hours per resident day or higher had a significant improvement in quality of care, such as feeding assistance, helping residents get out of bed and incontinence care. Staffing appears to be a better indicator of quality differences than the clinical performance indicators that were evaluated," the Foundation reports.

They also noted that 44 percent of 1200 nursing homes reporting data did not meet the state's minimum nurse staffing level requirements.

The study reported that non-profit homes had consistently better quality of care than for-profit homes. Non-profits have higher staffing levels (4.2 hours per resident day), fewer total deficiencies and citations (19 per facility in 1999-2002). For-profit facilities had an average of 3.3 nursing hours per resident day and 50 total deficiencies and citations in 1999-2002.

The research reports and consumer guide can be found at http://www.calnhs.org/

Government approves first for-profit hospital

"We join with the Canadian Health Coalition and the Friends of Medicare in condemning this politically-motivated decision," UNA President Heather Smith said reacting to the announcement by Health Minister Gary Mar that he had approved the province's first for-profit hospital. "It is detrimental to the long-term interests of Medicare and to the people of this province. We hope this is one political decision that can be reversed," she said.

UNA questions the impact that approving HRC will have on staffing resources for the Calgary Health Authority. HRC will be drawing desperately needed staff, and registered nurses, from public hospitals.

Health and Wellness Minister Gary Mar approved HRC for overnight stays and a specific number of surgical procedures, including joint replacements, for WCB, RCMP and other "uninsured" clients. The for-profit hospital was also approved to provide overnight surgical services to patients from outside of Canada and from other provinces.

Heather Smith pointed out that Alberta's Health Authority hospitals have the operating room capacity to perform the surgeries approved for HRC. They are short the needed staff, particularly registered nursing staff.

"Opening for-profit surgical suites is not going to increase the number of nurses available," she said.

Smith said that government should be resourcing the public system so these surgeries could be performed in public hospital operating rooms and the revenue from WCB and other clients could be going instead into the public system.

HRC is advertising for casual registered nurses on its website, and has a listed workforce of over 60 RNs. The Calgary Health Authority has at least 125 RN vacancies.

Nurses on WCB directed to HRC

Some UNA members receiving treatment for work-related injuries or illnesses have already been referred to HRC, the first for-profit hospital in the province. WCB, which is apparently the HRC's single largest client, is funneling some of its injured workers there for surgery or other procedures.

"We strongly advise UNA members to avoid HRC if at all possible," says Karen Craik who is UNA Secretary Treasurer and UNA's representative on the labour coalition on WCB. People on WCB claims usually can make choices in their treatment and UNA suggests they choose a public hospital whenever they can. "This for-profit hospital is going to look for as many WCB cases as it can, particularly nurses," Karen Craik says.

HRC spokespeople have already used WCB services they have provided to nurses as a Public Relations point in the news media.

In a recent column on HRC and the WCB, Calgary journalist Gillian Steward calls on the Federal government to wake up to the consequences. The WCB, Steward said, is setting up a parallel health care system. "Since many WCB clients are union members from both the public and private sector, they need to answer a few questions too… Why have both the owners of the for-profit hospital and the AMA cited unions as supporters of the WCB queue jumping arrangements?" Steward's article is available on www.straightgoods.com.

Pollock on health privatization on the web

The speech that British researcher Allyson Pollock delivered on health privatization at UNA's 2001 AGM is now available in video on the internet. Pollock's talk on the push to privatize in Britain and internationally and Heather Smith's introduction are being "webcast" by Working TV from Vancouver. You need the RealPlayer software in your Web Browser to watch these videos. It's all available at www.workingtv.com.

Baccalaureate entry to practice

If the Alberta Association for Registered Nurses (AARN) moves to a Baccalaureate entry to practice in 2005 there is some question of whether nurses graduating with diplomas in other provinces or countries would be eligible to practice in Alberta.

Discussion of the degree entry to practice changes came up at the UNA AGM. President Heather Smith said that the discussion is hap-

pening country-wide and has been discussed at the Canadian Federation of Nurses Unions (CFNU).

The CFNU drafted a policy statement on the question which states simply: "The path that is taken to become an RN is not important but whether he or she has passed national exams."

"The issue is whether a nurse has passed the CNAT professional standards testing, not the formation route through a diploma or degree," Heather Smith said.

Michael Kerr, a Canmore funny-man who travels all over "teaching" humour, joined UNA nurses from Local 119 at a celebration dinner last year. The local had the dinner to celebrate nursing and the new contract. They were ready for fun and Michael Kerr had them all wearing red noses by the end of the evening.

LAPP raising contribution rates by half a percent for both Employees and Employers

The Local Authorities Pension Plan (LAPP) has announced that both Employer and Employee contribution rates will be going up by 0.5% on January 1, 2003. During recent years, LAPP has been able to hold contribution rates down. The Plan was using a surplus of $0.8 billion in its investment income to keep rates at 9.8% (total combined Employer and Employee) when the actual cost of the plan was about 10.8%. In 2001 and 2002 disappointing results in financial markets and low interest rates have erased the surplus. About 80% of the Plan's assets come from returns on investments.

The majority of UNA members are covered by the LAPP plan.

"The higher contributions starting in 2003 will help ensure that LAPP benefits are sustainable in the years ahead," says UNA Labour Relations Officer Richard West, who serves as the Chair of the LAPP Board. "It is important to remember that benefits are secure and LAPP remains strong. However, further deterioration in world markets may mean that contributions need to increase again in the future."

Another major study confirms that nurse staffing levels are critical

The evidence is piling up even higher that registered nursing care is crucial to the health system with the release this week of another major study.

The study examined 232,342 general, orthopedic and vascular surgery patients in the U.S. Published in the Journal of the American Medical Association, it found that each additional patient per nurse was associated with a 7% increase in the likelihood of a patient dying within 30 days of admission and a 7% increase in the odds of failure-to-rescue.

Each additional patient per nurse was associated with a 23% increase in the odds of burnout and a 15% increase in the odds of job dissatisfaction.

This new research adds to an authoritative body of recent publications on the importance of registered nursing care.

I'm just a nurse...

**I'm "just a nurse."
I just make the difference
Between life and death.**

**I'm "just a nurse."
I just have the educated
eyes that prevent medical errors,
injuries and other catastrophes.**

**I'm "just a nurse."
I'm just a nurses researcher who
helps nurses and doctors
give better, safer and more effective care.**

**I'm "just a nurse."
I just educate patients and
families about how to
maintain their health.**

**I'm "just a nurse."
I just make the difference
between dying in agony
and dying in comfort
and with dignity.**

**I'm "just a nurse."
I'm just the real
bottom-line
in health care.**

**I'm "just a nurse."
I just make the difference
between pain and comfort.**

**I'm "just a nurse."
I just make the difference
between healing, coping
and despair.**

**I'm "just a nurse."
I just work in a major teaching hospital
managing and monitoring patients
who are involved in cutting edge
experimental medical or nursing
research.**

**I'm "just a nurse."
I'm just a professor
of nursing who educates future
generations of nurses.**

**I'm "just a nurse."
I'm just a long-term care nurse.
I make the difference
of independence in one's own home
and security in a nursing home.**

**To the student nurses...
Don't you want to be
"just a nurse" too?**

Poem, author unknown, read at the UNA AGM by Kathleen Connors, RN, President of the Canadian Federation of Nurses Unions.

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