

**AT  
YOUR  
SIDE**

**ON  
YOUR  
SIDE**

**40  
YEARS**



**HISTORY**

1977 - 2017

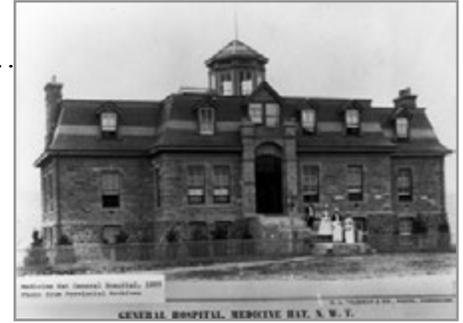
## 1900-1930

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### Majority of Nurses Not Employees

The majority of nurses were not employees. Hospitals were staffed mainly by religious orders, student nurses and management nurses.

Sixty percent of Alberta nurses worked on an entrepreneurial basis and negotiated wages and working conditions individually with patients or their families; 25 percent of Alberta nurses were employed by the hospitals; and the remaining 15 percent worked in public health facilities.



Medicine Hat General Hospital, 1889  
Photo courtesy: Provincial Archives

## 1916

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### AARN Established

The Alberta Association of Graduate Nurses, which would later become the Alberta Association of Registered Nurses (AARN), was established to gain control over the standards of practice in nursing and standards of training programs for student nurses.

The Registered Nurses' Act of 1916 gave legal sanction to the general aims of the AARN.



Marion Moodie, first nurse to graduate from Calgary General Hospital Training School for Nurses (1889)  
Photo courtesy: AARN Museum & Archives

## 1919

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### AHA Formed

The Alberta Hospital Association (AHA) was formed and for many years the AARN and the AHA held their annual conventions jointly.

## 1925

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### 12 Hour Duty Adopted

The minutes of the AARN's 9th Annual Meeting held in 1925 record the adoption of a 12-hour period of duty, down from 24 hours; and a uniform "tariff" for private duty members.

## 1930s

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### Nurses Became Employees

During the Great Depression in Canada, hospitals, governments and doctors were faced with the responsibility of taking care of very ill patients who did not have the money to hire nurses privately. The hospitals, doctors and governments seized the opportunity to transform the economic relationship between patients and nurses by offering nurses an employment relationship in the hospitals. The vast majority of nurses were then subject to a new set of employer-employee rules governing how they practised their professional duties.



Victorian Order of Nurses,  
Edmonton Branch, 1929  
Photo courtesy: Ann Pagliaro, Faculty of Nursing,  
University of Alberta &  
AARN Museum & Archives



1936 AARN Convention Photo courtesy: AARN Museum & Archives

## 1940

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### Labour-Management Meetings Began

The employment of nurses within hospitals was largely completed by 1940. Nurses rapidly learned of the conflicts which inevitably arise between employment obligations and professional responsibilities. Nurses began exploring ways to resolve these conflicts through labour management meetings. The difficulty in such meetings was individual nurses with private contracts of employment were confronting their employers with no collective protection or strength.

## 1941

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### Eight-Hour Day Committee Established

The AARN established the Eight-Hour Day Committee whose mandate was to improve the working conditions of both students and graduate nurses.

The problem of wages and working conditions of nurses consumed a great deal of the AARN's resources over the years, but the promotion of the socio-economic welfare of nurses was not listed as an official goal of the organization.

## 1943

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### Labour Relations Committee Established

The relatively-new Canadian Nurses' Association (CNA) established a Labour Relations Committee to determine: methods of collective bargaining for nurses; the relationship of nurses with trade unions; and the national and provincial departmental regulations that affected nurses.

# 1944

## CNA Endorsed Collective Bargaining/Canadian Employees Granted Right to Bargain

The CNA endorsed collective bargaining for nurses, and supported the position that the professional associations would be the appropriate bargaining agents for nurses.

The CNA did not endorse the right to strike for nurses.

Wartime Labour Regulation Act Privy Council Order #1003 gave employees in Canada the right to bargain collectively with employers.

British Columbia nurses began educational campaigns within their professional organization, the RNABC, seeking a mandate to pursue collective bargaining rights for the RNABC.

The AARN set up an Employment Relations Committee to study the socioeconomic status of nurses, and to make recommendations on wages and working conditions. The AARN and the AHA put forth motions to set up a bilateral committee to address the serious concerns of nurses, but the AHA Annual Meeting defeated the motion. The two organizations met seven months later to discuss a minimum salary scale with increments, hours of duty, vacation, sick leave with pay, pensions and hospitalization.

The AARN Employment Relations Committee operated for 20 years as a group of volunteers advising the elected leaders of the AARN.



Health Unit Office, Drumheller  
Photo courtesy: AARN Museum & Archives



1947 AARN Nursing Education Committee  
Photo courtesy: AARN Museum & Archives

## 1945

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### Nurses Realized Need For Power

The issue of minimum salaries for nurses was reported to the annual bargaining consultation of the AARN and the AHA as an issue of urgency to nurses. The AARN threatened to take its case to the Minister of Trade and Industry, but the AHA met the threat by making no recommendation to the employers regarding a minimum salary for nurses. This was one of many experiences that began to indicate the powerlessness of nurses in the process of setting wages and working conditions.

## 1946

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### BC Experience

The RNABC formed a select committee on Labour Relations to act in an advisory capacity for individuals or groups of nurses who sought assistance in employment-related matters. Later this same year, the RNABC set up bargaining groups to obtain certification and to proceed with negotiations. This was the first group of Canadian nurses to engage in collective bargaining with its employers.

## 1950

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### Staff Nurse Associations and AARN

Staff Nurse Associations began to appear in Alberta hospitals. They were organizations of active professional nurses employed by a health care organization, exclusive of those nurses involved in management or administration.

From 1944 onwards, it was the practice of the elected officers of the AARN to meet annually with the elected officers of the AHA to discuss personnel policies for nurses, and to issue a statement of specific recommendations to hospitals and nurses in respect to salaries and personnel policies. Many employers enacted the recommendations; some did not. This led to a lack of provincial uniformity. For example, in 1953, nurses in 26 hospitals were working 44 hour weeks; nurses in 23 hospitals were working 48 hour weeks; and 20 hospitals were still using split shifts.

## 1956

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### CNA Banned Nurses' Strikes

The CNA enacted an official ban of nurses' strikes.

## 1960

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### Nurses Now Employees

By 1960, 59 percent of Alberta nurses were employed in hospitals; 9 percent in private duty nursing; 7 percent in public health facilities; and 25 percent in other sectors.



1960 AARN Convention - Executive  
Photo courtesy: AARN Museum & Archives

## 1961

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### Three Year Wage Freeze

The Social Credit government announced a three year plan to freeze hospital costs at 3 percent over the past year's costs. This led to a three year agreement between the AHA and the AARN on salaries, and over the next three years, Alberta nurses' salaries fell below those in B.C. and Saskatchewan. The base rate for a beginning nurse in 1962 was \$290 a month, rising to \$300 a month in 1964. The only reason the AARN had agreed to these salaries was in return for the government promise to introduce a pension plan.



1963 AARN Executive

Photo courtesy: Alberta Government, Industry and Development & AARN Museum & Archives

## 1963

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### Voluntary Recognition Sought

In B.C., nurses had been successfully organized into collective bargaining activity since 1946 by the RNABC, and enjoyed superior wages and working conditions. By 1963, Alberta nurses' salaries had fallen substantially behind B.C. nurses' wages.

A resolution was passed at the AARN Annual Meeting with respect to the need for nurses to begin organizing within their employment agencies to obtain voluntary recognition from individual hospital boards.

There continued to be complete agreement between the AARN and the AHA that strikes and lockouts would not be used to settle disputes.

## 1964

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### Dispute Between AARN and AHA

The AARN was advised that to become the bargaining agent on behalf of Alberta nurses, it would have to obtain an amendment to the Registered Nurses' Act of 1916.

At the AARN's annual meeting, nurses urged the AARN to pressure the AHA for improved wages, for a voice in the delivery of patient care, and for a grievance procedure.

Serious disputes took place between the AARN and the AHA over premiums for education and over salaries. Two general membership meetings were held in October 1964 and nurses strongly urged the AARN to pursue collective bargaining rights.

The refusal of the Board of the Calgary General Hospital to recognize its Staff Nurse Association voluntarily, led to the nurses' successful application for certification as a bargaining unit. The nurses at the Lethbridge Municipal Hospital and the Royal Alexandra Hospital followed suit shortly afterwards.

A group of medical clinic nurses in Calgary staged a brief and somewhat unsuccessful strike.



Charles Camshell Hospital, 1965

Photo courtesy: Northwestern Utilities & AARN Museum & Archives

## 1965

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### AARN Became Officially Involved in Bargaining

Medical technology and specialization were altering the pace and delivery of nursing services. Hospitals were becoming increasingly complex and bureaucratic. Staff nurses experienced a reduced status

and an increased alienation from the sources of power and decision-making. In Alberta, the ratio of practising nurses was 1 nurse for every 228 people. The national average was 1 per 188. Alberta was also below the national average in graduating university-prepared nurses for leadership positions. Nurses felt compelled to address the problems confronting them.

The AARN became officially involved in collective bargaining on behalf of its members.

The first Collective Agreement of Alberta hospital-employed nurses was signed between the Staff Nurse Association at the Calgary General Hospital and the Calgary General Hospital Board.

## 1966

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### Alberta Legislation Allows for Unionization of Nurses

Alberta legislation was enacted to provide for certification of bargaining units for nurses.

In 1964, the AARN had begun to obtain certificates for the 53 Staff Nurse Associations. By 1966, 12 Staff Nurse Associations were certified with the Board of Industrial Relations; and 38 of the Associations were voluntarily recognized by hospital boards.

The AARN Employment Relations Committee was replaced by the Provincial Staff Nurse Committee (PSNC). Only nurses eligible for membership in a bargaining unit were permitted to serve on the PSNC and its mandate was to take charge of collective bargaining. The new structure was designed to protect the collective bargaining program from any form of interference or control by management nurses sitting on the AARN Provincial Council.



Hospital Nursing

## 1970

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### AARN Became Uneasy With No Strike or Lockout Agreement

The AHA proposed a six month internship period for newly-graduated nurses during which time the nurse would receive 80 percent of the basic rate of pay. This was strongly opposed by the AARN. It was referred to a conciliation board for resolution. Because of the agreement that neither strike or lockout would be used to settle disputes, the two parties had agreed to recommend unanimously the acceptance of the results of a conciliation process. Thus the AARN found itself in the position of having to recommend an internship program if that was the result of conciliation. Luckily the conciliation board sided with the AARN, but the lesson of the day was not lost on the AARN.



Medication Count

## 1972

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### CNA Lifts Strike Ban/AARN Abandons No Strike Position

The CNA lifted its official ban against nurses' strikes.

The AARN voted to abandon the AARN-AHA agreement that nurses would not use strike action. The AHA countered with a threat to return to bargaining on an individual hospital basis. In 1974, a new procedural agreement was reached wherein the parties agreed that either could reject the outcomes of bargaining or conciliation, and be free to use whatever sanctions were allowed in legislation.

## 1973

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### Supreme Court Ruling Paves Way for Nurses' Unions

The Supreme Court of Canada established the ineligibility of the Saskatchewan Association of Registered Nurses to be a bargaining agent for staff nurses, on the grounds that the majority of the officers of the professional association were traditionally employed in management positions. This decision ultimately led to the establishment of independent labour unions for nurses.

Calgary public health nurses voted 87 to 3 in favour of strike action, and withdrew their services for seven days.

## 1974

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### PSNC Protects Bargaining Role

The AARN moved swiftly to forestall any effort on the part of a trade union to challenge the legitimacy of the PSNC as a bargaining agent. The powers assigned to the AARN in the Registered Nurses' Act, with respect to collective bargaining, were officially delegated to the PSNC. New bylaws were drawn up and approved which provided for the functional autonomy of the collective bargaining process, insulating it from interference from the Provincial Council of the AARN. The amended bylaws stipulated that the Director of Collective Bargaining must be a registered nurse. This new structure remained in place until 1977.

## 1976

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### Donahue Appointed Acting Director of PSNC

An event took place at the AARN which was to shape the future of Alberta nurses forever. In June 1976, Yvonne Chapman resigned her

position as the Director of Collective Bargaining at the AARN and became the Executive Director. She recommended that Bob Donahue, Assistant Employment Relations Officer, be appointed into the Director of Collective Bargaining position, but because Donahue was not a nurse, formal appointment could not be made without a further bylaw change. The PSNC appointed Donahue as Acting Director pending the bylaw change.

## 1977

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### Donahue Moved to Increase PSNC Power

Donahue immediately set about creating long-range planning goals for the collective bargaining program, including a 150 percent increase in revenues. This position was overwhelmingly endorsed by 84 of the 86 Staff Nurse Associations at their first general meeting on February 23, 1977. Changes in the proposed funding formula would require yet another bylaw change—a fact which indicated the degree of control over bargaining activities still exercised by the AARN Provincial Council.

The bone of contention was the method by which AARN revenues would be collected and distributed. The registration fee of \$75 per year for each AARN member had been distributed by means of a formula: management nurses paid \$75 dollars to the professional part of the association; bargaining unit nurses paid \$25 to the PSNC and \$50 to the professional division. Now there was the additional revenue of union dues. If dues were paid to the AARN on a monthly basis, what effect would this have on the professional fee payable by bargaining unit nurses to the professional division? The recommendations that PSNC put forth for bylaw changes included a proposal that would give PSNC 1/2 percent per capita of gross basic income for each staff nurse, and all the union dues submitted by employers. In addition, all staff nurses would pay only 3/5 of the annual AARN membership fee.

The procedure for amending the bylaws of the AARN was lengthy and time-consuming. The Provincial Council chose to maintain its historical prerogative of sole power to set the annual membership fee, and therefore decided not to publish the part of the PSNC proposal about 3/5 of membership fee. The PSNC charged Provincial Council with interfering with union business, and instituted legal proceedings to challenge the consistency of AARN bylaws with the Registered Nurses' Act. The only way that the 50 percent of AARN members belonging to the PSNC could effect the changes it desired was to use the decision-making mechanisms of a general meeting. The Provincial Council refused to call a general meeting. The atmosphere of mistrust, confusion and anxiety soon lead Donahue and the PSNC to devise a strategy for organizational separation from the AARN, without jeopardizing the Collective Agreements, most of which had expired and were being renegotiated.



Yvonne Chapman  
Executive Director AARN 1976  
Photo courtesy: AARN Museum & Archives



Bob Donahue  
UNA Executive Director 1977-79



Nurses Protest Government Intervention

The PSNC appointed Donahue as its Chief Executive Officer and authorized him to draw up a constitution for an independent union called the Alberta Nurses' Association, later to become United Nurses of Alberta. The turmoil and tension between the two groups was illustrated by the fact that the Chairperson of the PSNC, Gurtey Chinell, worked at the Red Deer Hospital where her Director of Nursing was Audrey Thompson, President of the AARN.

On April 22, 1977, the AARN passed a motion that allowed the collective bargaining program of the AARN to become an independent organization with sufficient time being given for an orderly development of a new body—this to protect the Collective Agreements.

## UNA Founded - Chinell President

On May 6, 1977, the AARN called a general meeting to be held immediately after the Annual Meeting. 1300 nurses attended this meeting in Calgary and represented the widespread concerns and misunderstandings of nurses regarding the recent events and the proposed splitting up of the two divisions of the AARN. The meeting was filled with tension and confrontation, and finally Chinell announced the decision of the PSNC to form an independent organization, and requested the support of the AARN so as to protect existing Collective Agreements. Adjournment was abruptly moved and seconded, and the United Nurses of Alberta was born.

On June 14, 1977, the PSNC moved into new premises as the United Nurses of Alberta, and the majority of Staff Nurse Associations made applications for successor rights as chartered Locals of UNA. Finances were so meagre that Donahue offered to re-mortgage his home in order to open the first UNA Provincial Office on 109 Street and 106 Avenue in Edmonton. Province-wide negotiations had reached conciliation stage, having been held in abeyance since January of 1977.

By June, 1977, it became apparent that conciliation was not resulting in effective gains for UNA members.



Gurtey Chinell  
UNA President 1977-80

## Hospital Strike

On July 4, 1977, UNA began a legal strike at seven (7) hospitals in Alberta affecting 2,500 nurses. The seven hospitals were the Royal Alexandra Hospital in Edmonton, the Edmonton General Hospital, the Red Deer Hospital, the Calgary General Hospital, the Holy Cross Hospital in Calgary, St. Michael's Hospital in Lethbridge, and the Grande Prairie Hospital.

## Back-To-Work Order

On July 8, 1977, by Order-in-Council of the provincial government, a public emergency was declared and the nurses were ordered back to work, with the provision of an Emergency Tribunal to award a

settlement binding on both parties. Mr. Justice Bowen was the appointed arbitrator.

On July 8, 1977, in the face of huge fines, and with only two months' union dues in the UNA account, nurses returned to work. Nurses were the first group of Alberta employees threatened with these legislated fines.

## Bowen Award

Mr. Justice Bowen awarded a 9 percent wage increase over one year, even though the federal Wage and Price Controls legislation mandated a 6 percent ceiling for federal workers. This 6 percent ceiling had been adopted by the provincial government through its own legislation, and the employers were now caught between two conflicting laws—the Bowen decision of a 9 percent increase was legally binding, and the 6 percent ceiling was also legally binding. The employers paid a 6 percent increase, and some individual UNA members then filed a Statement of Claim with their employers for the additional 3 percent. In order to allow the employers to pay this mandated additional 3 percent, the provincial government had to pass an Order-in-Council exempting nurses from the 6 percent wage ceiling. A special piece of legislation, Bill 101, was then passed allowing the health unit employers to offer and pay a 9 percent wage increase to UNA's health unit nurses.



Greta Zebak & Joan Blais



1979 UNA Executive Board



Simon Renouf  
Executive Director 1979-1985

Mr. Justice Bowen rejected UNA's demand for the Rand Formula—a system whereby the employers deduct union dues and remit them to the Union. He also rejected the demand for a Professional Responsibility Committee.

A UNA Calgary office was opened in the basement of Mike Mearns' home.

## 1978

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### First UNA Annual General Meeting

UNA represented 3,000 nurses in 50 Locals and held its first Annual Meeting in which nurses established a UNA Constitution and Bylaws.

UNA successfully negotiated a hospital collective agreement without strike action. The 1978-79 Agreement contained the Rand Formula.

## 1979

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### Renouf Hired as Executive Director

Simon Renouf was hired as Executive Director, a position he was to hold until 1985.

## 1980

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### Hospital Strike

In April of 1980, UNA attempted to achieve a settlement at the hospital bargaining table through conciliation. When this failed UNA took a strike vote.

On April 18, 1980, UNA began a legal strike at seventy-nine (79) Alberta hospitals affecting 6,400 nurses. UNA demanded a 33.3 percent wage increase in the first year; portability of benefits; a Professional Responsibility Committee; and improved scheduling provisions. The AHA offered a 29 percent wage increase and a letter of understanding regarding Professional Responsibility Committees.

### Back-To-Work Order

On April 21, 1980, by Order-in-Council of the provincial government, nurses were ordered back to work at 1800 hours on April 21. An Emergency Tribunal was ordered to award a binding settlement. Penalties for failure to comply with the back-to-work order were the same legislated fines as in 1977.

On April 21, 1980, nurses refused to return to work and UNA commenced legal action to challenge the validity of the back-to-work



Margaret Ethier & Simon Renouf

order. During the time that UNA's counsel was in court arguing the case, negotiations resumed and a negotiated settlement was reached on April 27, 1980.

On April 28, 1980, nurses returned to work with the negotiated settlement which included: a two-year term; a 39.8 percent wage increase over two years; improved scheduling; a Professional Responsibility Committee; and fifty other contract improvements.

In the 1980 round of hospital negotiations, the AHA tried to proceed to compulsory arbitration for the 3 UNA hospitals covered by the Public Services Employee Relations Act (PSERA)—the Foothills Hospital, the Alberta Children's Hospital, and the Glenrose Hospital. Under the terms of PSERA's compulsory arbitration provisions (which were different from the provisions under the Labour Relations Act), a number of issues were declared to be "non-arbitrable", including a demand for a Professional Responsibility Committee. Had UNA complied with the order to proceed to compulsory arbitration, the three Crown hospitals could not have been awarded a PRC. Because UNA reached a negotiated settlement with the AHA, the three Crown hospitals were included in the AHA's agreement to put a PRC Article in the hospital provincial collective agreement.



Margaret Ethier  
UNA President 1980-88

The provincial office of UNA was moved to the Dorchester building on 104th Avenue and 109 Street in Edmonton.

In late 1980, the UNA Calgary office was moved from the Mearns' basement to 2120 Kensington Road.

## Ethier Elected UNA President

At the UNA Annual General Meeting, Margaret Ethier was elected President, an office she was to hold for eight years.

## 1981

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### Hardisty Strike



Hardisty Nurses' Strike 1981

After the successful hospital strike of 1980, UNA members at Hardisty Nursing Home in Edmonton also went on strike to gain improvements in their second collective agreement. Issues included improved wages, benefits and working conditions. Management kept the Nursing Home operative by using management nurses and by importing nurses from other areas and provinces. The striking UNA members did not receive a settlement or indeed their jobs back and most of the nurses found employment elsewhere. This was an unsuccessful strike, and the UNA Charter for the Hardisty Local was revoked at the request of the remaining Local executive.

UNA commenced bargaining for a new hospital provincial collective agreement. UNA demands included a 40-52 percent wage increase over two years, improved scheduling provisions, voluntary overtime, safety measures, and additional demands numbering 229 in total.

In December, 1981, UNA was given a positive strike vote amongst 8,300 hospital nurses, although there were some Locals that voted not to strike. The contract expired at midnight on December 31, and UNA was in strike position effective January 1, 1982.

## 1982

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### Hospital Strike

The Minister of Labour used the Labour Relations Act to intervene in the collective bargaining process and ordered a Disputes Inquiry Board under Mr. Eric Lefsrud to hold hearings into the outstanding bargaining items and to make recommendations for settlement. The parties were ordered to attend the hearings of this Board. Under the provisions of the Disputes Inquiry Board, legal strike action could not take place until 10 days after the Minister provided the recommendations of the Disputes Inquiry Board to the parties. Penalties for failure to comply included huge fines.

## Disputes Inquiry Board

UNA complied with the Disputes Inquiry Board process, but ran into difficulty when the Minister of Labour ordered a government-supervised vote for UNA members to accept or reject the Board recommendations. The Minister ordered this government-supervised vote to take place on February 11. UNA had already ordered a UNA vote, compliant with the UNA Constitution, to be held February 12. UNA directed its members to boycott the government-supervised vote of February 11, and the government threatened to impose the results of the February 11th vote even if only one nurse voted. The government backed down temporarily and did not impose the results of the few voters in the February 11 vote. On February 12, UNA members rejected Mr. Lefsrud's recommendations. The law was later changed so that a union's refusal to vote in a government-supervised vote was declared illegal, and the government was given the power to impose their vote results as a settlement of the dispute.

Nurses were again the first group of employees to have a Disputes Inquiry Board imposed upon them, and this process was not used again until the 1986 United Food and Commercial Workers' strike at Gainers.

In February, 1982, UNA made application before the government's Labour Relations Board to have the right to hold another strike vote in those Locals which had voted not to strike in December, and now wanted the opportunity to reconsider the strike option. The LRB ruled against UNA, citing current labour legislation as prohibiting Locals from taking a second strike vote.

On February 16, 1982, UNA began a legal strike at sixty-nine (69) Alberta Hospitals affecting 6,000 nurses. UNA represented 8,300 hospital nurses at the bargaining table, but with the implementation of the LRB ruling that some Locals could not reconsider and vote to strike, only 6,000 were actually in a legal position to strike.

## Bill 11

On March 9, 1982, the Minister of Labour requested unanimous consent in the Legislative Assembly for the swift passage of Bill 11, the precursor of Bill 44 which banned strikes in the hospital sector.

On March 10, 1982, Bill 11 was introduced and adopted. This legislation ordered nurses back to work on March 11. Failure to comply could result in large fines; decertification of the Union; and restriction from holding office in or working for a trade union in Alberta for two years. Bill 11 ordered both parties to a Tribunal which would award a binding settlement. The man appointed by the government to head the Tribunal was Mr. Justice Forsyth.

On March 11, 1982, nurses returned to work and UNA began the long process of Forsyth Tribunal hearings. The Tribunal heard 17 days of evidence from the AHA and UNA.



Health Unit Lockout 1982

## Health Unit Lockout

In May of 1982, 8 Health Unit Association of Alberta employers locked out more than 300 UNA health unit nurses. The lockout affected Leduc-Strathcona Health Unit, Vegreville Health Unit, Minburn-Vermilion Health Unit, the City of Lethbridge Health Unit, Wetoka Health Unit, Big Country Health Unit, Alberta East Central Health Unit and Sturgeon Health Unit. The Northeastern Health Unit employer did not lock out its nurses, although they were part of the same bargaining table between UNA and HUAA. Alberta West Central Health Unit and the Athabasca Health Unit were at separate bargaining tables and those employers did not lock out the nurses. The lockout lasted one month and when UNA suggested the use of a mediator the HUAA refused and presented a “final offer” which was refused by the locked out nurses. A negotiated settlement was reached which included a 14 percent wage increase over one year; a provision for no dismissal without just cause; and a \$250 signing bonus. Most nurses also received compensation for benefits lost during the lockout.

## Forsyth Tribunal Award

In July of 1982, the Forsyth Tribunal brought down a final and binding hospital award which mandated a 29 percent wage increase over two years; improved scheduling; access to hospital Boards; a no-working-alone provision; and mandatory overtime.

## Parklands Strike

In 1982, UNA members at the Parkland Nursing Home in Edmonton began a legal strike. The employer sold Parklands to Extendicare Health Services Inc. and UNA had successor rights. The certificate was varied by the Labour Relations Board and the members at this UNA Local now work at Extendicare North.



Parklands Strike 1982

## 1983

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### Bill 44 - Hospital Nurses Denied Legal Right to Strike

On April 11, 1983, the Minister of Labour introduced Bill 44 in the Alberta Legislature. One of the many provisions of Bill 44 was the removal of the legal right to strike from all hospital workers, including nurses. This legislation provided for compulsory arbitration rather than strikes or lockouts as the method of settling bargaining table disputes.

In May of 1983, Bill 44 was passed as legislation and provided for heavy fines and a LRB approval of a six-month suspension of the Rand Formula of dues deductions, for any failure to comply with the new legislation.

In the summer of 1983, the Calgary office moved to larger offices in Campana Place.



Bill 44 Protest Demonstration 1983



Photo courtesy: Andrea Waywanko, the Newsmagazine by Alberta Women

## 1984

### New Provincial Office

In May of 1984, the Provincial Office of UNA moved into Principal Plaza (Metropolitan Place) on the corner of 103 Street and Jasper Avenue in Edmonton.

## 1985

### Health Unit Strike

In early 1985, UNA began two tables of bargaining for new contracts for its health unit nurses. The employers came to the table with major takeaways and regressions. The HUAA and the Alberta West Central Health Unit employers did not believe that health unit nurses would choose strike action, and negotiations faltered in the face of the employers' insistence on rollbacks. UNA left the table and took a successful strike vote.

On April 1, 1985, eight UNA health units began a legal strike. UNA and HUAA had been at one bargaining table representing ten health units and UNA was at a separate table with Alberta West Central Health Unit. When the employers' last offer was presented to the nurses in the ten health units, the UNA members at Sturgeon Health Unit, Athabasca Health Unit and Alberta East Central Health Unit voted to accept the offer. The UNA members at the other seven health units voted to reject the offer. UNA signed off the offer for the three health units and that offer formed the basis of the Collective Agreement applicable to those three bargaining units. The "Group of Seven" health units that rejected the offer began a legal strike. Those seven



Health Unit Nurses march to Legislature 1985

health units were Leduc-Strathcona Health Unit, Vegreville Health Unit, Minburn-Vermilion Health Unit, the City of Lethbridge Health Unit, Wetoka Health Unit, Big Country Health Unit and Northeastern Alberta Health Unit. The eighth health unit Local that began strike action on April 1, was the Local at Alberta West Central Health Unit which was bargaining at a separate bargaining table but faced the same unacceptable employer offer.

Also on April 1, 1985, approximately 15 UNA members in the Victorian Order of Nurses, Calgary, Local began a legal strike for improvements to their Collective Agreement. After frustrating sets of negotiations, the employer chose to cancel registered nursing services to their clients, and UNA striking nurses found alternate employment.

The health unit strikes (Group of Seven and Alberta West Central) continued as efforts were made to resume negotiations. In September the UNA negotiating committee met with the HUAA and Alberta West Central employers. A settlement was reached with Alberta West Central, and the strike continued for the Group of Seven.

October 1, 1985, Alberta West Central striking nurses returned to work with a negotiated Collective Agreement. Subsequently, the striking nurses put out a cookbook called Strike One.

In late 1985, the nurses at the City of Lethbridge Health Unit, and later the nurses at Wetoka Health Unit, returned to work with private contracts of employment.



Health Unit Rally 1985

## 1986

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### Health Unit Settlement

On January 27, 1986, the striking nurses in the five remaining health units returned to work with a negotiated Collective Agreement which included the City of Lethbridge and Wetoka Health Units. The gain in this long strike was primarily one of forcing the employers to withdraw the rollbacks from the table; and the striking nurses received a small wage increase. The major gain was one of putting the health unit employers on notice that this group of UNA members would stand tall in the face of regressions and takeaways. The long-term effects of the strike were not to be realized until the 1990 round of bargaining when the health unit nurses received a large wage increase that brought them to the equivalent of hospital wage parity.

After UNA striking health unit Locals ratified and signed their new Collective Agreement, the employers changed the dates of hire for all striking nurses to reflect the nearly ten months of strike action. This meant that the striking nurses had their seniority, their vacation entitlements, and their increment dates negatively impacted. At the same time, the employers in Sturgeon Health Unit, Athabasca Health Unit and Alberta East Central Health Units offered the nurses in those units all the gains contained in the new Group of Seven Collective Agreement and their dates of hire would remain unchanged, giving

them all the benefits of not going on strike and all the benefits of going on strike. The UNA Executive Board took the position that the nurses in these three health units had the moral obligation to refuse the employers' offer and remain working under the conditions of the Collective Agreement. The nurses chose to take the employers' offer. The Local at the Sturgeon Health Unit voted to apply for successor rights and withdraw from UNA. The nurses in the Athabasca Health Unit and the Alberta East Central Health Unit were given time to apply for successor rights to protect their Collective Agreement and then UNA revoked their Charters.

## 1987

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### Employers Tabled Massive Rollbacks

In the fall of 1987, UNA began hospital negotiations with the AHA and the Royal Alexandra Hospital at two bargaining tables. Both employers tabled massive takeaways, regressions and rollbacks. The last hospital strike in 1982 was followed by Bill 44 in 1983 which removed the legal right of hospital nurses to take strike action. UNA had negotiated Agreements covering 1984-85 and 1986-87 without recourse to strike action. The employers must have believed that UNA hospital nurses would not take illegal strike action, and that 1987 was the time to force concessions at the bargaining table.

## 1988

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### Hospital Strike

By January of 1988, the employers were clearly unprepared to withdraw their rollback proposals from the table. The UNA negotiating committee received the employers' final offer and called a reporting meeting with the membership.

On January 5, 1988, the UNA negotiating committee presented its report to the membership at a reporting meeting in Calgary. The membership perceived that the negotiators had agreed to a provision dealing with short and long term disability and Workers' Compensation, which looked like a takeaway. They strongly directed the negotiators to return to the table and inform the employers that this provision was not agreeable to UNA members and no Memorandum of Settlement containing such wording would ever be ratified. The members at the reporting meeting reiterated UNA's long-held position that this Union accepts no rollbacks, no concessions, no regressions, and no takeaways. A date for a vote on the employers' last offer was set for January 22, with the ballot to read: "Are you willing to go on strike for an improved offer?".

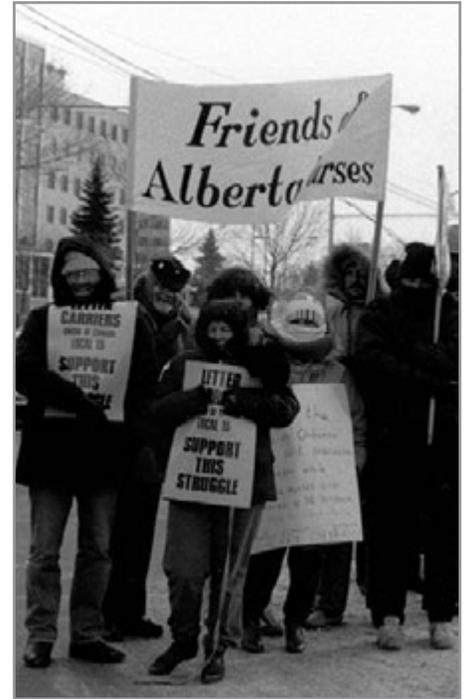
The negotiating committee met with the AHA and the RAH and informed them of the members' position. The employers went to the

LRB and charged UNA with bargaining in bad faith, a charge the LRB later dismissed. At the same time they asked that the LRB find that UNA was in breach of the labour legislation for asking members to vote on whether they were prepared to go on strike for an improved offer. The employers argued that such wording constituted a threat of strike, an act prohibited by law.

## LRB Denied Nurses' Right to Vote

At 0300 hours on the morning of January 22, 1988, the LRB handed down a ruling stating that the wording on UNA's ballot constituted a threat to strike and ordered UNA not to proceed with the vote.

At 0700 hours on January 22, 1988, UNA hospital Locals conducted the vote on the employers' last offer, with the ballot reading: "Are you willing to go on strike for an improved offer?". UNA received a strong positive vote. The outcome of the vote was conveyed to the employers, and they were served with notice of a strike to commence at 0730 hours on January 25, 1988.



Canadian Workers support  
UNA Hospital Strike 1988



Rally at Legislature 1988

Photo courtesy: Andrea Waywanko, the Newsmagazine by Alberta Women



David Harrigan  
Director of Labour Relations 1989

## Illegal Strike Commenced

At 0730 hours on January 25, 1988, the strike commenced in ninety-eight (98) Alberta hospitals affecting 14,000 nurses. In prior hospital strikes, the three Crown Hospitals (Foothills, Glenrose, and Alberta Children's) had never been called out on strike because under PSERA the nurses did not have the legal right to strike. Now no hospital nurses had the legal right to strike, and all hospital nurses were called out on strike, including the three Crown hospital sites.

The employers went back to the LRB and charged UNA with causing a strike. The LRB heard the charges on January 25, 1988, and determined that UNA had indeed caused a strike. It ordered a cease and desist order, and then filed both of its rulings on "threatening to strike" and "causing a strike" with the Courts. This process of filing LRB orders with the Courts, where they were automatically stamped as court orders, opened the way for later charges of contempt of Court. This automatic process suggested that the courts were extensions of the government, with no power to review orders or directives. This was to become an issue when UNA appealed to the Supreme Court of Canada in 1991.

## Dues Collection Ceased

As early as January 25, 1988, some employers applied to the LRB for the right to cease the collection of union dues for six months—a request granted by the LRB.

Unions from across Canada began sending telegrams and letters of support, followed shortly with cheques. Mr. Dave Werlin, president of the Alberta Federation of Labour, supported the striking nurses and promised that "Alberta workers would not let UNA go under financially".

## Injunction Against Picketing

On January 26, 1988, a permanent court injunction against picketing at the three Crown hospitals was granted by the Courts. Over 1,000 nurses responded by picketing those hospitals.

## Civil Contempt

On January 27, 1988, individual nurses began to be served with civil contempt of Court charges. By the end of the strike over 75 such individual charges would be laid and heard.

## Criminal Contempt

On January 27, 1988, the government of Alberta, through the acting Attorney General, Elaine McCoy, charged UNA with criminal

contempt of Court. On the same day a mediator, Mr. Wes Pangrass, was appointed by the Minister of Labour. UNA's policy of opposing third party intervention resulted in the government-appointed mediator being rejected by UNA. UNA requested an "independent facilitator" with some real power to influence the government funders.

## Fines

On January 29, 1988, UNA was served with notice to appear at a criminal contempt hearing on February 1. Hearings on this matter took three days. The government of Alberta requested a \$1,000,000 fine and sequestrations of the Union's funds and assets. This sequestration action is based on an old Elizabethan law never used in North America, and used only once in recent times—by Margaret Thatcher in the British miners' strike. On February 4, UNA was found to be guilty of criminal contempt of the Court, and fined \$250,000 to be paid within five days or the Union would be subject to a sequestration order.

On January 31, 1988, an "independent facilitator", Mr. Chip Collins, appeared at the bargaining table and acted in the capacity of mediator and advisor to the government.



\$250,000 cheque Paid to the Alberta Government 1988

## Discipline and Termination

On February 2, 1988, individual nurses were threatened with graduated discipline, up to and including termination, if they did not return to work immediately. Nurses continued to insist that they would walk the picket lines until they secured a negotiated collective agreement.

On February 3, 1988, civil contempt hearings for individual nurses proceeded. Over the next two weeks nurses from all over the province appeared in courthouses in Calgary and Edmonton to have their civil contempt charges heard.

On February 9, 1988, UNA paid the \$250,000 criminal contempt fine, and was immediately served, at the courthouse, with a notice of motion of a second criminal contempt charge.

On February 10, 1988, individual nurses across Alberta received termination notices. In late night negotiations, UNA and the AHA and RAH employers had all but settled the terms of a settlement, but the employers refused to abandon their right not to collect Union dues, and no settlement was reached. Mr. Don McGregor, head of the AHA, was heard to say to reporters as he left the hotel: "They have to be punished somehow".

On February 11, 1988, the employers tabled an improved offer.

On February 11, 1988, fines of up to \$1,000 each for civil contempt began to be imposed on individual nurses.

On February 12, 1988, hearings on the second criminal contempt charge began, and UNA was eventually fined \$150,000.

## Negotiated Settlement

On February 12, 1988, UNA members voted to accept the employers' latest improved offer, and a settlement was reached.

## Strike Ends

On February 13, 1988, striking nurses returned to work with a negotiated Collective Agreement. In total, the Union paid approximately \$426,750 in fines. Generous cash donations of support from other unions and from individuals helped UNA pay these fines.

The results of the 1988 strike were not very evident in the negotiated settlement, because the most important victory was forcing the employer to remove the takeaways from the table. Some improvements were realized, but in most respects it was a "tread water" type of settlement.

One major factor that had arisen in the 1984-85 and 1986-87 rounds of hospital bargaining, and emerged in major proportions during the 1988 strike, was the presence of the Staff Nurses Association of Alberta. Their process of bargaining with their employers at the same time as UNA and AHA/RAH negotiations occur, has allowed the government and the employers to play SNAA off against UNA. The

premier of the province refused to talk directly to striking UNA nurses, and the government chose to use the SNAA bargaining table as a way to speak indirectly to UNA. This has not worked in the interest of either UNA or SNAA.

## Smith Elected UNA President

At the 1988 Annual General Meeting, Heather Smith was elected President.



Heather Smith  
UNA President 1988-

## 1990

### UNA Benefited from 1988 Strike

David Harrigan, a former UNA vice-president, was hired as the Director of Labour Relations.

The effects of the 1988 hospital strike and the 1985-86 health unit strike were reaped in the 1990 round of negotiations.

Hospital nurses achieved a shortened work week, the effect of which was an additional day of rest every four weeks (8 hour shifts) or every six weeks (12 hour shifts); a 19 percent wage increase over two years; an additional eighth increment worth 3 percent; a guarantee of 2 weekends off in 4; a guarantee of a maximum of 6-shift stretches; an increase from 60 percent of basic pay to 66 2/3 percent of basic pay for nurses on short or long term disability; substantive increases in all premiums; overtime pay at double time; improved vacations; language expressly prohibiting employers from making individual agreements that contravene the Collective Agreement; and a binding process to settle disputes over the working-alone issue.

Health unit nurses achieved an equivalent of parity with hospital salaries as a result of a 27 percent wage increase.

In July, 1990, the UNA Calgary office moved to downtown quarters—7th Street and 6th Avenue.

## 1991

### Bethany Care Strike

On July 12, 1991, 19 nurses at Bethany Care, Cochrane, began a legal strike for a first Collective Agreement. This strike was long and bitter, and the employers refused to offer contract provisions close to those enjoyed by other hospital nurses. The striking nurses returned to work December 16 with a first Collective Agreement, but did not realize the gains they had hoped for.

In August of 1991, the provincial office of UNA moved into Park Plaza on 98th Avenue and 106th Street in Edmonton. The UNA Office in Calgary was renamed the Southern Alberta Regional Office.



Bethany Picketers - July 1991

## Supreme Court of Canada

On December 3, 1991, UNA appeared before the Supreme Court of Canada in Ottawa to argue that the 1988 fines imposed by the Alberta courts, were wrongly imposed. UNA lawyers argued that there were sufficient penalties available under the civil code, up to and including massive fines and jail sentences, and that the Alberta government did not have to lay charges under the criminal code. They further argued that criminal charges can only be made against an individual person, and not against an organization. Another argument advanced by UNA was that the judicial hearing had proceeded improperly in that UNA was served notice to appear at a specific time, and the hearing began prior to that time; and that the rules of Court were not followed in that UNA was not allowed to cross examine deponents of affidavits. And finally, UNA argued that the process of the LRB directives being automatically stamped as Court orders makes the judicial system simply an extension of government.

## 1992

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### Supreme Court Decision

In April, 1992, the Supreme Court of Canada, in a 4-3 decision, ruled against UNA's appeal of the criminal contempt convictions arising out of the 1988 hospital nurses' strike.

### Collective Bargaining

UNA renegotiated most of its Collective Agreements in 1992. The hospital provincial Collective Agreement and the Royal Alexandra Collective Agreement were very lengthy negotiations - one settled in June and the other not until December. Health Unit negotiations were also laborious and in all settlements the wage increases were moderate. The hospitals settled with a 3 percent increase in the first year and a 1.5 percent increase in the second year. Health Units received 3 percent in the first year and 2 percent in the second. Other significant gains included letters of understanding in the hospital Collective Agreements that provide job protection for nurses when employers merge hospitals and move units from one site to another; anti-harassment policies which recognize the value of maintaining workplaces free of harassment; and lists of casual employees which will enable the Union to track the employers' use of casuals to fill vacancies rather than creating permanent jobs. The Alberta West Central Health Unit now had the Rand Formula in their Collective Agreement - the only UNA Local which did not have the automatic deduction of Union dues. The Northwestern Health and Social Services Board gained a combined Professional Responsibility and Occupational Health and Safety Committee. Negotiations also took place for the Red Cross, the Central Park Lodges, the Extencicare and the Chantelle Managements.



1992 Hospital Bargaining

## Arbitrations

1992 was a year in which UNA did a record number of arbitrations with a significant number of wins. Monitoring and strengthening the Collective Agreements continued to be a full-time activity for all UNA Locals, elected leaders and staff.

## Computerization

Phase I of the computerization process was completed in 1992. This included the automation of both the UNA Provincial Office in Edmonton and the Southern Alberta Regional Office in Calgary, and the introduction to the network of the first remote users - the UNA Executive Board members and the 16 Locals with over 200 duespayers. Members of the UNA Executive Board, the UNA staff and the 16 Locals have now received computers and basic computer education.

## Labour School

In June, UNA held its first Labour School in over ten years. The two-day School was held at Mount Royal College in Calgary with approximately 200 participants. Topics addressed included the structure and funding of medicare in Canada; future directions for medicare and the impact on nursing; stress and conflict handling; contract interpretation; Local administration; political action; QWL/team concept; and individual employment rights. The Labour School was welcomed enthusiastically by participants and received high praise on the evaluations.

## UNA Video/UNA History

In 1992, UNA developed a number of educational documents including UNA History, UNA Structures and UNA Roles and Responsibilities. The production of a UNA Orientation Video was met with membership enthusiasm and support.

## The Southern Alberta Regional Office

In July, the UNA office in Calgary moved to larger and more efficient offices in the same building as previously.

## The Provincial Nursing Action Plan

UNA has been involved in The Provincial Nursing Action Plan in an attempt to have the voices of nurses heard by provincial planners. When UNA received the draft copies of the PNAP Committee Reports we wrote a brief critiquing the shortcomings and failures of the reports. UNA clearly told PNAP that we could no longer participate in the process if our concerns were not addressed adequately. UNA's participation in the process is currently under review.



UNA Labour School - June 1992



Production of UNA Video - 1992



Hazel Paish UNA History Document



1992 Annual General Meeting



Computer Education - 1992



Minister of Health Announces Health Care Cuts

## Regionalization, Mergers and Satellite Units

The Alberta Department of Health embarked upon a complete re-structuring of health care in the province. These plans included regionalization schemes which would see the disappearance of Boards of Trustees and the establishment of regional boards to administer the delivery of health care in an entire region. These plans also included the merger of large urban hospitals under the administration of a single incorporated board. A final set of plans called for the administration of specialty services such as pediatrics, oncology, geriatrics and mental health on a satellite unit plan. For example the northern children's health care services would be administered from the University of Alberta premises but many of its beds would be at the Royal Alexandra, the Misericordia, the Sturgeon and the Grey Nuns' Hospitals.

UNA helped organize a committee of health care unions to analyze and critique these government plans. The resignation of the premier and the subsequent leadership race resulted in a freezing of all government regionalization initiatives. With the appointment of a new Minister of Health, UNA waited to see how the Department of Health would proceed.

Mergers, however, continued, and UNA was very active in identifying and addressing the problems that such mergers created. The UNA Executive Board approved the hiring of a researcher to study the far-reaching implications of employer mergers including the question of the effects on the internal culture of UNA; the question of which unions represents merged staffs; the question of which Collective Agreement applies; and the question of seniority rights.

1992 continued to see increasing numbers of position eliminations and layoffs. Across the province job security for nurses was not strong.

## QWL/Team Concept Programs

1992 saw the introduction of QWL/team concept programs in many UNA worksites. These were very dangerous and damaging programs, and UNA identified this as an area for education and action.

## 1992 UNA Annual General Meeting

In October, the UNA Annual General Meeting was held at which Heather Smith was acclaimed UNA President for a further two-year term.

## Alberta Court of Appeal

In November, judges at the Alberta Court of Appeal found that the \$400,000 fines levied against UNA in 1988 criminal contempt proceedings were not excessive. This ruling was an endorsement of an unprecedented attack against workers' right to strike. UNA has always maintained that this is an unjust law and that UNA will continue to oppose this restriction on the right to free collective bargaining.

## 1993

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### Health Care Reform

1993 will go down in UNA history as a year of critical change in the health care system. On June 15, 1993, the Progressive Conservative Party under the leadership of Premier Ralph Klein, was elected as the provincial government. Almost immediately, Mr. Klein and the new Minister of Health, Shirley McClellan, assisted by Diane Mirosh, announced a series of changes to the funding of health care in Alberta.

On July 14, Mr. Klein announced a \$65 million dollar cut to be applied retroactively to April 1, 1993. This cut was applied more extensively to the urban hospitals and services than to the rural facilities.

In August, the government had a provincial Roundtable Meeting in Red Deer. When UNA President, Heather Smith, pointed out to the assembly that the government could find it's \$1 billion by simply cancelling it's \$911 million dollar health care construction plans, she was clearly told that the point of the exercise was not to save \$1 billion dollars, but rather to reduce salaries and benefits.

In October, Klein announced that he was asking public sector employees to take a voluntary 5 percent rollback. An arbitrary deadline of November 23 was given for agreement on this voluntary rollback. What was unclear was the manner in which this was to be accomplished. In the face of signed Collective Agreements, the employers were uncomfortable with the government's "voluntary" rollback. It was also unclear as to the makeup of the 5 percent. Was it 5 percent of wages or did it also include a 5 percent cut to benefits and premiums? The premier would not say. The Minister of Health would not say. And the Minister of Labour was busily trying to do damage control in a situation in which the government seemed to be blatantly urging employees and employers to violate the health care Collective Agreements. The only things that were clear were the fact that the Alberta government intended to cut \$1 billion dollars out of the



UNA Rally in Support of Health Care  
- 1993



UNA Protests - 1993

health care funding over a four year period, and that the government had no overall plan as to how they would do the cutting. When asked if acceptance of the 5 percent rollback would guarantee jobs over the four-year period, the government and the employers were crystal clear: acceptance of the rollback would not guarantee job security—in fact they were very sure that more layoffs would occur. November 23 came and went without agreements to voluntary cutbacks, and Klein then announced that on January 1, 1994, health care facilities would receive 5 percent less in government monies. Many health care employers declined applying a blanket 5 percent rollback and planned instead to let the current Collective Agreements expire and negotiate rollbacks into the new contracts.

It was at this point that UNA and other Alberta health care unions were successful in demanding that the government, the employers and the health care unions sit down at a tripartite table to discuss an agreement regarding compensation (wages, benefits, premiums, etc.) as well as the government's request for a 5 percent rollback. Other items would be included in these "talks" as required. All parties were clear to say that these were not "negotiations"—rather, they were "talks" to see if some of the outstanding issues could be resolved prior to the different union contracts being negotiated. Simon Renouf acted as chief spokesperson for the health care unions and each union had 3 representatives on the union caucus team. In addition, each Union brought members of their own Negotiating Committees to meet with their representatives on the union caucus team. The first of these tripartite meetings was held in December and others were scheduled in 1994.

## Effects of Health Care Reform

As part of the government's reorganization of Alberta's health care system, employers were given reduced funds to operate their facilities and services. All UNA worksites felt the effects of this financial cutback program. For many of our Locals, massive layoffs became the order of the day. Throughout 1993, our Local Executives were faced with the difficult and heart-breaking job of overseeing the layoff process and sharing the anguish of nurses with as much as five years' seniority being ushered into the UI lines.

Some employers quickly applied the Total Quality Management technique of substituting lesser-skilled workers for highly-skilled personnel. An example of this occurred in one UNA worksite where RN's were told not to have RN on their name tags because they were now to refer to themselves as Patient Hostesses. And in another UNA worksite, LPN's were scheduled to do the work of laid off RN's and the maintenance workers were trained to give the bed baths—work previously done by the LPN's. The profession of nursing was undermined and compromised. Not only did UNA fight for improved wages and benefits in 1993—it also fought for the very profession itself.

In an attempt to respond to the government's cutbacks, UNA put together a coalition called United for Health Care. Included in this

coalition were representatives of other health care unions, consumer groups, women's groups, anti-poverty groups and seniors' groups.

UNA also developed and sent out thousands of copies of a health care pamphlet which outlined UNA's alternate health care plan. UNA also distributed health care fact sheets and our on-going UNA Health Care Action Plan which encompasses work done within UNA, with other nursing bodies, with other health care unions and with the general public.

In late December, UNA charged Premier Klein, Labour Minister Stockwell Day, Health Minister Shirley McClellan and health care employers with threatening an illegal lockout as a result of the government's insistence on implementing the 5 percent rollback. The Union filed the unfair labour practice charges against members of the government, the Alberta Healthcare Association, and the Health Unit Association of Alberta at the Labour Relations Board. According to Alberta's labour laws, it is illegal to threaten to layoff or to layoff in an attempt to convince employees to accept rollbacks to the Collective Agreements when the parties are not in negotiations. Penalties for an illegal lockout are similar to the penalties UNA suffered for an illegal strike.

## Collective Bargaining

1993 was a bargaining year for many of UNA's smaller Locals. Contracts were negotiated for Bethany Care-Cochrane, Extendicares, Chantelle, Central Park Lodges and the Victorian Order of Nurses.

Hospital and health unit bargaining committees were elected and attended negotiations orientation. Both the hospital and health unit bargaining committees reviewed membership demands; recommended changes to the contracts; and attended the demand-setting meetings held in preparation for bargaining in 1994.



UNA Members Study Employer Plans



UNA Health Unit Negotiations



UNA Hospital Negotiations



UNA Hospital Negotiations

While UNA was busy working on the lead-up to 1994 bargaining, a series of meetings was held with other health care unions to form a common front in the face of the government's slash and burn activities. The tripartite talks were one of the major activities of this health care union caucus but other actions included a union advertising campaign, political action and media activities.



UNA Health Unit Negotiations

## Grievances and Arbitrations

As usual, UNA Local Executives and Labour Relations Officers were hard at work in 1993 monitoring the application and interpretation of the Collective Agreements. UNA filed 740 grievances, scheduled 94 arbitration hearings and represented members in 33 arbitration hearings.

## Mergers and Transfers

The ink was hardly dry on the 1992-1994 Royal Alexandra Hospital Collective Agreement when the Royal Alexandra Healthcare Corporation took over the ownership and administration of the Charles Camsell Hospital. This employer immediately began a series of transfers between the Royal Alexandra Hospital and the Charles Camsell Hospital. The Letter of Understanding on mergers and transfers which had been signed by the Union and the employer, was immediately the centre of controversy when the employer's actions seemed to violate the conditions of the Letter of Understanding. A great amount of time, effort and finances was devoted to resolving the disputes. One of the results was that the Labour Relations Board granted a new certificate covering nurses at both sites and created UNA Local #200. For internal purposes UNA continued to treat the two sites as two distinct Locals, but for formal purposes, there was one Local.



Action Against Rollbacks

1993 was also a year of negotiations with the Staff Nurses Association of Alberta in relationship to what happened when nurses were transferred with their services from a UNA worksite to an SNAA worksite, and vice versa. UNA and SNAA signed an agreement which allowed the portability of seniority, wage placement and other benefits.



Political Action - 1993

## Political Action

1993 was a year of both provincial and federal elections. In preparation for each election, UNA sent questionnaires to the main political parties asking for their positions on matters relating to health care. Using the answers, UNA developed both a provincial and a federal election guide. These were sent to each UNA member, and included in the mailout were VOTE FOR HEALTH CARE buttons and federal postcards.

These federal postcards were to be sent to the Liberal and Conservative leaders during the federal election, urging both party leaders to protect and extend the principle's of the Canada Health Act. About 100,000 postcards were distributed throughout Alberta.

Other forms of political action included UNA members attending the government's series of roundtables on health care. Hundreds of UNA members passed out literature, participated in discussions and put forward UNA's recommendations for health care reform at the 11 roundtable meetings held throughout the province.

In response to Local demands, UNA produced and distributed posters, buttons, t-shirts, pamphlets, pins and pens—all promoting UNA and/or the principles of the Canada Health Act.

UNA was very busy in 1993 forming and participating in coalitions. In United for Health Care, UNA worked with the Alberta Federation of Labour and the United for Social Justice groups to organize a very successful health care rally on October 23. UNA also worked with other health care unions to present a common front to the media.

UNA worked with the Alberta Association of Registered Nurses and the Staff Nurses Association of Alberta in calling a media conference to denounce the government's cutbacks to health care. These three



An Information Picket - CPL Calgary



UNA Rally - October 1993  
Health Care and Social Services



Extendercare Information Picket



AGM Delegates Make Decisions



Education Workshop at a District Meeting

nursing organizations also funded and developed a successful newspaper advertising campaign.

UNA also attended a meeting in Montreal to which all the nurses' unions in Canada and the National Federation of Nurses' Unions sent their presidents and senior management. This historic meeting was held October 25 and 26 and provided all participants with an overview of what was happening to health care systems across Canada. It also provided time for joint planning and political action. More such meetings were planned for 1994.

## Education Program

1993 was a trial year for new and innovative education activities. All District meetings had an educational component attached to the meeting, as did UNA Executive Board meetings, the hospital Demand-Setting meeting and the UNA Annual General Meeting. This format of building educational components into every UNA meeting has been well received by the membership.

In total, UNA sponsored 120 different workshops at the Local, District, Executive Board, Provincial and Staff levels for a total of 2765 educational days. In addition, hundreds of hours of computer instruction were given to UNA members.

One of the major themes of the 1993 education program was Total Quality Management programs—their origin, their effects and UNA's opposition. 1993 also saw a very successful Labour School held June 16 and 17. There is no doubt that the highlight of the Labour School was Maude Barlow's talk on the North American Free Trade Agreement. So successful was her talk that members requested that video copies of her speech be made available to the Locals which was done. And Maude was invited back to speak to the Annual General Meeting.

## Local Presidents' Meeting

In the face of government cutbacks, increasing numbers of layoffs and the need to pool information, UNA organized a meeting of Local Presidents for the day prior to the UNA Labour School. This meeting allowed Locals to provide current information about their worksites; allowed the UNA Executive Board members to hear firsthand the problems and concerns of the Locals; gave the UNA President an opportunity to present the provincial picture; and allowed both the Local Presidents and the Executive Board to outline plans and activities to respond to the problems facing the Union. Evaluations of this Presidents' Meeting were enthusiastic and supportive of further such meetings.



Local Presidents' Meeting

## Communications

The Publications and Communications department was extremely active in 1993. Not only did we change the format of the UNA NewsBulletin and move from 6 per year to 10 per year, we also organized health care coalition meetings; published pamphlets and posters; designed and distributed buttons, pins, pens and t-shirts; organized media releases and conferences; designed advertising campaigns; and organized rallies. In addition, both the Grievance Bulletin and the Occupational Health and Safety Bulletin were distributed as well as the Maude Barlow video and the Parliamentary Procedure video.



Nurses at Work

## Mexico

In February, UNA sent two Executive Board members to Mexico on a labour tour. The main focus of the tour was to meet Mexican trade unionists and learn from them the effects of the maquiladoras (free trade zone factories) on the health and lives of Mexican workers. When they returned, Sandie Rentz and Doris Amundson travelled the province sharing what they had learned and showing slides of what they had seen. This experience did much to convince UNA members that UNA's opposition to the North American Free Trade Agreement was soundly based.

In addition to the trade union tour of Mexico, UNA also agreed to sponsor one of our own members in a Canada-Mexico Labour Exchange program. Canadian trade unionists met and worked with Mexican trade unionists for three months in Canada and three months in Mexico.

## Annual General Meeting

The 1993 Annual General Meeting was held in Calgary on November 2, 3 and 4. Some major decisions taken by the delegates were to reduce the Annual General Meeting to two days; to hold all provincial meetings in Edmonton; to change the delegate entitlement from 1 delegate per 50 members, to 1 delegate per 75 members; and to investigate the possibilities of merger with the Staff Nurses Association of Alberta. Sandie Rentz was re-elected UNA Vice-President. And Maude Barlow addressed the delegates on the North American Free Trade Agreement.



Maude Barlow at UNA's Annual General Meeting

## Computerization

Emilie Aeyelts, the President of UNA Local #113 in Elnora gave our computer network a name. Many suggestions were submitted following the 1992 AGM, and UNA-NET was chosen.

The network expanded to include 25 additional Locals—High Level in the North, Pincher Creek in the South, Provost and Cold Lake to the



Computer Training

East. By the end of 1993, 45 Locals had access to UNA-NET. As said at the AGM “The network is the great equalizer”.

UNA-NET also provided access to DOS users in November of 1993, an important step in making the network more versatile.

## 1994

### Health Care Reform

1994 saw the continuation of the “billion dollar” cut to health care. The cuts are to happen over a four-year period (1993-97) and 1994 was yet another year of havoc in the health care system.

The Klein government’s deficit elimination program was touted as the reason for the massive cuts, but when Alberta received windfall oil and gas profits in 1994, the cuts were not reduced, new user fees were not withdrawn, nurses were not re-hired nor were lost services restored. It became apparent that the deficit and debt issue was a smokescreen for an ideologically-motivated attack on social programs. It had little to do with finances and everything to do with privatizing government services and eliminating public services. It became very apparent that the assault on health care was motivated by a wish to replace a publicly-funded and publicly-administered system with a privatized American-style health care system. In 1994, there were 37 private health care facilities in Alberta including abortion, eye clinic and magnetic resonance imaging clinics.

1994 also saw the creation of seventeen (17) new Regional Health Authorities. These new bodies have been charged with managing all health care services within their geographic territory. Although these Authorities were named in 1994 it would seem that they will not totally replace the existing Boards of Trustees until April 1, 1995.

The existence of these new Regional Health Authorities was to have major impacts on health care workers and their unions. Questions relating to who the employer is; how many bargaining tables; how many Locals per region and other important baselines were all affected by regionalization.

### Effects of Health Care Reform

In 1993, UNA was instrumental in forcing the government to set up a series of tripartite talks amongst health care unions, health care employers and the government. While these talks did not lead to the hoped-for agreement regarding the pace, structure and effects of health care layoffs and closures, the tripartite process did push the government to take \$15 million dollars from Alberta Career Development funds and to put this money into a Workforce Adjustment Fund to provide laid off health care workers with up-grading and re-training as well as other career-supportive endeavours. In order to decide how these monies would be distributed, a Joint Regional Committee (JRC)



Health Care Unions' Advertisement

was set up in each of the seventeen (17) regions with representatives from employers and trade unions on each committee. UNA members were hard at work in 1994 attending JRC meetings, setting up terms of reference, meeting with Employment and Immigration officers and Career Development representatives and planning on how best to distribute the funds allocated to each region.

Layoffs and closures continued to be the order-of-the-day in 1994. Once again large numbers of UNA members found themselves on the recall lists, in the UIC lines and many off to foreign countries which still value the services of licensed nurses. It was difficult for UNA to measure the exact number of nursing jobs lost since nurses working even one recall or casual shift continued to show up on UNA's dues lists. These may have been full-time workers who now picked up only one or two shifts a month. The loss was actual jobs; the greater loss was in accumulated nursing hours. UNA figures the overall loss in nursing hours was close to 3000 full-time equivalent positions.

1994 also found UNA again fighting to protect the profession of nursing. A government-appointed committee, euphemistically called the Workforce Rebalancing Committee, was mandated to make recommendations regarding the licensing and registration of health care workers in Alberta. The Committee put forth a Discussion Paper in which they proposed the de-licensing of most health care workers, including nurses, and the removal of exclusive scopes of practice. Public hearings on these recommendations were held and UNA members appeared at these hearings to ask difficult questions of the Committee and to let them know that a twelve-week course in generic health care work was not sufficient skill level to take care of the sick and injured. UNA continued to work to protect the licensing of nurses and to ensure that the people of Alberta would be cared for by well-educated and highly-skilled licensed professionals.

1994 was the year in which the government of Alberta introduced three Bills affecting health care. Bill 46 allowed the government to collect from an individual all health care costs incurred by other Albertans as a result of a wrongdoing. In other words, if you cause an accident and people require health care services, the government can recover the cost of those services from you. This Bill was passed and became law in 1994. Bill 41, the Government Reorganization Act, was also passed into law and provided the mechanisms for government privatization. Bill 57, which allowed Ministers to privatize all government responsibilities was withdrawn due to public protest. It, too, is slated to reappear in 1995.

## Political Action

In response to the Klein government agenda, UNA joined with the other health care unions, the Alberta Teachers' Association, the Alberta Federation of Labour, CUSO and seniors' representatives to set up the Common Front. These sponsor groups, which were later joined by the Alberta Environment Network, worked together to fund and organize



David Harrigan  
Director of Labour Relations



Heather Smith and David Harrigan  
Meet the Media

the formation of Community Action Teams in fifteen and more political constituencies. They produced organizing kits, pamphlets, buttons, posters and a new Alberta game—Politician Pursuit. The Community Action Groups organized local actions to help educate people about the cuts and to present an opposition voice. The sponsors who were invited to the Premier's forum presented Klein with an alternate Common Front budget. The Common Front worked with groups preparing alternative economic solutions and supported the publication of a book exposing the ideology and goals behind the Klein agenda. UNA offered office space and support to the Common Front throughout 1994, contributed funds and provided staff time. The work continues.

## Collective Bargaining

Bargaining-wise, 1994 was a long and difficult year for UNA members and particularly for our Negotiating Committees. The employers came to the bargaining tables demanding major rollbacks and concessions, especially in the areas of layoff and recall, hours of work and schedules, and short term disability. Included in their rollbacks were wage cuts much larger than 5 percent. In the course of bargaining, UNA laid unfair labour practice charges at the Labour Relations Board against the hospital employers, charging them with unfairly threatening nurses with layoffs if they did not accept the rollbacks. By 1995 UNA had still not received a decision from the hearings on these matters.

All winter and spring, UNA negotiated at four hospital tables, four health unit tables and three long term care tables. With great effort and skillful manoeuvring UNA was able to force the employers to remove their concessions from the tables and to agree to some improved wording. Despite an unwillingness to accept the Premier's 5 percent wage cut, UNA members directed their Negotiating Committees to accept the 5 percent rollback on condition that there was no retroactivity and with the hope that we could negotiate severance provisions. In the hospital contracts UNA was able to achieve a Letter of Understanding that committed the employers to meet and negotiate a severance package in good faith. These negotiations were the first time UNA was faced with bargaining with the new Regional Health Authorities and severance negotiations got under way in late 1994, to be continued in 1995.

## Health Care Union Caucus

One of the important outcomes of the tripartite talks was the continuation of the health care union caucus. This grouping of nine health care unions was the first time that these unions had regularly come together to discuss issues, fund activities, join in common political action, meet government and present joint briefs. The health care union caucus continued throughout 1994 and into 1995.

## Health Care Alliance

UNA, the Health Sciences Association of Alberta (HSAA) and the Canadian Health Care Guild (CHCG) formed an alliance for purposes of collective bargaining. The plan was to work together to coordinate bargaining and to sit as observers at each other's bargaining tables in order to ensure union solidarity especially as unions embark on the process of bargaining with the new Regional Health Authorities.

## Organizing

UNA was proud to welcome the nurses at the Salem Nursing Home in Leduc into UNA Local #194. Negotiations for a first Collective Agreement began in 1994 and were scheduled to be completed in early 1995.

## Grievances, Mediations, Arbitrations and AARN Hearings

1994 was another year in which UNA's Local Executives and staff worked hard at monitoring the application and interpretation of our Collective Agreements. UNA filed 908 grievances, scheduled 58 arbitration hearings and represented nurses in 37 arbitrations. In addition UNA participated in 20.5 days of grievance mediation meetings and represented nurses in 13 days of Alberta Association of Registered Nurses (AARN) hearings.

## Royal Alexandra Hospital and Alberta Hospital Edmonton

1994 was the year in which UNA was faced with its first-ever raids. In July, the Local Executive of the Royal Alexandra Hospital decided to leave UNA and form the Royal Alexandra Nurses' Union (RANU). In a whirlwind weekend they convinced 635 nurses to sign a petition asking the Labour Relations Board to certify RANU as the union representing all nurses at the Royal Alexandra Hospital. The former Local President of UNA Local #33 told nurses that she could negotiate a superior Collective Agreement directly with the employer, an Agreement which in fact would have cost each full-time nurse in excess of \$1,000 in a retroactive rollback payment to the employer.

The UNA Executive Board put Local #33 into trusteeship and three Board members were named as Trustees to deal with the business of the Local.

UNA challenged the RANU application at the LRB claiming that many of the nurses who signed the petition were told it was to speed up bargaining, not to leave UNA. After a series of hearings, the Labour Relations Board found that RANU was not a bona fide trade union and determined that their application failed. Normally the applicant



Sandie Rentz  
UNA Vice-President 1989-1995



UNA Executive Board Members

group is barred from re-applying for ninety days and, therefore, they cannot use the same list of names. RANU applied for relief from the ninety-day rule so that they could re-apply using the same names. The LRB denied their application and the raid was effectively over. UNA went on to negotiate a Collective Agreement with no retroactive wage rollbacks—clearly a better contract than the one promised by RANU representatives.

In August, the Health Care Employees Union tried to raid the UNA Local at Alberta Hospital Edmonton but the raid was short-lived and nurses at Local #183 continued to be represented by UNA.

## Annual General Meeting

The 1994 UNA Annual General Meeting was held on October 18 and 19, and was attended by 400 people. The new two-day format put pressure on the delegates to deal with the business in a shorter space of time—something they did with amazing ability. Hard financial choices faced the delegates and they reduced spending in some areas. For example, the hospital demand-setting meeting was reduced to two days and attached to the 1995 Annual General Meeting to save costs, and Executive Board meetings were reduced from four days to three. The Education program was not funded—but the delegates endorsed the continuation of the education plan of attaching an educational activity to every UNA Executive Board meeting, every District meeting and every Annual General Meeting.

Policy resolutions and constitutional amendments were discussed and voted on. Heather Smith was acclaimed UNA President and Dale Fior was acclaimed UNA Secretary-Treasurer. The delegates directed that UNA explore with the Staff Nurses Associations of Alberta the willingness and feasibility of alternate structures for the representation of unionized nurses in Alberta and the delegates also endorsed UNA's participation in the Health Care Alliance. Delegates also passed a motion allowing retired or laid off UNA members to maintain associate membership. Associate membership was \$10 per year and associate members cannot hold elected positions in the Union.



Dale Fior  
UNA Secretary-Treasurer 1991-1996

## Education

UNA's education program of attaching an educational activity to UNA meetings proved to be a big success. Workshops were held on Patient-Focused Care, the New Zealand experience, free trade agreements and political action. Workshops for new Local Executives were held throughout the province as were Local workshops on Professional Responsibility, Occupational Health and Safety, Grievance and Local Administration.

A special provincial workshop was held for UNA members on the Joint Regional Committees of the Workforce Adjustment Committee.

UNA's Education Officer was invited to make presentations to health care unions on Patient-Focused Care in New Jersey and Ontario, in addition to workshops on the same issue for the Health Sciences Association of Alberta and the Non-Academic Staff Association at the University of Alberta.

Community health care forums were organized by a number of Locals and were attended by interested people in the community.

## Communications

UNA has published the regular NewsBulletin and in 1994 added a UNA Stat publication for posting on UNA bulletin boards. UNA also published a Frontline bulletin on bargaining which was sent to each Local.

UNA produced 1995 day books for UNA members—at no cost to UNA as they were funded by local merchant advertising.

And as soon as Collective Agreements were signed, our communication department began the arduous task of proofing and printing copies of contracts for UNA members.

## Computerization

UNA continued with its commitment to computerize the Union and enhance communication. In 1991 the two UNA offices, UNA Executive Board members and the UNA staff received computers; in 1992, 19 Locals came on line; in 1993, 27 Locals joined the network; and in 1994, 18 more Locals became part of UNA-NET.



Local #196 Community Nurses



UNA Publications

# 1995

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## Health Care Reform

1995 was year three in the government's four-year "restructuring" of health care. As in 1993 and 1994, "restructuring" meant cutting, downsizing, reducing and closing. In their haste to balance the budget, the Klein government continued to cut spending in health care—this year by \$217 million. The results were privatization, layoffs and the substitution of unskilled workers in place of knowledgeable and highly-skilled health care providers.

UNA had accurately forecast that the real motive behind the "restructuring" has always been the government's wish to replace a publicly-funded and publicly-administered health care plan with an American-style system wherein everything takes second place to profit. 1995 saw the expansion of private health care services in Alberta to the extent that the federal Minister of Health financially penalized Alberta stating that the facility fees charged by private health care services contravened the Canada Health Act. The Klein government



UNA Opposes De-Skilling



The Struggle Continues - November 1995

maintained that this was not a contravention and refused to prohibit such facility fees.

In the workplace, UNA members continued to witness the deterioration of care—patients in some long term care facilities were rationed to 4 diapers in a 24-hour period; seniors in one hospital were allowed \$1.78 per day in medications and no more; patients were discharged with chest drains, IV lines and catheters; seniors were gastric-tube fed rather than handfed because it was more cost efficient; and people lined up for a year-long wait for orthopedic surgery. The examples multiplied all through 1995.

In addition to watching the deterioration of patient care, UNA members also experienced a dramatic increase in their own stress levels as they bade farewell to laid off colleagues and then were expected to do “more with less”. Increased back injuries, sprains, stress illnesses and accidents were another clear indicator that Alberta’s health care facilities are more and more dangerous workplaces.

Patient-Focused Care programs continued to be implemented causing great upheaval in UNA worksites. A major issue for UNA members was the replacement of skilled professionals with unskilled and under-educated workers. Another major issue continued to be the RN’s or RPN’s responsibility and liability for the administration of medication done by lesser-skilled workers.

1995 saw not only the closure of hospital beds throughout the province, but the closure of whole hospitals and the conversion of full-care acute hospitals into community health care centres. The difference between these two is largely a function of diminished services, especially emergency services, in community health centres. Even many highway signs which once were a white H on a green background depicting a full-care hospital were replaced by a white cross on a brown background depicting a community health centre.



The Struggle to Maintain a Public System



The Raging Grannies



Health Care Rally

## Regional Health Authorities

April 1, 1995, was the official date that the 17 Regional Health Authorities and the two Provincial Boards replaced over 200 Boards of Trustees. Only the private Boards of Trustees remained in existence. The Regional Health Authorities were all appointed and assumed responsibility April 1 for the administration of hospitals, health units and long term care facilities in each of their Regions. The Provincial Mental Health Board and the Provincial Cancer Board took over the administration of those services across the province.

The difficulty immediately facing the Regional Health Authorities and the Provincial Boards was the \$217 million cut which also came into effect April 1, 1995. More layoffs, more bed closures, more reductions in services and longer waiting lists resulted.

For some UNA Locals the Regional Health Authority boundaries were particularly difficult to adjust to. Most of our health units were split into two or three Regions and became subjected to different policies, different management plans, different programs and different day-to-day problems.

The Labour Relation Board certificates which identify each of our UNA bargaining units were the focus of a great deal of negotiating because the names of the employers all had to be changed. This may sound like a simple enough issue, but it grew in complexity as we tried to maintain separate Locals at each facility when the proposed employer name was to be the same for all facilities in a single Region. This issue of certificates was not fully resolved in 1995 and would continue to be a focus of negotiations in 1996.

At the UNA Annual General Meeting, the delegates voted to change the boundaries of the five UNA Districts so that all Locals in a Region would be part of the same UNA District. Many Locals were moved from one District to another in order to provide all of our presidents in one Region with the opportunity to meet with the other Locals in that Region to strategize and coordinate activities.

Over the year, UNA bade farewell to our Locals in Willingdon and Elnora as those hospitals were closed and the nurses laid off or took voluntary severance.

## Severance

During 1995, UNA continued the difficult task of negotiating for severance packages for senior workers choosing to resign in the face of layoffs and for more junior workers being laid off. We were successful in achieving severance packages in most regions but in the end were unable to secure the maximum we wanted nor were we able to negotiate the same deal in each Region. The result was a patchwork of severance arrangements most of which needed improvement. The issue of severance packages was taken up by our negotiating committees and would be negotiated at 1996 bargaining tables.



UNA Local #196



UNA Demand-Setting Meeting  
November 1995



Elnora Hospital Closing - 1995



1995 Social Evening

## Organizing

UNA successfully applied for certificates for our new Locals at the Viking General Hospital and the Edmonton Board of Health. We also signed a service contract with nurses working in the Peace River Health Unit.

## One Nurses' Union

Delegates to the 1993 and 1994 UNA Annual General Meetings directed the Executive Board to pursue the possibility of entering into talks with the Staff Nurses Associations of Alberta (SNAA) to determine whether or not it was possible for all Alberta nurses to belong to a single union. 1995 was a year filled with exploratory meetings and task-oriented committee work aimed at developing a working model for a single union. Members of UNA's Executive Board met with SNAA representatives to map out a process for the development of one union by January 1997. In the Fall of 1995 it looked as if the process might be speeded up such that the new union could come into being in 1996. However, both organizations realized the original timeline was a wiser course to follow. Talks were scheduled to continue into 1996 with a report to be tabled to the 1996 Annual General Meeting.



1995 UNA Demand-Setting Meeting

## Bargaining

1995 was not a "bargaining year" for UNA in that most of our Collective Agreements did not expire until March, 1996. In order to prepare for these expiry dates, UNA held a Demand-Setting Meeting on November 6 and 7, 1995. For the first time in UNA history, the hospital and health unit Locals were both present and developed a single demand package. In other years, the two groups have met separately and developed separate demand packages for bargaining. Both the hospital and health unit negotiating committees were present and received direction and in-put from the delegates. Again in an unprecedented move, only one delegate per Local represented each of our bargaining units at Demand-Setting rather than the larger delegate entitlement for the Annual General Meeting. 300 delegates, Board members, observers, staff and guests attended the Demand-Setting Meeting.

1996 would be a big bargaining year for UNA, but we began the process well with the strong voices of our membership directing the Negotiating Committees at the Demand-Setting Meeting. Bargaining would begin in January of 1996.



1995 Demand-Setting Meeting

## Grievances, Mediations, Arbitrations, Appeals and Hearings

1995 was a busy year as UNA members, Local Executives and UNA staff worked to monitor the application of Collective Agreements;

attempted to mediate contract disputes; represented grievors at arbitration hearings; and provided assistance and representation at appeals and hearings.

UNA filed 673 grievances in 1995; scheduled 102 arbitrations; and represented grievors through 117 days of arbitration hearings.

In addition, UNA also provided representation to members at AARN hearings; at Workers' Compensation Board appeals; at Unemployment Insurance Commission hearings; at pension appeals; and at meetings with insurance companies over short and long term disability denials of claim.

## Transfers

The issue of transfers were particularly important in Edmonton and Calgary as the new Regional Health Authorities transferred services from one location to another. UNA represented its membership at negotiations with both Region 4 (Calgary) and Region 10 (Edmonton) to ensure that the rights of our members were given full accord when transfers took place.

## Education

UNA continued its successful educational program of attaching an educational activity to UNA meetings. Workshops at District Meetings included political organizing techniques; labour relations aspects of illness issues; professional responsibility and patient advocacy; and regionalization and severance.

In addition to District workshops, UNA also provided instructors for workshops in local administration, professional responsibility, occupational health and safety, grievance and media. These workshops were held at the Local level and proved popular with the members.

In 1995 UNA provided 55 workshops to 1338 participants. UNA staff also continued to be asked to make presentations to outside groups on Patient-Focused Care and Total Quality Management programs.

## Communications

In 1995, UNA provided relevant and pertinent information to its Locals and members through the production and distribution of the UNA NewsBulletin, UNA STAT, and Frontline. In addition, fact sheets and copies of important documents were sent to all Locals.

UNA also did an increasing amount of media work in order to raise the profile of health care, patient needs and nursing. Heather Smith very ably presented UNA's position on vital issues to the people of Alberta and, on occasion, to all Canadians.



November 21, 1995 Meeting  
Re: Calgary Transfers



UNA Leaders - Calgary



Salvation Army Grace Hospital in Calgary



Walk-A-Block Rally - May 1995



Calgary Strike Support



Walk-A-Block Rally - May 1995



Walk a Block for Health Care  
- May 1995



Calgary Strike Support of CUPE and  
AUPE - November 1995

## Political Action

- The year 1995 was another year of political activity for UNA. We worked with other unions and community groups to oppose the Klein agenda in health care and in other sectors. We joined with the Friends of Medicare, with the Raging Grannies, with seniors' groups, with the Official Opposition and with women's groups to raise the voice of opposition to the government's on-going slash and burn agenda.
- In May, we joined with the Health Sciences Association of Alberta and the Canadian Health Care Guild in a Walk-A-Block for health care action. On health care worksites around Alberta, workers and their friends and patients showed their support for Canada's health care system and their opposition to the health care cuts and the privatization of our health care system.
- UNA presented briefs to the Health Workforce Rebalancing Committee on the questions surrounding the licensing of health care professionals. We also presented a brief to the Alberta Association of Registered Nurses opposing their proposal to implement a professional portfolio requirement for all registered nurses in order to maintain a license.
- UNA members in each of the Regional Health Authorities continued to work hard to implement the Health Workforce Adjustment programs which distributed monies to health care workers who were laid off as a result of the "restructuring".
- UNA commissioned the Population Research Laboratory at the University of Alberta to ask nine questions during an annual survey of Albertans. The results validate what UNA has said all along—the majority of Albertans do not support the Klein government's vision of health care reform. The survey showed that there was widespread concern among Albertans about the quality of health care and the treatment of health care workers. As expected, individuals who said they would vote Conservative if a provincial election were called, were the least likely to agree with the criticism but even among hardcore Conservative voters, around half agreed or strongly agreed with statements that were critical of government health care policies.
- UNA has continued to be active on the Nursing Workforce Planning Council trying to secure information from various sources on what is happening to the provincial nursing workforce. The Committee is identifying and tracking the number of unskilled, unregulated and unaccountable health care practitioners that are being introduced into the industry. As more and more professional jobs are lost and more and more lesser-skilled and unskilled workers are hired, the ability to get information about the profiles of the workforce becomes less and less reduced.
- In July, the Alberta Cabinet attempted to remove all legal obligation for hospital employers to have registered nurses and registered psychiatric nurses on the premises at all times. When

UNA raised this change in legislation regulations, the government said that they had no intention of removing legal obligation and were only doing “housekeeping” changes. When confronted, they put the wording back to its original state.

- In November, hospital workers in Calgary forced the provincial government to blink in a political showdown over job security, contracting out and reductions to the health care budget. It began when 120 CUPE laundry workers walked off the job at the Calgary General Hospital. AUPE laundry workers at the Foothills Hospital joined the illegal strike. Their walkout sparked support from other hospital workers, many of whom joined the strike. An injunction was secured against picketing at or near Calgary hospitals and the response of many unionized workers was to join the picket lines. UNA members picketed outside and joined technicians and doctors inside in a work-to-rule action. Health care workers in Edmonton, Grande Prairie and Lethbridge also prepared to join the strike. By the fourth day of the strike, Klein did what it has refused to do since 1993—he blinked and blinked hard. He withdrew the planned health care cuts for 1996-97 and pressured the Regional Health Authorities to meet with the unions and settle the issues. The resulting settlement was a stay of execution for hospital workers who still face major cuts in the 1995-96 budget. The unions reluctantly accepted the inevitable—major health care unrest if job insecurity, privatizing and massive layoffs continue. A week after the Calgary settlement, health care workers in Lethbridge held a week-long strike over the same issues. The public backed the strike action in both Calgary and Lethbridge—and the Klein government knew that they had reached the end of their ability to cut into health care any farther.
- December 31, 1995 was the deadline for all Canadian provincial and federal governments and for all US state and federal governments to register their laws and regulations that they wanted exempted from the competition rules of the North American Free Trade Agreement (NAFTA). This was a one-time listing of exemptions that could not be changed after December 31. By December 22 no Canadian government had registered a single statute or regulation. All provinces were relying on the federal government’s advice that the general exemptions in NAFTA were sufficient to protect our health care, education and social services. Many experts in the field of free trade disagreed and advocated that specific exemptions were required. UNA lobbied the federal government as part of a larger citizens’ lobby and won a three-month extension. This issue continues to be an important piece of political work for UNA.

## Annual General Meeting

The 1995 UNA Annual General Meeting was held on November 8 and 9 in Edmonton and was attended by 400 delegates, Board



Bev Dick  
UNA Vice-President 1995-



1995 Annual General Meeting



1995 Annual General Meeting

members, staff and guests. The two days were tightly-packed to cover the long agenda but again the delegates dealt with matters efficiently and expeditiously. Policy resolutions and constitutional amendments were presented to the assembly and were voted on. Bev Dick was elected as the UNA Vice-President for a two-year term and great appreciation was shown to retiring Vice-President Sandie Rentz for her valuable contributions to the union.

## Computerization



Local #22 Computer Training  
March 1995

UNA continued with its computerization plan to increase both the quantity and quality of communication. 25 Locals were added to the computer network in 1995, bringing the total number of computerized Locals to 89.

UNA also became the first, and to date the only, Canadian nurses' union on the Internet. Our Internet address: **nurses@una.ab.ca**

A Web Site was established to provide information to the public and links to other labour organizations around the world. URL - **<http://www.una.ab.ca>**

## 1996

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### Health Care Reform

In 1996, Albertans were faced with another year of government debt reduction at the expense of health care, education and social services.

In February, the Salvation Army Grace Hospital in Calgary closed. 1996 also saw the closures of the Charles Camsell Hospital in Edmonton, the Holy Cross Hospital in Calgary and the Minburn-Vermilion Health Unit.

Also in February, the government announced that they were putting \$11.4 million dollars into Regional Health Authority budgets to alleviate the long waiting lists for joint replacement and for cardiac surgery. Even as they made this announcement, the government was careful to disclaim any responsibility for the long waiting lists saying that the lists had nothing to do with health care cutbacks of the previous years.

Also in February, the government made its fifth announcement of the one-time injection of \$40 million into community care services.

In February, UNA produced an Alberta Health Care Fact Sheet showing that prior to any cuts being made in health care, Alberta spent less of its total wealth on health care than any other Canadian province. Before 1994, Alberta spent only 5.99 percent of its wealth on health care, compared to the national average of 6.97 percent. After 1994, Alberta's health care expenditure percentage was reduced dramatically.

The total number of permanently-employed registered nurses in Alberta plummeted by 30 percent over 1995. When UNA publicly



Information Picket

released this information, the government ceased collecting the data and statistics for 1996 were not available.

The Alberta government lost \$422,000 per month in federal transfer payments because of the Alberta government's refusal to ban private clinics.

UNA did a survey of its membership to determine whether health care services were deteriorating on the front lines. The results confirmed that not only were health care workers expected to work harder, work faster, work leaner, work meaner—they were also expected to shield patients and clients from the serious effects of cutbacks. It became apparent in 1996 that despite heroic efforts to maintain safe care levels, health care providers could not stop the deteriorating effects of cutbacks and downsizing.

In March 1996, the government formed the Health Profession Act Implementation Committee whose task it was to make recommendations regarding the replacement of health care professional legislation with a new omnibus Bill that would reduce regulation and licensing controls.

In the same month, the government announced the formation of the Advisory Committee on Restricted Services whose mandate was to advise the Health Professions Act Implementation Committee on all matters related to which health care providers could perform which restricted activities.

The Alberta Association of Registered Nurses announced their statistics which showed that between 1993 and 1995 the number of registered nurses in Alberta dropped by 3,100 resulting in the statistic that for every 10,000 Albertans there were now only 39.3 registered nurses down from 57.2 nurses one year earlier.

Heather Smith, President of UNA, was invited to a by-invitation-only National Forum on Health Dialogue: Seeking Solutions to Health and Health Care. It provided UNA with an opportunity to meet with people from other parts of Canada interested in hearing the effects of the Klein government's cuts to health care as well as providing an important forum to exchange information and to strategize on how to protect and expand the Canada Health Act.

In November, the Minister of Health, Halvar Jonson, acknowledged that Alberta has serious health care problems including:

- short staffing
- longer waiting lists
- inadequate statistical information
- restrictive patient complaint and appeal procedures

He announced increased funding to the Regional Health Authorities.



Karen Craik  
UNA Secretary-Treasurer 1996 -



Local #79 Union Appreciation Day



Keep the Calgary General Open Rally  
at the Legislature - August 1996



Community Nursing

## Regional Health Authorities

In February, Region 10 eliminated 57 registered nurse positions and replaced them with 57 licensed practical nurse positions—a theme that seemed to be adopted across the province.

One weekend, cardiac patients at the University of Alberta Hospital in Edmonton were cared for by Holy Cross Hospital nurses who were brought up from Calgary leaving Region 4's ICU units understaffed.

On July 2, Region 10, the Capital Health Authority, applied to the Labour Relations Board for a single union certificate for each category of health care worker at the University of Alberta Hospital, the Royal Alexandra Hospital and the Glenrose Hospital—the so-called referral hospitals. This employer application affected six different health care unions and fifteen different Collective Agreements. For UNA it meant that the employer wanted only one nurses' union to represent nurses at these hospitals.

UNA's position was that the status quo was appropriate but in the event that a runoff vote was ordered by the Labour Relations Board, then nurses at the Grey Nuns, the Edmonton General, the Misericordia and the Sturgeon hospitals should be included in the vote.

The unions were given a July 19 deadline to respond to the Labour Relations Board on such things as the process to be used, the types of evidence and documents to be produced and distributed and the specific issues needing to be addressed through the hearing procedure.

A series of meetings were held in 1996 in which UNA first consulted internally and with UNA lawyers, then with other unions and finally with all the unions and the Labour Relations Board and the employer.

It was a long and ponderous process—to say nothing of being very expensive. The actual hearings were not scheduled to begin until January 1997, but much of the preliminary work was done in 1996.

In July, the Regional Health Authority in Calgary announced plans to build a new hospital in that city's South area by the year 2005 at the cost of \$150 million—this in the face of having just announced the closure of three large and recently-renovated Calgary hospitals—the Salvation Army Grace, The Holy Cross and the Calgary General.

The Capital Health Authority in Edmonton negotiated an agreement with the Canadian Army to place thirty army nurses in hospitals throughout the Edmonton area. These nurses would be supernumerary—that is, over and above regular staffing numbers—and their presence in Edmonton area hospitals was to maintain their skill levels and knowledge base after the closure of the base hospital. These army nurses began working at the Sturgeon Hospital in St. Albert and were expected to be assigned to other hospitals thereafter.



Heather Smith, UNA President

## Organizing

In 1996, UNA organized a number of new Locals:

- Local #197 Peace River Health Unit

- Local #198 Our Lady of the Rosary Hospital, Castor
- Local #199 Peace River Auxiliary and Nursing Home
- Local #202 Willow Creek Auxiliary and Nursing Home, Claresholm

In the summer of 1996, the UNA Local at the Royal Alexandra Hospital was once again the focus of an attempted raid—this time by the Alberta Union of Provincial Employees. UNA Local #33 members made it very clear that they wished to remain part of UNA and the raid failed.

Also in the summer of 1996, a series of raids was launched against UNA by the Staff Nurses Associations of Alberta. Again, all of these raids failed.

As a result of regionalization, many UNA health unit Locals found themselves fractured such that pieces of the former health unit were now in two, three and even four of the new Regions.

A part of the former Wetoka Health Unit found itself in Region 6, the David Thompson Regional Health Authority, where most of the health unit nurses were not unionized. UNA's attempt to organize all the health unit nurses in Region #6 was unsuccessful and as a result former UNA members are now working in non-union sites. The challenge remains.

In Region 3 (Headwaters), Region 5 (Drumheller area), and Region 7 (Alberta East Central area), where health unit nurses were organized in more than one union, and where UNA members were clearly outnumbered by the other union, runoff votes were held at the direction of the Labour Relations Board, and UNA was unsuccessful. In Regions 3 and 5 health unit nurses would now be represented by the Staff Nurses Associations of Alberta and the Region 7 health unit nurses would now be represented by the Alberta Union of Provincial Employees.

In Region 1, the Chinook Regional Health Authority in the Lethbridge area, UNA won the runoff vote and would now represent all the health unit nurses in Region 1.

In Regions 8 (West View) and 12 (Lakeland) where UNA had the majority of unionized nurses, the employers did not apply for a single certificate and the Labour Relations Board, therefore, did not order a runoff. Consequently, both UNA and SNAA continued to represent health unit nurses in each of these Regions.

In Region 2, the Palliser Regional Health Authority in the Medicine Hat area, UNA continued to represent a very small number of health unit nurses in the Oyen area.

The total result has been that health unit Locals experienced severe disruption and fragmentation by the process of regionalization. UNA's response has been threefold:

- to continue to organize nonunionized health unit nurses
- to work towards one nurses' union in Alberta
- to embark on an internal organizational review process which will include recommendations to address health unit Local problems



Nurses at Work

## Bargaining

1996 was a year dominated by bargaining. Most of UNA's Collective Agreements expired in the early part of 1996 and preparations were made in 1995 to begin negotiations as soon as possible in 1996. But speed was not going to be a hallmark in these rounds of bargaining.

On January 30, hospital bargaining commenced and shortly thereafter long term care and health unit tables began. The employers in a number of long term facilities chose to separate themselves from the hospital table and UNA's provincial hospital negotiating team was faced with doing two sets of bargaining. The provincial health unit team was also faced with multiple tables as not all Regional Health Authorities wanted to be part of the group health unit table.

UNA's three major demands at all tables were:

- effective ways to address patient/client/resident care concerns
- job security issues
- monetary increases including the return of the 5.38 per-cent rollback

The employers seemed equally adamant that UNA would have to accept rollbacks in a number of places in the contract but especially in layoff and recall language. They were completely uninterested in patient/client/resident care concerns and were not inclined to return the wage rollback. The long term care employers tabled massive monetary rollbacks and were shameless in their statements that long term care nurses were not real nurses like hospital nurses were.

Most UNA health unit nurses either never took the wage rollback or had it returned at the expiry of their contracts. Their Collective Agreements contained language which guaranteed a return to pre-rollback wage levels. Their major focus was on parity with hospital nurses—a goal that the employers at first acknowledged and said they shared.

During health unit negotiations, different employers began to withdraw from group bargaining in favour of negotiating directly with UNA. This increased the workload of the UNA negotiating committee because it increased the number of tables at which they were now bargaining.

Bargaining for all three groups of nurses—health units, hospitals and long term care—continued through the first half of 1996 with little or not progress. The hospitals table broke off in the summer and re-commenced in September. During this break, UNA did a survey of its members to check on whether or not the initial priorities were still the top issues of concern. The membership responded in an overwhelming manner and made their voice crystal clear. Their priorities were:

- patient care issues including a nurse in charge at all times and nurse/patient ratios and skill mix ratios.
- job security including the maintenance of layoff and recall rights



Andy LeBlanc  
Sergeant at Arms

- monetary increases and the return of the 5.38 percent wage rollback

Once back in bargaining in September, hospital negotiations soon broke down and UNA applied for informal mediation.

In November, UNA filed a complaint with the Labour Relations Board alleging that the health unit employers, using the Provincial Health Authorities Association (PHAA) as their bargaining agent, were not making any effort to negotiate and conclude a Collective Agreement.

On November 27, informal mediation talks between PHAA representing hospital employers and UNA failed when the employers called a halt to the facilitated discussions. There were still rollbacks on the table and the employers were refusing to deal with patient care issues and staffing problems.

On December 2, PHAA acting on behalf of the hospital employers applied for formal mediation. The year ended with little or no progress to show for twelve months of bargaining at multiple tables.

## Grievances, Arbitrations, Appeals and Hearings

1996 was another year in which the Union was faced with the serious task of monitoring the application of UNA Collective Agreements and grieving violations. UNA members, Local executives, grievance committees and labour relations staff filed grievances, mediated settlements and, where settlement was not possible, arbitrated the issues.

UNA filed 570 grievances in 1996, scheduled over 75 arbitrations and represented grievors at 21 arbitration hearings.

In addition, UNA also provided representation to members at disciplinary hearings of the Alberta Association of Registered Nurses and the Registered Psychiatric Nurses Association of Alberta; at Workers' Compensation Board appeals; at Unemployment Insurance hearings; at pension appeals; and at proceedings with insurance companies over long and short term disability claim denials.

Another venue in which UNA provided representation was at hearings of the Labour Relations Board. In addition to bargaining complaint hearings, UNA also represented UNA members at the Central Park Lodge in Edmonton where the employers laid off all bargaining unit nurses and hired back some of them as management. They replaced the remaining positions with lesser-skilled workers. UNA alleged that the employer was union-busting and the LRB found in favour of the Union saying that the employer could not simply eliminate union positions and then re-hire the nurses back as management.



Local #79 Union Appreciation Day



Keep the Calgary General Open Rally  
at the Legislature August 1996

## Education

In 1996, UNA continued to implement the educational program which attached a workshop to every District Meeting in order to provide on-going leadership training to Local Executives. In addition, UNA also provided workshops at the Local level to Committee members, Local Executive members and rank and file members. The standard workshops were taught on local administration, professional responsibility, occupational health and safety and grievance. In addition, UNA developed new workshops on nurse abuse, de-skilling and the use of LPN's to do RN/RPN work.

In 1996, UNA provided 68 workshops to 1516 participants.

UNA also continued to do research and develop position statements on:

- health care reform
- health care restructuring
- de-skilling and the use of generic health care workers
- restricted activities
- professional legislation for regulation and licensing
- code of ethics of the Canadian Nurses' Association
- North American Free Trade Agreement
- Hotel de Health
- Protection for Persons in Care Act
- drug patent legislation

UNA continued to develop and to revise the education documents available to Locals and to members.

UNA also made information and documentation available to the large number of nursing students who contacted UNA offices.

## Communications

The UNA NewsBulletin continued to be developed and sent to all members providing such information on such topics as:

- health care reform
- bargaining
- occupational health and safety
- patient care issues
- political action

The UNA STAT was sent out to Locals to keep them up-dated on information and action.

Frontline was produced throughout the year ensuring that all Locals were kept up-dated on bargaining news and the poster format allowed it to be posted on UNA bulletin boards for wide distribution of the information.

A computerized database was developed listing all of the Professional Responsibility issues that were raised by the Locals with their employers throughout the year.

Media work was an on-going piece of work in 1996. As bargaining heated up or hot issues arose, the media constantly sought UNA's opinions and positions and it was to our advantage to keep a high public profile.

## Political Action

- At the end of 1995, UNA was part of a successful lobby campaign that won a three-month extension for Canadian federal and provincial governments to register their laws and regulations that they wanted exempted from the competition rules of the North American Free Trade Agreement (NAFTA). This was a one-time listing of exemptions and the lobby coalition secured an additional three months in which to urge governments to include all health care legislation and professional legislation for exemption.
- Those who thought that health care was safe from out-of-country threats when the three governments of Canada, the US and Mexico agreed on health care exemptions in March of 1996, were brought up short when the Agreement on Interprovincial Trade (AIT) was debated by the First Ministers' conference in Quebec City. The premiers proposed to delete health care and social services from the list of protected services in the provinces and the effect of this would be to weaken the NAFTA exclusions and put Canada's social programs back under attack. UNA continued to work throughout 1996 to mount an opposition to this latest attack on health care.
- Another serious issue that arose in 1996 was the Hotel de Health scheme of privatized health care. The Hotel de Health was a group of 50 physicians and business people who proposed to provide health care services to wealthy, out-of-country patients. To do so they proposed to lease space in provincial health care facilities and part of their sales pitch was that this would bring "health tourist" dollars into the local economies of Leduc, Islay and Galahad. In January of 1996, Hotel de Health was selling shares in Toronto and had applied for a listing on the Toronto Stock Exchange.
- For the all-inclusive price of some thousands of dollars, a person from Thailand or Indonesia could fly to Alberta, be transported to a Hotel de Health facility, have the required surgery and recuperate with a trip to the West Edmonton Mall, Jasper and Banff.
- For communities like Islay and Galahad who were threatened with the closure of their active treatment beds and therefore their long term care beds as well, this offer seemed too good to be true. Hotel de Health would offer acute care services to foreigners and would maintain the long term care beds so the people of



NAFTA Workshop - Calgary  
March 1996



NAFTA Workshop - Calgary  
March 1996



Hospital Nursing

- the community could continue to have their grandmothers and grandfathers close to them. It was less obvious what the people of Leduc would gain from having Hotel de Health rent an unused floor of the local hospital to offer MRI services and joint replacement surgery. But what the people of Alberta had to lose was a public health care system. This was definitely a big wedge in the door. And as Dr. Daintree, former president of the Leduc-area medical staff association pointed out: “the doctors who operate on foreigners won’t have time to operate on Albertans”.
- An independent survey of the residents of Leduc showed that the majority were opposed to the scheme. UNA joined the Friends of Leduc and helped distribute pamphlets in freezing weather and collected signatures on a petition opposing Hotel de Health. They got 5,000 signatures from a population of 14,000 and presented it to the Crossroads Regional Health Authority. With an advertising campaign and hard work, the Friends of Leduc were rewarded when the RHA decided not to lease space to Hotel de Health.
  - Before the Islay and Galahad plans could be finalized, Hotel de Health had some legal problems of its own and quietly sunk into oblivion.
  - In January, UNA was part of the health care union caucus that released a joint statement entitled “Prescriptions for an Ailing System” which critiqued Alberta’s health care system and made recommendations for change.
  - In February, UNA joined with the AARN and SNAA made a joint presentation to the Alberta government’s Health Restructuring Standing Policy Committee chaired by Dr. Lyle Oberg.
  - In March, UNA developed and implemented an action plan opposing the increased substitution of unskilled and lesser-skilled workers in positions traditionally done by registered nurses and registered psychiatric nurses—a process called de-skilling.
  - In April, UNA sponsored health care questions on the Population Research Laboratory’s annual survey of Albertans. Once again it became very apparent that the people of Alberta think that budget cuts have reduced the quality of health care; that the government should make significant reinvestment in health care; that replacing registered nurses with assistants reduces the quality of care; that private-for-profit operators will increase the costs of health care; that a two-tier system is being created; that direct care providers should be licensed; that the Canada Health Act is of critical importance; that community health care services should be provided by the Canada Health Act; and that the federal government should not reduce health care payments to the provinces.
  - In the Spring of 1996, the MLA for Ponoka-Rimbey, Halvar Jonson, was appointed as the new Minister of Health. At the same time, Calgary-Varsity MLA, Murray Smith, was appointed Minister of Labour.

- In July, health care advocates, including Heather Smith, President of UNA, met with federal Minister of Health, David Dingwall, to talk about the enforcement and extension of the Canada Health Act; the federal role for leadership and enforcement; national standards; drug patent legislation; and workforce trends and levels.
- Also in July, UNA researched and developed a position statement and brief on the use of auxiliary health care workers in acute care settings. UNA also prepared a position paper in response to the Provincial Council of Licensed Practical Nurses' proposals for changes to the LPN legislation that would increase their scope of practice and include activities currently done only by RN's and RPN's. UNA opposed the proposed changes and sent copies of their brief both to UNA members and Locals and also to government bodies charged with studying the proposed LPN changes and making recommendations.
- In August, UNA prepared a response to the Capital Health Authority Review Committee's report and presented it to appropriate government ministries and committees.
- UNA also prepared a response to the Advisory Committee on Restricted Activities' Report analyzing the proposal and opposing reduced regulation and licensing standards.
- Also in August, UNA prepared a response to the AARN's request for a critique of the Canadian Nurses' Association's proposed new Code of Ethics.
- August was also the month in which UNA participated in a rally at the Legislature to keep the Calgary General Hospital open.
- In October, Heather Smith, Bev Dick and David Harrigan met with the Minister of Health, Halvar Jonson, regarding the chaos in the health care system as a result of regionalization which had taken place over 18 months previously but which was still causing serious health and labour problems.
- UNA sponsored a poll in Region 10 re the quality of health care, workplace abuse of nurses and levels of overtime. The results were that 94 percent of respondents said that the quality of health care had seriously deteriorated; 60 percent had recently experienced physical and verbal abuse; and massive amounts of overtime were being worked but 62 percent of nurses surveyed had not claimed for overtime worked.
- UNA endorsed the Health Sciences Association of Alberta's brief critiquing and criticizing the proposed Protection for Persons in Care Act.



Dale Fior and Florence Ross  
1996 Annual General Meeting

## Professional Responsibility Issues

The PRC computerized database was initiated and Locals were urged to make sure that copies of all PRC complaints and the minutes of all PRC meetings were sent to provincial office in order to make this database as complete as possible.

One example of the strength of the Professional Responsibility Committee occurred at Local #183, Alberta Hospital Edmonton. The employer announced the “forensic therapists” would be replacing nurses. More than 100 nurses signed a PRC complaint. The employer backed down and decided not to hire these “forensic therapists” and to maintain the nursing complement.

## Pensions

UNA continued to have a representative on the Board of the Local Authorities Pension Plan. This Board began a process of moving away from government control and towards independence and it was very important for UNA members to have a representative actively involved in the process to protect their interests.

The Regional Health Authorities raised the issue of withdrawing from LAPP and forming their own private pension plan for health care workers. Again UNA representation was critical in raising opposition to such a plan because it would not be as good for current and future pensioners as would staying with LAPP.



1996 Social Evening

## Annual General Meeting

The 1996 Annual General Meeting was held on October 22 and 23 in Edmonton and was attended by 450 people. Policy resolutions and constitutional amendments were dealt with efficiently by the delegates and many pertinent debates occurred around health care and union issues.

Of particular importance were discussions around:

- the slow pace of bargaining
- the unification of Alberta’s nurses’ unions
- the organizational review to deal with the effects of regionalization
- plans for UNA’s 20th anniversary in 1997

Goodbyes were said to UNA Locals at the Salvation Army Grace Hospital, the Holy Cross Hospital, the Charles Camsell Hospital and the Minburn-Vermilion Health Unit.

Heather Smith was acclaimed as President of UNA for a two-year term. Dale Fior was re-elected as Secretary-Treasurer of UNA. All UNA members and staff were deeply saddened by Dale’s death in November of 1997, and many gathered in Calgary to bid her farewell. Karen Craik was elected by the UNA Executive Board to replace Dale as Secretary-Treasurer until the 1997 Annual General Meeting.



1996 Annual General Meeting  
October 1996

## Membership Services

UNA sponsored an offer by Seabury and Smith Home and Auto Insurance whereby UNA members would get discounted rates.

UNA increased its list of promotional items available through the UNA boutique—pens, watches, t-shirts, sweat shirts, ball caps and tote bags. UNA also designed and ordered thousands of UNA pins, RN pins and RPN pins which were distributed free throughout the membership.



Computer Training

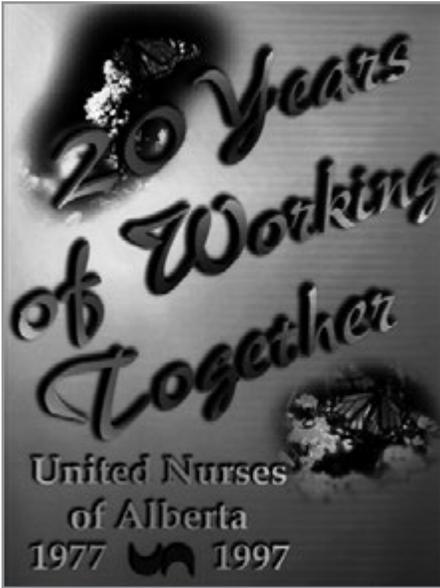
## Computerization

By the end of 1996 all UNA Locals were on the computer and part of the UNA NETWORK. All UNA Executive Board members, both UNA offices and all UNA Locals were connected in a new and exciting system of communication. This single fact has meant huge improvements in the quality, quantity, frequency and timeliness of internal communication.

In 1996, all UNA Locals, Executive Board members and staff were transferred to First Class software for e-mail and network access. The Network changes increased conferencing capacities and UNA Locals discovered how easily and effectively they could discuss issues and share information with each other.

The Network is multi-platform, allowing UNA members with either Mac or IBM computers to join the Network and have access to this new and very helpful system of communication.

Copies of all UNA Collective Agreements were made available for downloading from the Network, and other documents were added as they were produced.



20th Anniversary Book

## 1997

### Health Care Reform

A best estimate would indicate that about \$1 billion dollars have been taken out of the provincial health care budget since 1993. However, it is impossible to calculate accurately the exact amount of money put back into the system. The government has earmarked funds for such special projects as cardiac surgery and joint replacement as well as other “hot spots”. But they have often made several announcements regarding the same money. For example, the one-time injection of \$40 million into community health services was announced at five different times as new money being put into the system. They also made numerous announcements of grants to Regional Health Authorities. Despite the fact that the government continued to claim that it was reinvesting in health care, actual dollar figures indicated that much more was taken out than had been reinvested. Whatever the amount of additional monies, it was very clear to Albertans in general and to nurses in particular that current budgets were insufficient to meet growing health care needs.

The Regional Health Authority in Calgary did not listen to the voices supporting the continued existence of the Calgary General Hospital and this hospital was closed and staff transferred to the Peter Lougheed Centre and to other Calgary hospitals. Again transfer agreements had to be negotiated first between and amongst affected UNA Locals and then with the employer.

### Regional Health Authorities

A number of Regional Health Authorities demanded that their employees sign gag orders in which they would agree not to divulge any information regarding their employers’ operations. UNA members grieved this on the basis that nurses have a professional and statutory obligation to raise patient/client/resident care issues and have the right to do so through provisions in their Collective Agreements. The employers backed down and removed their demands.

In January, UNA, Health Sciences Association of Alberta and the Canadian Union of Public Employees unanimously condemned the Regional Health Authority in Calgary’s decision to privatize cardiac rehabilitation services and demanded a full investigation.

From January to June, the Labour Relations Board hearings took place related to the Capital Health Authority’s 1996 application for a single certificate for each classification of health care providers at the Royal Alexandra, the Glenrose and the University of Alberta hospitals—the so-called referral hospitals. These hearings were a colossal outpouring of money from all the unions involved towards preparation, legal counsel and presentation of arguments. As time went on it became apparent that the six months that were originally set aside for hearings were insufficient and dates were then set into December



Special Meeting - September 1997  
UNA/SNAA Amalgamation

of 1997. It was at this halfway point that the Labour Relations Board proposed mediation and the parties agreed to have George Adams from Ontario act as mediator.

## One Nurses' Union

In July, UNA and SNAA agreed to meet to re-open discussions regarding amalgamation. An amalgamation agreement was achieved and approved by both Executive Boards. This agreement set the date of October 15, 1997, as the legal date of amalgamation. The SNAA president, Pauline Worsfold, would become a UNA Executive Officer for one year, responsible for transition issues; three SNAA members would be appointed to the UNA Executive Board for a one year term—two in North Central District and one in South Central District; the SNAA office would close; and staff transfers were negotiated.

On September 22, the SNAA membership voted overwhelmingly in favour of the amalgamation.

On September 23, UNA held a Special Meeting in Calgary and received overwhelming delegate approval for the amalgamation and the constitutional changes needed to effect the amalgamation.

The amalgamation took place October 15, 1997, and the rest of 1997 was spent implementing the transfer. Former SNAA members were warmly welcomed by the delegates to the UNA Annual General Meeting.

This amalgamation increased the strength of nurses in Alberta. With one voice and in solidarity nurses can now advocate for the strengthening and expansion of the Canada Health Act; the importance and priority of quality health care services in Alberta; the need for fair and just wages and working conditions; and for all other social issues that affect the lives of patients, clients, residents, nurses and all Albertans.

## Organizing

UNA organized a number of new Locals in 1997:

- Local #201 Bentley Hospital
- Local #204 Rosehaven, Camrose
- Local #206 Little Bow Health Care Centre, Carmangay
- Local #207 Mistahia Community Health

The amalgamation of SNAA brought the following Locals into UNA:

- Local #301 University of Alberta Hospital
- Local #302N Cross Cancer Institute
- Local #302S Tom Baker Cancer Clinic
- Local #303 Redwater Community Health
- Local #304 West View Community Health
- Local #305 Calgary Health Services



Special Meeting - September 1997  
UNA/SNAA Amalgamation



Pauline Worsfold  
Transitional Officer



Special Meeting - September 1997  
UNA/SNAA Amalgamation



1997 Health Unit Negotiating Committee

- Local #307 Regional Health Authority #5  
Community Health
- Local #308 Headwaters Health Authority Community Health
- Local #309 Lac La Biche Community Health
- Local #311 Good Samaritan, Millwoods
- Local #312 Rivercrest Nursing Home, Fort Saskatchewan
- Local #313 Strathmore District Health Services
- Local #314 Good Samaritan Auxiliary Hospital
- Local #315 Keeweenok Lakes Community Health
- Local #316 Good Samaritan, Southgate
- Local #349 Aspen Regional Health Authority  
Community Health

At the end of 1997, UNA's membership was over 16,000.



Hospital Reporting Meeting  
February 25, 1997

## Bargaining

1997 began with a large number of UNA bargaining tables still open and with hopes of achieving satisfactory settlements stalled.

Hospital negotiations resumed in January with Dick Champion as mediator. The employers refused to meet face-to-face with UNA's negotiating committee and refused to withdraw their proposed rollbacks.

Also in January, the Labour Relations Board ordered the health unit employers' agent, the Provincial Health Authorities Association of Alberta (PHAA), to negotiate with UNA in good faith. The parties negotiated for three days in February and talks broke off.

In February, UNA's hospital negotiating committee called for a Reporting Meeting for hospital Locals to be held February 25.

The Premier called a provincial election for March 11, 1997, and made it very clear that he did not want to be dealing with a hospital nurses' strike during his election process.

On February 25, UNA held a bargaining Reporting Meeting for hospital Locals and the negotiating committee presented full details regarding unresolved issues, employer-proposed rollbacks and the employers' attitudes and actions. The delegates to the Reporting Meeting set a date for a hospital strike vote—March 4, 1997. An information picket in front of the Grey Nuns Hospital was part of the lunch hour activity on the day of the Reporting Meeting. UNA put employers on notice that a major confrontation was imminent.

In late February, a series of hospital bargaining sessions were held but the employers refused to believe that the UNA negotiating committee's insistence on patient care issues was actually supported by the membership.

In a run-up to the strike vote, a number of all-night bargaining sessions took place. It was a new experience for UNA to have all its Locals on computer and standing by. Hour by hour as bargaining news reached provincial office, computer bulletins were put out on



Central District Meeting  
June 1997

the Network. Within short minutes Locals were reading the news and responding. It was as if the whole province was on a late night watch wanting to keep up-to-date minute by minute. By early morning of March 4 no settlement had been reached and the strike vote proceeded. UNA was aware that in the 1988 strike vote, the Labour Relations Board determined that even to hold a strike vote was “threatening to strike” and as such was illegal. No such issue resurfaced in 1997, and the strike vote took place without employer intervention.

At 2230 hours on March 4, UNA released the strike vote results to the press and to the employers—85 percent of voters voted yes; 98 percent of Locals voted yes; and 72 percent of eligible voters turned out. This overwhelming support of the negotiating committee’s positions finally made the employers grasp UNA’s seriousness and determination. Coupled with the looming election, the strike vote results put immeasurable pressure on the employers to reach a negotiated settlement. It was at this point that UNA’s demands, including the nurse in charge at all times and safe staffing levels were finally addressed by the employers. The employers agreed to the mediator’s recommendation to have a nurse in charge at all times in those units where a nurse was in charge on March 4, 1997. They also proposed a Staffing Committee in each worksite to deal with staffing concerns as they arose at each Local. And the employers offered a 7.11 percent wage increase over two years. A Memorandum of Agreement was concluded and put out for ratification. The ratification vote was held March 11 and 85 percent of voters voted to accept and 100 percent of affected Locals accepted. Hospital nurses had a Collective Agreement after over 13 months of bargaining.

Health unit nurses, however, were still without a contract. On March 26, the employers tabled a “settlement offer” at the health unit tables but this offer contained major inequities for health unit nurses compared to hospital nurses. It was at this point—14 months into bargaining—that the health unit employers announced that they were no longer interested in parity between health unit and hospital contracts.

On April 16, UNA called a health unit Reporting Meeting and, after presenting a full report, the negotiating committee was directed by the delegates to return to the bargaining table in another attempt to resolve the outstanding issues. At the table the employer tabled their “second final offer” which also contained major rollbacks and then left the room refusing to explain their position. New bargaining dates were set for mid-July.

Meanwhile the long term care bargaining continued with the employers demanding major rollbacks and continuing to say that long term care nurses were not real nurses like acute care nurses and therefore deserved less in their contracts. However, as soon as the hospital strike vote was announced and the employers reached a negotiated settlement, the long term care employers quickly removed all rollbacks from the table and agreed to most of the provisions won by hospital nurses. Outstanding issues were the nurse in charge at all times, the Staffing Committee, wages and severance.



Central District Meeting  
April 14, 1997



Extendicare Demand Setting  
Meeting - 1997



May Day March  
April 1997



Special Meeting - September 1997

On April 19, UNA called a long term care Reporting Meeting and the delegates directed the negotiating committee to return to the bargaining table and try for complete hospital parity.

On May 16, long term care negotiations resumed with the employers still refusing the nurse in charge and the Staffing Committee demands but agreeing with hospital parity in wages and severance. UNA long term care members voted to accept this last offer and ratified their contract on May 29, after 16 months of bargaining.

In July, the health unit employers finally got back to the table and admitted that their proposals would result in major rollbacks for virtually all health unit nurses. The UNA negotiating committee was frustrated and disappointed with the employers' attitudes and left the table to consult with members as to where to go next.

August and September were breakthrough months for health unit negotiations. UNA negotiated separately with the Chinook Health Unit in Region 1 and achieved virtual parity with UNA hospital contracts. With this Chinook agreement in hand, the UNA health unit negotiating committee was now able to put pressure on all the other health unit tables.

On September 15, health unit nurses overwhelmingly rejected the employers' last rollback offer. UNA reported the results to the employers at the bargaining table and the employers tabled a new offer which contained:

- hospital wages and educational allowances
- hospital benefits including short term disability
- continuance of 5-5-4 scheduling
- a Professional Responsibility Committee
- an Occupational Health and Safety Committee

After almost 20 months of bargaining, the UNA health unit negotiating committee, with strong support from community nurses, had virtually achieved parity with hospital nurses—a long-held UNA bargaining goal.

This contract then became the standard and UNA settled with most of the other health unit employers. The major exception was with the Capital Health Authority Community whose negotiations continued into 1998.

In 1997, along with hospital, health unit and long term care contracts, UNA achieved negotiated settlements with the Victorian Order of Nurses, with the Red Cross, with Edith Cavell Care Centre in Lethbridge, with Salem Manor in Leduc, with Bentley Hospital, with Bethany Care in Cochrane and with Mistahia Community Health.

Outstanding bargaining tables were the Capital Health Authority Community, Rosehaven (Camrose), Little Bow (Carmangay), Central Park Lodges, Extendicare, Grande Prairie Care Centre and a number of former SNAA contracts that needed to be completed. This work carried over into 1998.



Hospital Reporting Meeting  
February 25, 1997



Local #196 Information Picket  
November 1997

## Grievances, Arbitrations, Mediations and Hearings

In 1997, UNA members once again were vigilant in monitoring the application of their Collective Agreements and filed grievances when those contracts were violated. UNA Local executives, grievance committees and labour relations staff filed grievances, represented grievors in meetings, mediated settlements and, when satisfactory settlements were not achieved, presented the issues before arbitration boards.

UNA filed 771 grievances in 1997, 22 of which went to an arbitration hearing. 1997 was also the first year where grievance mediation provisions were negotiated into the Collective Agreement on a trial basis at the Foothills Hospital, the Red Deer Hospital and the Royal Alexandra Hospital. If this proves to be a successful process, UNA will consider negotiating such provisions into all Collective Agreements.

The Labour Relations Board held hearings on a matter very similar to the 1996 Central Park Lodge issue which UNA won. Capital Care eliminated almost all bargaining unit positions and then hired back a number of these nurses into management positions with virtually the same job duties. The remaining positions were filled by lesser-skilled workers. Again UNA claimed that this was a union-busting action and should be condemned by the LRB. The LRB indeed found in favour of UNA and supported the Central Park Lodge decision saying that the employer could not simply eliminate union positions and hire other job classifications to do the same work.



Orientation

## Education

1997 was a big year for education in UNA. 81 workshops were offered to 1631 participants.

In addition to the basic workshops on local administration, grievance, professional responsibility and occupational health and safety, UNA also offered workshops on contract implementation, the LPN Regulations, the use of generic health care workers and nurse abuse and harassment issues.

The amalgamation with SNAA meant that a lot of education was needed to introduce the new Locals to the UNA Constitution and to UNA's Policies and Procedures. UNA held a special series of workshops to prepare SNAA delegates for the AGM; to bring the new SNAA Board members and staff up to speed quickly; and to provide SNAA Local Executive and Committee members with necessary information and documentation.

In addition, new UNA Locals needed workshops, as did newly-elected Executive members of established UNA Locals.

UNA also provided a full-day orientation for all new UNA Executive Board members and UNA staff worked with the entire UNA Executive Board in a planning workshop to set priorities and action plans for 1998.



UNA Local #302-S Workshop  
October 1997



Local #33 Nurses' Week  
May 12-16, 1997

UNA continued to research health care issues with particular emphasis in 1997 on the changes to the LPN Regulations and what that means for registered nurses and registered psychiatric nurses. UNA worked collaboratively with the AARN to develop position statements and to distribute the information to nurses across Alberta.

UNA also researched and produced documentation on liability issues facing nurses.

1997 also saw the production and revision of UNA briefs, documents and position statements.

## Communications

The UNA NewsBulletin continued to provide members with information on health care issues, bargaining progress, staffing issues, LPN Regulations and political action.

SPOTLIGHT was introduced in poster form—highlighting specific contract issues.

The UNA STAT was sent to Locals to provide up-to-date information for posting on UNA bulletin boards.

FRONTLINE was distributed with information on what was happening at different bargaining tables. Locals were urged to post these on their bulletin boards.

The Professional Responsibility database continued to be developed and in 1997 work was started on setting up an Occupational Health and Safety database as well as a Staffing Issues database. A big task for 1998 is the amalgamation of the former SNAA Locals' PRC and OH&S issues into the UNA databases.



Local #10, Lac La Biche  
February 1997



AFL Day of Mourning Ceremony  
April 28, 1997



UNA Supports UFCW at Maple Leaf Plant November 1997

## Political Action

- In January, UNA developed a brief on Nurse Abuse and followed this in February with a workshop and documentation on nursing liability.
- In February, to put pressure on employers and to show that UNA was serious about outstanding bargaining issues dealing with patient care issues and safe staffing levels, many Locals engaged in political activity in and around the workplace. For example, Lac La Biche nurses had an information walkabout to coincide with the grand opening of 10 new acute beds which were being opened without increasing the total staff count.
- In April, UNA co-sponsored a ceremony dedicated to workers who died or were injured as a result of unsafe conditions in their worksites. This ceremony coincided with a similar ceremony being held for the first time at the United Nations in New York.
- In May, UNA endorsed the Friends of Medicare presentation to the federal review committee on Drug Patent Legislation.
- Throughout early 1997, UNA mounted a campaign to oppose the proposed changes to the LPN Regulations. The campaign was a success in that the government phone lines were jammed and the government was told in clear terms of the dangers inherent in such changes. The campaign, however, failed to change the government's mind and the proposed Regulations were adopted. The new Regulations allow LPN's to be delegated to perform functions heretofore reserved for RN's and RPN's.
- Through June, July and August, UNA worked with the AARN to develop a response to the changes. For the rest of 1997, the AARN and UNA distributed the AARN position papers and taught workshops and made presentations together and separately. These presentations were made to staff nurses, management nurses and to some Regional Health Authorities.
- On May 29, UNA representatives met with the Deputy Minister of Health and the Executive Committee of Alberta Health to



UFCW Strike Rally  
April 1997

discuss the negative effects of health care cuts, short staffing and the effects of the new LPN Regulations on health care.

- In August, UNA was part of a rally at the Legislature supporting the continued existence of the Calgary General Hospital.
- 1997 saw the introduction of the Health Resources Group (HRG) in Calgary. The stated purpose of this group was to remodel the closed Salvation Army Grace Hospital in Calgary and re-open it as a private, for-profit facility. The initial phase of the operation was a \$6 million fund-raising campaign and a renovation process to allow the HRG to open a 22,000 square foot facility with 37 in-patient hospital beds (including 4 intensive care beds), 8 day-surgery beds, 3 operating theatres, 6 post-anesthetic recovery beds and 2 multipurpose ambulatory clinics. Phase 1 began in August and HRG began operations as a surgical facility providing day surgery procedures. Phase 2 was to begin October 20 and add an additional range of non-tertiary surgical procedures which would require in-patient stays. These additional surgical procedures included spinal surgeries such as fusion and laminectomies; large joint replacement surgeries; and abdominal and thoracic surgical procedures. This in-patient phase was not implemented in 1997.
- In its own literature, HRG claimed to be “a Canadian company and...all originating Principals, Board members and management staff are Canadian”. Originally, however, its directors were linked with the US-based Columbia Health Care Incorporated, a mammoth for-profit health care corporation that has been buying up hospitals until it is the largest health maintenance organization in the United States. Later the HRG was careful to point out that Columbia had nothing to do with the HRG in Calgary—this after studies showed that Columbia had a higher cost per patient bed than not-for-profit community-based hospitals.
- HRG target populations were third party payers such as WCB; out-of-country clients; clients seeking uninsured services such as



Local #194 Salem Manor - July 1997



Local #204, Rosehaven, First Local Meeting - May 27, 1997

cosmetic surgery; and Regional Health Authorities who would contract services to HRG's.

- The College of Physicians and Surgeons approved the HRG for out-patient surgical services. The provincial government declared that it was a non-hospital facility. The HRG, therefore, would not be held to the standards set for hospital services in Alberta. Instead they would have to meet standards set by the College of Physicians and Surgeons.
- The HRG claimed to support the Canada Health Act by not offering insured health services to insured Albertans on a user-pay basis. Nonetheless the HRG Hospital—for indeed it was a hospital in all but name—was the result of a determined push for a two-tier, for-profit health care system in Alberta. Despite a myriad of studies showing that taxpayers do not want a private health care system in Canada, there were entrepreneurs that continued to push for a parallel private system.
- Two groups formed to oppose the opening of this first private, for-profit hospital in Canada and UNA was active in both groups. One group was based in Edmonton and consisted of a network of members of the public, seniors' groups, citizens' coalitions and union representatives. The other group was in Calgary and functioned under the umbrella of the Calgary chapter of the Friends of Medicare. UNA strongly urged the Premier and the provincial and federal Ministers of Health to say “no” to the HRG, and “no” to private, for-profit hospitals whatever they call themselves.
- Despite opposition, the HRG opened as an out-patient hospital. However, in December, the College of Physicians and Surgeons declined to approve the HRG Hospital for in-patient care, thus throwing the decision back to the government. Although they did suggest that “hostel” beds might be appropriate rather than “in-patient beds”. 1997 came to a close with the HRG Hospital functioning only as an out-patient facility but it was only a matter of time until “hostel” beds would appear.



Local #196 Information Picket  
November 1997

- Even as the fight against the HRG was consuming energy and time, yet another major privatization initiative occurred in Headwaters, the Regional Health Authority which governs the geographic area extending from Banff and Canmore down to High River and Claresholm. In late September the CEO of Health Care Australia met with Headwaters and a number of Bow Valley physicians as well as with representatives of the Town of Canmore Council and with the provincial Minister of Health.
- The Health Care Organization of Australia (HCA) is Australia's largest private health provider and is part of a publicly-listed global company named Mayne Nickless Ltd. which also operates Loomis Courier and Loomis Armoured Services in Canada. HCA has been in existence for 5 years and during that time has negotiated contracts worth over \$790 million dollars. Their brochure states that they aim to "lead the way in the world with the privatization of public facilities".
- Their proposal to Headwaters would have had HCA leasing the Canmore Hospital from the RHA thus becoming the provider of services in exchange for 3 percent of the hospital's annual budget, which would have been about \$3 million.
- HCA promoted their proposal as a concept of public and private joint venture whereby the private sector would manage services on behalf of the government.
- According to a growing number of studies coming out of New Zealand, Australia, England and the United States, this model of private management does not achieve the promised cost-savings nor does it provide any additional patient benefits. In fact, this model created many new hidden costs for both individuals and for taxpayers.
- UNA Local members in Canmore mounted a major campaign to oppose the HCA's proposal and met with their employers at the Headwaters Regional Health Authority, with the Town Council, with physicians and other health care providers and with townspeople. Their very determined work was rewarded in December when the Headwaters Regional Health Authority announced that they had turned down HCA's proposal.
- In September, Heather Smith, President of UNA, was part of the Government of Canada's Standing Committee on Finance's pre-budget consultation process. She raised the issues of federal monies for a national home care plan and a pharmacare plan; the establishment of a Royal Commission on health care; and the effects of the Multilateral Agreement on Investment on health care.
- On the international trade front, UNA was faced with yet another major free trade agreement which expands far beyond trade and encompasses major investment capital. Canada is part of the Organization for Economic and Cooperation and Development (OECD) which is comprised of the leading developed countries. These so-called rich countries were negotiating a Multilateral

Agreement on Investment (MAI) which would have drastic negative effects on poor countries and on all but the wealthiest citizens in developed countries. Amongst a long list of negative effects, the implications for health care are disastrous. It would deny all levels of government the ability to set improved national or provincial health care standards and regulations. It would prevent the federal government from expanding the Canada Health Act to include community services, long term care services or pharmacare. And it would result in massive increases in world populations having little or no access to health care services.

- Along with the MAI, Canada was also negotiating expanded trade deals through the Asia Pacific Economic Cooperation forum which met in Vancouver in November and all Canadians were given ample evidence of the extravagant hospitality being provided to national leaders who were labeled “dictators” and “despots” by opposition voices. Canadians also saw how far the Canadian government was prepared to curtail the rights of citizens to public protest. Pepper spray, violence and arrests were the order of the day in Vancouver when Canadians protested APEC and when UBC students objected to having dictators as guests on the UBC campus.
- UNA worked with the Council of Canadians in raising opposition to both the MAI and APEC.
- In September, Heather Smith was invited as a delegate to attend the Premier’s Growth Summit as part of the MUSSH group—Municipalities, Universities, Schools, Social Services and Health Care. Despite obvious government attempts to raise such issues as debt reduction and tax reductions and to reduce discussion of reinvestment in education and health care, the delegates made clear and unequivocal recommendations regarding the huge surplus—reinvest in education and health care.
- In October, UNA representatives met with John Dossiter, Jr. senior policy adviser to the federal Minister of Health, Alan Rock. Again health care issues and the expansion and strengthening of the Canada Health Act were discussed.
- In the Fall, focus was again put on raising UNA’s opposition to the provisions of the Protection for Persons in Care Act. Again the government is proceeding to enact a very flawed piece of legislation. The Act takes effect January 5, 1998, and UNA is developing workshops and information for distribution to the membership.
- In October, UNA invited Wendy Armstrong from the Consumers’ Association of Canada to spend a few days with elected leaders and staff identifying the major issues in health care and then to work with UNA to devise an overall provincial plan to address these issues in 1998.



Heather Smith and the Media



20th Anniversary Banquet  
October 22, 1997

## Professional Responsibility and Staffing Issues

An increased focus on professional issues and staffing issues, both in UNA's communications and in UNA's workshops, resulted in a dramatic increase in the number of PRC and Staffing issues being addressed; in an increase in the number of active Professional Responsibility Committees at the Local level; and in an increase in the number of presentations to the governing boards.

With the health unit contracts now having PRC and OH&S provisions, community nurses had new vehicles through which to address client care issues and health and safety issues.

The new Staffing Committees met with surprising success in many hospital Locals. It would seem that management nurses were very aware of the serious staffing shortages and welcomed the Union's presentations at Staffing Committee meetings as opportunities to pressure administrations for more staff.

Another aspect of the Staffing Committees that proved to be very helpful was the power of the Committee to demand relevant statistical information from the employer.

## Pensions

Again in 1997, UNA had a representative on the Local Authorities Pension Plan Board and this representation proved to be very important for UNA members. As the LAPP moved toward independence and as the Regional Health Authorities continued to plan to privatize nurses' pension plan, watchfulness and vigilance became a priority so that the interests of nurses would be well represented and protected.

## Annual General Meeting

The 1997 Annual General Meeting was held October 22 and 23 in Edmonton and over 500 people attended. This was an important year in many ways. Not only did UNA formally welcome the former SNAA members and Locals into UNA but UNA also celebrated its 20th Anniversary with a wonderful banquet and evening of entertainment. Many long-time UNA activists and friends joined the celebration.

UNA delegates to the AGM discussed a number of serious issues:

- organizational review
- composite Locals
- health care challenges
- Local funding
- constitutional amendments

Karen Craik was elected into a one year term as Secretary-Treasurer and Bev Dick was acclaimed as Vice-President for a two year term.

## Membership Services

Historically, casual nurses and some part-time nurses have not had access to a full range of benefits from their employers. In 1997, UNA negotiated with an insurance company benefits for part-time nurses who work less than 15 hours a week and for casual nurses. This was an optional package but it was met with enthusiasm by a large number of UNA members who had little or no access to benefits.

The UNA boutique continued to offer promotional items—caps, tote bags, t-shirts, sweatshirts and watches. The biggest demand continued to be for RN and RPN pins and for the famous UNA two-coloured pens.



1997 Annual General Meeting



Computer Training



Stop the MAI Rally  
February 26, 1998

## Computerization

At the end of 1996, UNA celebrated having all Locals on the Network. But in 1997 there was no time to sit back and rest. Local Executive changes meant computer education and training for new people.

In the early part of 1997, when negotiations were heating up and boiling over, the fact that all our Locals were on computer meant that almost instantaneous communication was possible. Many UNA members sat in front of their monitors day and night. There was never a moment when watchful eyes were not present. The computer Network proved its worth through those grim days and continued to be a very valuable tool for communication and dialogue.

In 1997, Internet e-mail access was established for all users on the Network. Information-sharing between and amongst Locals was enhanced as well as communication with employers and the government.

The big challenge in 1997 came when UNA organized new Locals and amalgamated with all the former SNAA Locals. This meant a very large demand for computers and computer training that will extend well into 1998.



UNA Supports AUPE and CUPE  
March 1998

## 1998

### Health Care Reform

At the 1997 UNA Annual General Meeting the number one concern of the delegates was the privatization of health care. In a UNA survey, 94 percent of nurses rated the increasing privatization of health care as “a very important issue for UNA action”. Consequently much work was done in 1998 to support and extend Canada’s public health care system and to oppose encroaching privatization.

UNA sponsored a national **postcard campaign** calling for a Royal Commission on health care. Thousands of postcards were distributed by UNA members and supporters and received by the federal Minister of Health.

**Bill 45, the Health Professions Act**, remained the target for UNA scrutiny and action. This omnibus Act will replace 15 separate statutes (including the Nursing Profession Act) and combine the regulation of 28 health care professions under one piece of legislation. The Bill received second reading in April of 1998 and was left at that stage in order for the government to engage in extensive discussion with the affected parties. After these discussions, a final version of the Bill will be introduced in the 1999 Spring session of the Legislature. Due to the fact that the legislation affects such areas as governance of a profession, and the standards of practice and licensing, the Alberta Association of Registered Nurses was particularly interested in the Bill and was very disturbed about some of the proposed pieces of the legislation regarding governance, registration and continuing



Media Conference Stop Bill 37 April 16, 1998

competency. They mounted a provincial campaign which UNA Locals actively supported, and when AARN officials met with the government to point out their areas of disagreement they came away feeling that the final draft would address their concerns satisfactorily. The final version of the Bill came out in December 1998, and did not contain all of the changes that the AARN expected. The AARN wrote a responding brief identifying all of the deficiencies in the Bill including technical and administrative difficulties, governance and membership problems as well as scope of practice issues. The new legislation would let unregulated people perform regulated activities. When the Bill comes forward in the 1999 Spring session both UNA and the AARN will be active in challenging many of the problems and deficiencies of the proposed legislation.

On April 2,3,4, 1998, UNA co-sponsored a health care conference with the Parkland Institute. This conference was titled: **“The Canadian Advantage—Public Health Care”**, and had as keynote speakers, Ralph Nader, Maude Barlow, Colleen Fuller and Richard Plain.

In 1998, **federal statistics** were released showing that Alberta has fallen from first to tenth place in the per capital expenditures on health care. Alberta spends less per capita on health care than does any other province. B.C. spends the most—\$1,955 per person, while Alberta spends only \$1,588.

**Bill 37, the Health Statutes Amendment Act**, was a major focus of activity for UNA in 1998. This, you will remember, was an issue in 1997 and focused on the Health Resources Group (HRG) which wanted to operate a full acute hospital on a private for-profit basis. All the disclaimers about it not being a hospital were referred in 1997 to the College of Physicians and Surgeons but in December 1997 the College declined to approve the HRG as a hospital, thus putting the hot issue squarely back into the government’s hands. The government’s response was to introduce Bill 37 and it tried to pass the Bill without public debate saying that it was a piece of legislation that would protect the public health care system.

In fact, Bill 37 would have given the Minister of Health the power to approve private, for-profit hospitals in Alberta. Not only would Alberta have become the first province allowing for-profit hospitals, these same hospitals would receive tax dollars via contracts with the



Raging Grannies



Rally Against the MAI  
Spring 1998



Maude Barlow - MAI Rally

Regional Health Authorities. There would be no advisory body to the Minister, no regulations or guidelines to moderate his decisions—in fact no controls at all. Bill 37 would in fact allow a two-tier health care system where fast, effective and first-class services would be available for those who could pay, and the public system would become a second-class and less effective system with decreasing access to skilled doctors. Bill 37 would also create downward pressure on the wages and working conditions of health care providers in the constant demand to create increasing profits. UNA, along with a number of supportive community groups, set up a provincial lobby action to put pressure on the government to withdraw Bill 37. Public pressure worked—at least to the extent that Bill 37 was withdrawn but with the government’s plan to revise it and bring it back to either the 1999 Spring or Fall sittings of the Legislature. Hon. Allan Rock, the federal Minister of Health, wrote a letter to UNA outlining that it is his understanding that “an independent panel of health care experts was to conduct a detailed review of this legislation to ensure that it is consistent with the principles of the Canada Health Act”. He went on to say that the panel was also “to make certain that the content of the bill meets the government’s stated objective of protecting the public health care system from the possible adverse impacts of private treatment facilities”. And Mr. Rock said: “I believe that an assessment of the legislation and the regulations to which the bill refers, is needed”. The Blue Ribbon Panel is to report back to the government in early 1999.

In June 1998, the government’s provincial steering committee tabled a report and recommendations regarding a new piece of proposed legislation called **Health Information Protection Act, Bill 30**. This Bill was designed to ease public fears about an electronic health information system which would include a record of every Albertan’s personal health history. The proposed purpose was “to improve medical care, aid research on outcomes and assist with better system management”. No public consultations were held and the government announced that it was proceeding with the design of the system. The problems identified by UNA and other community groups include such broad exceptions to the use and disclosure of personal health information that confidentiality is all but made impossible. The registration information required by Alberta Health under this Act included “authorization to access your income tax records.” UNA continued to oppose and lobby against Bill 30 because it gives the government too much access to personal identifiable information and makes that information too accessible to other interested parties.

The government announced a **Health Summit** to take place in February 1999—presumably to consult with all Albertans on the state of health care in the province. However, as 1998 ended, UNA became aware that the Health Summit delegates would all be handpicked by the government.

## Regional Health Authorities

The **Capital Health Authority** (Region 10) and UNA Locals at the Royal Alexandra, the University of Alberta, the Glenrose, the Sturgeon, and the Caritas Health Group signed an agreement which outlines the process for hiring when a posting goes up. Nurses in the bargaining unit of the hospital posting the position get first preference; if there are no applicants, then other hospitals under the Capital Health Authority get next preference; if there are no applicants then it goes to the Caritas bargaining units; and finally if there are not applicants, it goes outside of the current bargaining units. If the vacancy or posting is at a Caritas hospital, that bargaining unit gets first preference; then the other Caritas bargaining unit; then the Region's bargaining units; and then it goes outside.

The successful candidate for a position may transfer her seniority and other entitlements if she chooses, however she must resign from her original site and lose her seniority and entitlements there.

When the obstetricians in the **Calgary Regional Health Authority** threatened job action, the response of the employer was to advise all obstetrical nurses that all obstetric services would be centralized in one site and obstetrical nurses from all Region 4 hospitals would be expected to attend that one centralized site despite the fact that they were not hired for that site nor were they members of that bargaining unit. UNA filed an unfair labour practice at the Labour Relations Board and then the two parties began negotiations for an agreement.

After months of on-again off-again negotiations, the Calgary Regional Health Authority (Region 4) and UNA Locals at the Peter Lougheed, the Alberta Children's, the Foothills, the Rockyview and the Colonel Belcher hospitals agreed to a Letter of Understanding that allows nurses to transfer their seniority if they move from one hospital to another in the Region.

The agreement restricts the employer's rights to transfer employees to other sites unless it is for the purpose of skill maintenance, education or for emergency situations. The agreement sets out a process for regional recall and the filling of vacancies that provides nurses with more employment options.

Members covered by this agreement will have a single seniority date regardless of how many sites they work and they will be able to carry their seniority and other entitlements with them to other CHRA sites.

**Emergency Room nurses** in Edmonton hospitals reached their limit in 1998 and Heather Smith, UNA President, met with Local Presidents and emergency room nurses to hear their complaints and to strategize how to take action on prioritized issues. Amongst the many issues were concerns around short-staffing; the holding of admitted patients in the emergency room for up to seven days; region-wide shortages of ICU and CCU beds; physicians using emergencies as clinics because lab tests are done more quickly through emergency; IV therapy patients; patients being accepted from outside the Region without beds being



Stand Up for Medicare Rally  
Edmonton - October 1998



Stand Up for Medicare Rally  
Stop the HRG  
Calgary - October 1998



Stand Up for Medicare Rally  
Stop the HRG  
Calgary - October 1998



Local #196 Meeting  
January 21, 1998

available; hallway nursing; red alerts; and the lack of value put on the staff's concerns or input.

Once these concerns were outlined and addressed, UNA applied to make a formal presentation of these concerns to the Capital Health Regional Health Authority. A meeting was held with Sheila Weatherill, President of Capital Health, and other RHA representatives on July 20, followed by a public meeting with the entire Health Authority on August 26 at which UNA had about five minutes to raise concerns. This meeting was followed by a UNA presentation to the Capital Health Board on September 23. This written presentation was entitled **Emergency Nursing Care in Crisis** and it was well received by Capital Health. If anything, they seemed overly solicitous re UNA's concerns.

Further to that meeting, UNA representatives met with the medical directors of these same emergency departments on September 29th and again all agreed that the issue was lack of beds, lack of resources and funding cuts.

UNA asked Capital Health to attend a meeting regarding emergency services with the Minister of Health and these two groups attended a meeting with Halvar Jonson on November 2. The Minister listened to the concerns but did not seem to grasp the enormity of the problems.

Subsequent to these meetings, 16 medical, 20 surgical and 6 ICU beds were opened at the Grey Nuns and the CHA did adopt some of UNA's recommendations, but the major concerns of emergency room nurses continued into 1999 with only a promise of new funding in the next provincial budget.

Hallway nursing, short-staffing and burnout continued to compromise patient care, and retention and recruitment problems remained acute.

UNA Local #115 at the Foothills Hospital distributed a petition calling for the government to proceed with their announced promise to hold **Regional Health Authority elections** in 1998. Instead the government extended the current appointments into the next century.

October 4, 1998, saw the sad destruction of the **Calgary General Hospital** leaving Calgary the only city of its size in North America without a full-service hospital in its downtown core. And in a time when the government purports to care about the confidentiality of health care records, imagine the surprise when in the midst of the demolition, rooms full of patient records—boxes and boxes of them were found sitting out in plain view.

Locals in the **Capital Health Authority** (Region 10) concluded talks on a Letter of Understanding which allows members in the Region to apply for sponsorship in a full-time, 14-week training program in Advanced Critical Care Nursing offered through Mount Royal and Grant MacEwan Community Colleges. Capital Health will pay the full course registration (fees and textbooks) and, in return, participants will commit to applying for regular and temporary vacancies in Adult Critical Care areas. Employees must also commit to remain working

for Capital Health for a nine-month period after the completion of the program.

Even though it is clear that the Regional Health Authorities were appointed to be the front for the health care cuts and staff layoffs, many of these tried-and-true Tories are saying that they cannot carry out their mandates on the resources they have been given. They say that health care is seriously under-funded and that the government must divert monies into health care.

## Organizing

UNA organized a new Local at the Extendicare long term care facility in Mayerthorpe. This group of nurses became **UNA Local #209**.

**UNA Local #126** which used to be the Big Country Health Unit was seriously divided up through the process of Regionalization and only a small number of nurses from that Local ended up in Region 2, the Palliser Regional Health Authority. In 1998, UNA was successful in winning a vote that resulted in about 65 nurses being placed in Local #126. These nurses were formerly with the Medicine Hat Health Unit and were represented by an all-employee staff association. Now all the community nurses in Palliser Region are members of Local #126.

## Bargaining

Most UNA Collective Agreements expire in 1999 or 2000 so 1998 was not a big bargaining year.

Some contracts, however, were negotiated throughout most of 1998. **Central Park Lodges** in Calgary and Medicine Hat were in negotiations and ended 1998 without a Memorandum of Agreement. Instead a mediator was appointed—a Mr. Steve Morrison—who was to meet with both sides and agreed to present a mediator’s report sometime in early 1999.

In January, 1998, the Capital Health (Region 10) community nurses in **UNA Local #196** completed their negotiations two and a half years after the expiry of their last contract. When presented with the employer’s “last offer” 98 percent of the members rejected it and the Union went on to win substantial improvements to scheduling provisions; to establishing shift and weekend premiums; to winning both a Professional Responsibility Committee and an Occupational Health and Safety Committee; to improving their vacation provisions for part-time and casual employees; to winning benefits for part-time employees; to getting better recognition of previous experience; and in improving severance provisions.

**Extendicare** bargaining was completed in May 1998, with hospital rates being agreed to and the employer’s portion of RRSP contributions moving from \$.10 per hour to \$.50 per hour. This contract expires July 31, 1999.



Local #150 - St. Michaels  
Demand Setting  
October 26-29, 1998



Local #107 - CPL  
Demand Setting  
October 26-29, 1998



Local #316 - Good Samaritan Southgate  
Demand Setting/Annual General  
Meeting  
October 26-29, 1998

The new UNA Local #209, **Extendicare Mayerthorpe** was organized in July 1998, and we reached a contract settlement in October. In effect, they were rolled into the standard Extendicare contract with a few transitional issues included. This contract also expires July 31, 1999.

**UNA Local #111 at Chantelle, Grande Prairie Care Centre** had a Collective Agreement which expired September 30, 1996. Bargaining took place throughout the remainder of 1996, in 1997 and in most of 1998. These nurses received back their 5 percent wage rollback on October 1, 1996—a year before the hospital nurses received their 5 percent back. The bad news however, was that the Chantelle nurses are not at parity with hospital rates. However in the new contract which was signed in October 1998, these nurses get the same percentage increases that hospital nurses get in 1999, 2000 and 2001. In addition their premiums for shift differential, weekend work and charge responsibility move from \$.50 to \$.75 to \$.85 over the life of the contract which expires September 30, 2001.

Membership in **Local #126** was increased dramatically when the **Palliser community nurses** who had formerly been represented by an all-employee staff association voted to join UNA. Negotiations for a first Collective Agreement between Palliser and Local #126 have been rocky from the outset. Initially the employer refused to set bargaining dates and UNA filed a bargaining in bad faith charge at the Labour Relations Board. The Board ordered the employer to negotiate but bargaining soon reached an impasse over the issue of scheduled days of rest. Rather than attempt to resolve the outstanding issues with the UNA bargaining committee, the employer decided to file an application to the Labour Relations Board for mediation. October 20 and 21 were set for mediation between the parties. Finally an Agreement was reached which achieved parity with other community health agreements. In addition, this Local will maintain its 5-5-4 day work agreement, superior vacation benefits, and wage rates for nurses with Master's degrees are red-circled.

Although the majority of hospital, community and long term care contracts expire in 1999, preparation for bargaining got underway in 1998 with contract demands coming in from the Locals in July; the Negotiating Committees being elected by summer; the orientation for the Negotiating Committee taking place in July; the Negotiating Committee work week taking place from August 17-21; and the Demand-Setting Meeting taking place in Edmonton on October 26,27, 1998.

The **hospital, community and long term care bargaining** was combined for the first time into one large committee. A new configuration of representatives was decided by the UNA Executive Board. Given the fact that the former Staff Nurses Association of Alberta's contracts were very different in both hospital and community sectors from the UNA contracts, it was decided that a larger committee was needed to represent all of the distinct contracts. Thus, the Board determined that there would be one hospital representative elected from



UNA Staff (SARO)  
Demand Setting/Annual General  
Meeting  
October 26-29, 1998

each District; one representative elected from each of the Foothills and the University of Alberta Hospital; three community representatives elected from each of the three distinct community groupings in North District; three community representatives representing the three distinct community contracts in North Central District; one community representative from South Central District; and one community representative elected from community Locals in South District. This created a 15-person Negotiating Committee which was prepared to split into two tables—one for hospitals and one for community—if that was the employer’s intent. 1999 ended with UNA knowing that there would be those two tables plus a number of long term care employers who would be seeking to negotiate separately.

In December 1998, **Premier Klein** announced that he wanted to meet face-to-face with the “Union bosses” to deliver the ugly truth about the province’s financial picture..

It is interesting to note that another Premier was also in the news about bargaining—the former Premier Peter Lougheed whose newly made public documents revealed that the **government seriously underestimated the growing anger amongst nurses in 1980 and 1982**. The then-Health Minister, Dave Russell, wrote a letter to Lougheed in May 1980 (after the successful April hospital strike) admitting that, “we did not identify the strength of feelings of the UNA building since 1977. We either missed or misread their signals.” Mr. Klein may be well advised to read the signs carefully in 1999.



Local #63 - Grande Cache  
Demand Setting/Annual General Meeting  
October 26-29, 1998

## Grievances, Arbitrations, Mediations and Hearings

In 1998, UNA members once again were vigilant in monitoring the application of their Collective Agreements and filed grievances when those contracts were violated. UNA Local executives, grievance committees and labour relations staff filed grievances, represented grievors in meetings, mediated settlements and, when satisfactory settlements were not achieved, presented the issues before arbitration boards.

UNA filed 597 grievances in 1998, 144 of which were advanced to arbitration. United Nurses of Alberta was awarded 9 Arbitration Awards in 1998. In addition, UNA represented members at WCB appeals, 20 AARN hearings and in 5 Short Term Disability and 5 Long Term Disability cases.

## Education

1998 was a year in which District and Local requests for education continued to increase. In 1998 UNA provided **76 workshops for 1654 participants**.

The basic workshops which form the base of any union continued to be provided—Local administration, professional responsibility,



Notre Dame de Banane Choir

occupational health and safety, grievance, contract interpretation and ward/office rep workshops.

In addition, UNA provided workshops on the new Protection for Persons in Care Act; on the new Freedom of Information and Protection of Privacy Act; on nurse abuse; on the changes to the LPN Regulations; on the orientation of new Executive Board members and a two-day workshop for the facility, community and long term care Negotiating Committee.

1998 education activity included researching and writing briefs on health care legislation—the Health Professions Act, the Protection for Persons in Care Act, the Freedom of Information and Protection of Privacy Act, Bill 37, Bill 30 (the Health Information Protection Act) and the Drug and Pharmacy Act.

## Communications

The UNA NewsBulletin continued to provide all members with pertinent issues in contract interpretation, health care issues, bargaining progress, occupational health and safety issues, health care legislation and political action.

- Spotlight continued to be a popular contract information poster.
- The UNA Stat was sent electronically on a bi-weekly basis to the Locals for posting on their bulletin boards thereby informing members of current issues and bargaining timelines.
- Frontline was produced on an as-needed basis to provide the Locals with bargaining news, up-dates and timelines.
- The Professional Responsibility and the Occupational Health and Safety data bases have been kept up-to-date thereby providing the Locals and their committees with up-to-date information of what issues are being dealt with by UNA's different Locals.



Local #79 Nurses' Week Celebration 1998



Local #79 Nurses' Week Celebration  
1998

## Computerization

UNA celebrated the amalgamation with SNAA at the end of 1997. The new Locals were all computerized and connected to the UNA\*NET early in 1998.

UNA welcomed the addition of a new staff person to assist with the support and maintenance of the communications systems. Cindy Darby was hired during the spring and joined Rena Reid, who has been providing technical support to users and doing general network administration support duties for the past few years.

All members of the expanded negotiating committee have access to UNA\*NET. Computers have been allocated to those who did not have a system of their own.

A number of Local computer systems have been upgraded during the past few months.

### Network Users

District Reps	19
Locals On-Line	156
Neg Comm and other members	66
Labour Relations Staff	13
Administrative Services	9
Finance Staff	3
EOs, TO, and Senior Staff	8
Servers	9
Systems Admin Staff	2
All user Ids on UNA*NET	276

The office network was upgraded to accommodate TCP/IP protocol. It is a much faster and universal protocol which was required by the new finance software. It is the now the standard protocol used by the Internet.

UNA's Internet web site was moved to a different service provider. We fully implemented the use of our own domain name: 'una.ab.ca'. The web site is getting increased traffic, particularly to the downloading of copies of the Collective Agreements. The web site is maintained by our own staff rather than contracting it out.

Internet e-mail access was established for all users of the UNA-NET in 1998. The implementation of a UUCP gateway, (old reliable technology) allows a very secure exchange of e-mail between FirstClass and the internet.

A direct internet connection was established in both offices. Legal research, via an internet connection to QuickLaw, was made available to our Labour Relations Department. Quick and easy access to statutes, regulations, judicial and administrative decisions will facilitate the massive amount of research which is done by the Labour Relations staff.

The internet will become a more integral part of our communications system. Those who have internet accounts will be able to access our FirstClass system via TCP/IP by the end of 1998.



Mike Mearns - Labour Relations Officer  
- 20 Years Party February 2, 1998



Central District Meeting  
September 1998

Communications between the offices will also be mainly via TCP/IP. This will allow high speed access to the information on our Edmonton servers.

Local Computer systems will continue to be upgraded as necessary and as new equipment becomes available.

## PRC/Staffing

Patient, resident and client concerns were in the forefront in 1998. The cumulative effects of short staffing, budget cuts and rising acuity levels meant that Albertans in need of health care received a reduced level of care. Waiting lines for surgery lengthened; emergency rooms were nightmares of overcrowding and understaffing; and skilled health care practitioners left the province to practice elsewhere. The total effect was a **drastic reduction in the quality and quantity of care**.

UNA Locals responded with record number of PRC complaints and the **Professional Responsibility and Staffing Committees** worked ceaselessly to convince their employers that something had to be done to reverse the worsening situations. Many times UNA won concessions but often for only short periods of time and then the problem would rise again. But we also won some major staffing issues largely because of the persistence of our members and because management nurses often agreed with the assessment of short staffing causing patient harm.

Our PRC and Staffing Committees brought forth to management such issues as short-staffing; nurses working extended shifts from those scheduled; staff exhaustion as a result of mandatory overtime; staff being denied vacation; staff being brought back from vacation; supply and equipment shortages; the rationing of supplies especially in long term care facilities; the increased use of physical and chemical restraints—all of which eventually corrode the quality of care and produce negative and sometime fatal results.

There is a desperation in almost all UNA worksites for more skilled workers—more nurses to provide proper and adequate care to patients/residents/clients.

The employers know there is a **nursing shortage** and even though the government repeatedly denies any connection between government cuts and the current nursing shortage, it seems strangely coincidental that we cut about 3,000 nursing jobs since 1993, and in 1999 are short about 3,000 nurses.

More than one Region has held a **Recruitment and Retention** workshop and many Regions are scouring the United States and Europe for nurses. One rather original retention idea came from a nursing home employer who installed a time clock and all nurses must now punch in and out. It probably works well for the Union in that it is mechanical proof of all those minutes and half hours and hours that nurses put in but sometimes do not claim as overtime.

## Occupational Health & Safety

All of the above conditions have a direct effect on the nurses themselves as well as on their patients/residents/clients. Rising stress levels primarily due to short staffing and increasing acuity levels are having negative effects on UNA members. More nurses are getting sick; more nurses are on WCB; and more nurses are on disability. The cumulative effects of working in health care in Canada has produced some startling statistics. A Laval University study revealed that 40 percent of registered nurses were considering leaving nursing due to high levels of stress. Both the B.C. Nurses' Union and the Manitoba Nurses' Union have done recent surveys which show similar trends. 60 percent of B.C. nurses report burnout and over-exhaustion symptoms. More than half of these nurses said they would not recommend nursing as a good career choice. 47 percent of B.C. nurses would leave nursing if given the opportunity to pursue another career. 55 percent of Manitoba nurses said they would leave nursing if they had the opportunity to pursue another career. 69 percent of Manitoba nurses would not recommend nursing as a good career choice.

In response to this kind of stress and pressure, **UNA Occupational Health and Safety Committees** have presented management with these problems. It seems, however, to always come back to money and budget cuts, especially staffing cuts. So UNA launched its own Creative Healthy Workplaces initiative. UNA sent letters to all employers informing them that UNA Locals would be monitoring the sick leave statistics and if a unit or office was identified as having a rate of absenteeism which appeared to excessive, the Union would reserve the right to call a meeting to notify management about the concern and about the possible occupational health and safety hazards including short-staffing which needed to be addressed in order to reduce the use of sick time and other form of illness-related absences. If the employers did not act in a timely manner to address the problems, UNA would have the ability to contact the Department of Labour or the Workers' Compensation Board as well as the Regional Health Authorities. This program was not overly welcomed by the employers but sustained UNA pressure at the Local level may indeed reduce some of the stress levels causing increases in sick leave usage.

In response to a recognized need, the government-union-registration body group called the Staff Abuse Task Force is updating the 1993 Abuse in the Workplace guide for health care facilities.

## Pensions

The Board of the Local Authorities Pension Plan (LAPP) continued to pursue the independence of the pension plan from the Government. In 1993, the Government agreed to relinquish control of the pension in trade for a commitment to assist in the coverage of the accumulated unfunded liability. In addition, from that time forward, the Government guarantee of the benefits was removed. The last major hurdle will be



UNA Staff Christmas Party  
December 9, 1998



North District Meeting  
Spring 1998



"Fall of the General"  
Calgary General Hospital Implosion  
October 4, 1998

the passing of legislation which will facilitate the removal of the LAPP from Statute. The LAPP Board continues to focus on January 1, 2000 as the date for independence from the Government.

## Political Action

January 5, 1998, saw the implementation of the **Protection for Persons in Care Act**. This is a very difficult piece of legislation for UNA members because UNA strongly supports the intent of the Act—protecting persons in care from abuse and mistreatment. However, the Act is so badly constructed that it verges on being a violation of the rights of workers.

First of all there was not a good enough job done by most health care employers in explaining the ramifications of the Act and so many health care providers remain ignorant of these new legislative pitfalls.

One of the deficiencies of the legislation is that the definition of abuse is too general and too open-ended but the law places a statutory obligation on every Albertan to report any abuse s/he believes may be occurring. "Causing bodily harm" is part of the definition of abuse and yet almost every nursing function can cause pain and discomfort which a visitor or passerby could construe as causing bodily harm. If the person does not report suspected abuse, they are subject to a fine up to \$2,000 or in default up to six months in jail.

If, for any reason, a person believes that abuse is an issue, their reporting of that abuse must be sent directly to the Minister of Community Development who passes it on to the relevant Minister—e.g. health, social services, advanced education, municipal affairs etc.

There is no possibility for the administrator of the facility to look into the complaint and determine that the complainant suffers from dementia and therefore the complaint should be dropped. All complaints are subject to the investigation of the government.

Another problem with the Act are the noticeable absences of certain care services such as home care, public health mental health facilities and small home care services with fewer than 4 residents.

Other problems are that there is no obligation to notify the worker that a complaint has been filed and an investigation is proceeding. A nurse might find out that she has lost her license to practice and her employment simply from a letter from the Minister of Health. And there is no appeal process. Luckily for registered nurses the AARN will notify the nurse of the hearing and allow her to be present and present a defense. But that is not a statutory requirement. In fact there is no statutory obligation for a hearing to take place at any stage—a simple closed-door investigation is sufficient. Thus things like the rules of evidence where the accused gets to examine the evidence and cross-examine the complainant do not exist.

To show how difficult an Act it is, within the first 16 days of implementation 40 complaints were filed, 30 in health care. By December 31, 1998, there were 2154 calls with 939 complaints being filed. Of



Parkland Institute  
Privatization Conference - 1998

these, 640 were in health care, 268 of which were closed and 372 remaining open. Most of the alleged abusers were patients and residents—most often suffering from dementia conditions. Most of the abuse reported in all fields was for emotional abuse (613) and physical abuse (534). Most alleged victims were 84-89 years of age and the second greatest number of alleged victims were 78-83 years of age.

UNA has alerted all members and Local Executives that if any of them or any members of their Local are charged under this Act to call their Labour Relations Officer immediately in order for UNA to provide advice, direction and representation.

**The Freedom of Information and Protection of Privacy Act (FOIPP)** became operational October 1, 1995 but only applied officially and legally to health care bodies effective October 1, 1998. Many lawyers have said that this Act is the most complex piece of legislation in Alberta and it was, therefore, a huge challenge for health care employers and employees to figure out what the specific applications to health care would be.

The Act is divided into two sections—the freedom of information part which allows any person the right to access their own personal records in the control of the government and to regulate the government's use of disclosure of such information. Such access to personal information is either without charge or very reasonable in cost. Access to other people's records will also be possible but under very controlled access regulations. In addition, the Act would give Albertans access to government documents and papers which up until 1998 have not been accessible. This access is again very controlled and very expensive.

One very important piece of the legislation is that the public body has to provide personal medical information to a patient/resident/client within thirty days of the request being made. That means if a nurse is approached for information, the clock starts ticking then. She must either provide that information directly by taking the person into a private room and sitting with them with the open chart, or must direct them to the records department or whatever department has access to the requested information.

The other part of the Act has to do with privacy of information. So important is this aspect of the legislation that violations of patient confidentiality can attract up to \$10,000 in fines.

UNA supports the intent of the legislation but spent much of 1998 trying to figure out the applications this would have in the workplace. Many employers became extremely rigid and decided that whiteboards in emergencies and on the units would be a violation of privacy; that having a patient's name on charts or medication orders would be a violation; that all patients would have to be referred to by number etc. The office of the FOIPP Commissioner was very helpful in this moment of panic and determined that common sense must prevail. Yes, patient/resident/client records are to be protected but only up to the point where such protection becomes detrimental to their care.



Manitoba Nurses' Union AGM  
April 1998  
Vera Chernick's Last AGM

For individual employees great care must be given not to divulge private information unless duly authorized and to show diligence when speaking on the phone, working on the computer, speaking to patients/residents/clients within earshot of others and when conferring with colleagues about different patients/residents/clients.

Great care must also be made in the storage and retrieval systems of confidential information as well as in the shredding or disposal of such information. For transitory information the rule of thumb is **Collect/Use/Dispose**—but dispose in a careful and protective manner. For permanent records the rule is **Collect/Use/Store Securely/Retrieve Carefully on a Need-To-Know Basis**.

The Union itself ran into difficulties with FOIPP interpretations when employers began saying they could give out seniority lists but the names would have to be blacked-out. Or that they could no longer give the Union duespayers' addresses; or could no longer notify the Union about employee disciplines or terminations. The FOIPP counsel told the Union that nothing in FOIPP is meant to overrule the provisions of a Collective Agreement. We know, however, that in the next rounds of bargaining the employer will be using FOIPP as a reason for not agreeing with certain Union demands.

1999 will see the development of how FOIPP is being applied in UNA workplaces and at the bargaining tables.

**The Multilateral Agreement on Investment (MAI)** was a focus of UNA political action in 1998. The MAI was a proposed international investment agreement that was negotiated by the world's richest countries through the Organization for Economic Cooperation and Development. In essence it was an international charter of rights for transnational corporations which would give them the right to trample



Run for the Rainbow June 7, 1998



Run for the Rainbow - 1998  
United Nurses of Alberta entry into the bed race!

Run for the Rainbow - 1998  
UNA Local #301 - University Hospital enters the bed race

Run for the Rainbow June 7, 1998  
Brent Smith was the recipient of the Grand Prize Draw - the "Hummer" for a weekend.

on nation states and the governments which were duly elected. Maude Barlow called the MAI “NAFTA on steroids”. So sweeping were the powers and rights conferred on corporations, it would have removed the rights of democratically-elected governments to govern by giving corporations superior powers over national, provincial and municipal laws and regulations. The MAI would amend our democratic system by removing the power from our governments to make laws pertaining to all aspects of Canadian life if those laws interfered in any way with the rights of corporations to make profits. For example, Canada banned MMT (a gasoline additive which has scientifically been proven harmful to people and to the environment) and was sued by Ethyl Corporation for over \$9 million in possible lost profits. Canada paid and MMT was forced into our gasoline. And that happened even before the MAI—it happened under NAFTA. In the proposed MAI there was an exemption proposed for health care but that exemption would automatically end in twenty years and Canada would then be bound to amend our public health care system to allow foreign corporations access to our \$72 billion public model which would then become a for-profit system.

Many groups in Canada formed coalitions and engaged in political lobbying and actions to convince our federal government that they should stop promoting the MAI and should refuse to sign it.

UNA co-sponsored a conference with the Parkland Institute where the MAI was explained and discussed. An anti-MAI rally was held at the Legislature and much literature was distributed to UNA members as well as workshops on the effects of MAI on health care.

The good news was that the MAI was defeated in Paris in October—too many countries had caught on to what it would do to their ability to govern and sought exemptions for all their legislation. The US wanted all their laws exempted but did not want any other country’s legislation exempted! The OECD meeting which was supposed to be the big signing of the MAI ended in disagreements and accusations. That is not to say, however, that the corporations will not continue to seek such an agreement—next time at the World Trade Organization.

The Alberta Association of Registered Nurses named UNA President, Heather Smith, as **Nurse of the Year** for 1998. They honoured her for her outstanding professional service to the public and for her strong commitment to community affairs. At the annual AARN Convention in Calgary in May, Heather received the honour saying: “This award belongs to all staff nurses in recognition of the work that we have all done to be strong and vocal advocates for our patients/residents/clients.”

UNA participated in the annual **Run for the Rainbow** on June 7 and raised \$2,500 to help make the wishes of chronically and terminally ill children come true. The event included a celebrity bed race, a walk and a run.

UNA participated in many **coalitions** in 1998 including the Friends of Medicare, the Parkland Institute, the Medicare Coalition, other health care unions, and the Nursing Workforce Planning Committee.



Local #301  
Golf for the Rainbow Tournament  
September 1998



Local #301  
Golf for the Rainbow Tournament  
September 1998



AARN Annual General Meeting  
Heather Smith  
AARN Nurse of the Year  
1998



UNA Becomes a Member of the National Federation of Nurses' Union (NFNU) - 1998



Demand Setting/Annual General Meeting -  
October 26-29, 1998 Kathleen Connors - NFNU

## Annual General Meeting

The 1998 Annual General Meeting was held at the Shaw Centre in Edmonton on October 28 and 29. The delegates directed that a membership vote be taken to determine whether or not UNA would join the National Federation of Nurses' Unions and thus the Canadian Labour Congress. They also directed that a membership vote be held on whether or not to impose a one-time levy of \$30 on each duespayer in order to build up the Emergency Fund as part of bargaining preparations. These votes were held in January, 1999, and both received strong membership endorsement as did UNA's in-going bargaining demands. The \$30 levy will be divided up and a part will come off each pay cheque starting April 1, 1999 and ending December 31, 1999.

Delegates also voted to join the National Action Committee on the Status of Women.

A Silent Auction was held at the AGM with items donated by the Locals and the proceeds donated to the Rainbow Society.

"Stress Reliever Hearts" were given to all those attending the 1998 AGM.

## 1999

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### Health Care Reform

#### Legislation on For-Profit Hospitals Stalls - Blue Ribbon Panel

Bill 37, the Act that the Alberta government was pushing to allow the Minister of Health and Wellness to approve private, for-profit hospitals, was still an issue in 1999. Following wide-spread public resistance in 1998 that stalled the legislation, the government tabled the Bill and appointed a "Blue Ribbon Panel" to review the legislation. The mandate of the Panel included the question of whether Bill 37 would protect Medicare.

The Panel came back with some critical suggestions, but generally agreeing with the legislation, and giving the government the go-ahead. As the citizen's organization, the Friends of Medicare put it: "We are now faced with the successor to Bill 37, which will approve private, for-profit hospitals." The very logic of the two-tiered system that will arise and evolve with private, for-profit hospitals demands that the public system be of poorer quality than the private system. Without this difference in quality people will have no motivation to pay extra for private treatment. And those offering private treatment will recognize this, and use political pressure to keep the climate necessary for the survival of their profits.

### **Alberta Health Summit '99 Surprises Government with Solid Support for Public Health Care**

The Alberta government went looking for public support and rationale for privatizing and moving to a two-tier health system with one of its "consultation" exercises, the Health Summit, held at the end of February, 1999. But the results of the summit showed solid support for Medicare and urged the government to bolster its commitment to improve the public health system.

UNA Executive Officers Heather Smith, President, Bev Dick, Vice-President and Pauline Worsfold, Transitional Officer, were among the 100 "stakeholders" invited, along with 100 "ordinary" Albertans, to form the summit.

Setting up the meeting, Premier Ralph Klein told the media that he was looking for an answer to "how much is enough?" about Alberta funding for health care. The summit could not put a dollar figure on it, but did say very clearly: "Government should ensure that there is sufficient funding available to support and sustain a comprehensive, publicly-funded health system. Funding for health should not be at the expense of other priority areas including education, social services, and infrastructure."

Other conclusions of the Report included:

1. People know what they want from the health system
2. People want a comprehensive, publicly-funded, publicly-administered health system that is flexible and meets changing health needs
3. It is time for a clear plan for the future of Alberta's health system
4. Government should work with health professionals and providers, Regional Health Authorities, and post-secondary institutions to develop sound workforce plans to ensure that there is an adequate supply of health professionals and to anticipate and prepare for future needs in the health system.

### **Health Ministers Talk About Staff Shortages**

Canada's Health Ministers wound up their September 1999, Charlottetown meetings saying all the right things about the future of Canada's health care system. Announcing the results and establishment



UNA supports WCB petition



Kathleen Connors at Local #121-R  
January, 1999



1999 Negotiating Committee

of several task forces and committees, they also talked, in indirect ways, about the nursing shortage. In their closing statement the Ministers said:

“All Ministers recognize the importance of ensuring the availability of well-trained health professionals to Canadians, regardless of where they live in Canada. Ministers noted that meeting this challenge will involve action on a number of fronts, and that no single, simple measure will suffice in isolation. Simply producing more doctors will not, alone, ensure access. They underlined the importance of doctors, nurses, and other health professionals working in interdisciplinary teams, ideally under alternative delivery and payment models, to more effectively meet the needs of patients.”

These Ministers also called for the establishment of a Nursing Advisory Council to the Federal Minister of Health. The Health Ministers also released the second major study of the country’s health. The report noted that overall satisfaction of Canadians with our health system has been dropping in recent years. “The public’s assessment of the overall quality of the health-care system, although still largely favourable, has declined to some extent since the beginning of the decade.”

### Premier Promises Private Health Care

In November 1999, the Premier went on television promising to re-introduce legislation in the Spring Sitting of the Legislature 2000 — legislation that would absolutely allow for private, overnight “clinics” thus creating a private health care system. The UNA Executive Board, in its November meeting authorized a political action plan to challenge the Premier on this issue.

## Regional Health Authorities

Early in 1999, the Premier fired the entire Regional Health Authority and some of the managers in Lakeland, Region 12 for running a deficit budget. He appointed an official administrator to assume fiscal responsibility and the entire Region lived through the rest of 1999 with few managers, few decision-makers and little leadership.

This fiasco in Region 12 was followed in April by the Premier firing John King, the Chair of the Calgary Regional Health Authority (Region 4) and appointing former Cabinet Minister and Minister of Finance, Jim Dinning to the chairmanship. At the same time the Chief Executive Officer, Paul Rushforth, was fired and replaced on an interim basis by Al Martin and then on a permanent basis by the former Deputy Minister of Health, Jack Davis. It was during these “shuffles” that Rod Love, former advisor to the Premier, was appointed to handle the Calgary Regional Health Authority’s public relations and communications. What is significant is that all these appointments were made from amongst the Premier’s closest associates. The promise to have elected independent Regional Health Authorities appeared to be very remote.



Sister Terry Horvath announces her retirement later this year - 1999

In September Mr. Dinning announced that he could not balance the books and that Region 4 had a \$52 million deficit.

Once again one of our UNA health units was “rearranged” bringing the Thorsby, Beaumont and Leduc offices of Local #90 out of Crossroads Regional Health Authority (Region 9) and into the Capital Health Authority (Region 10). The nurses in these three offices were moved not only into a new Region but also into a new Local — Local #196, Capital Health Community. This has been a source of endless stress and dislocation for these members.

The Capital Health Authority (Region 10) concluded an agreement with UNA as to how postings of new positions and hirings will be done within the Region. The first opportunity goes to the bargaining unit (Local) working for that specific employer; if no one applies the posting goes to all other bargaining units (Locals) working for that Employer; if there are still no successful applicants, the jobs can be posted in other facilities in the Region; and finally the jobs are posted externally.

Regional Health Authorities with deficits were promised a bail out by the Premier but warned that deficit budgeting was not to continue nor were budget over-runs.

## Organizing

In July 1999, UNA organized Local #210, Central Park Lodge Bow-Crest Care Centre in Calgary with 10 members.

On September 3, 1999, UNA Local #133 faced the unhappy fact that the Vilna Health Centre closed and thus the Local was closed as well.

In October 1999, UNA organized the nurses at the Good Samaritan Stony Plain Care Centre which became UNA Local #212 with nine members.

In December 1999, the nurses in the Community Health Nurses’ Association in Region 4 (Calgary area) voted to join UNA and will become UNA Local #211 on January 1, 2000 with over 650 members.

## Bargaining

Preparations for the 1999 round of bargaining began with the election of a large Negotiating Committee representing hospital (16,000 nurses) including about 5,000 long term care nurses; community (1,350 nurses) and long term care (500 nurses) Locals. This Committee later formed subcommittees to deal with each of three sectors.

Preparations for the 1999 round of UNA negotiations continued in October of 1998 with the Demand Setting Meeting where the decision was made to consolidate the hospital, community and long term care Locals whose contracts expired March 31, 1999. In addition, this round was to bring together hospital, community and long term care contracts such that



Vilna Health Centre closes  
September 3, 1999



Vilna's last Health Centre resident with Vilna's mayor  
September 3, 1999



1999 Negotiating Committee



Bev Dick debates PHAA's spokesperson, Judith Dyck on CBC News during 1999 Negotiations



Negotiations '99 General Meeting

UNA would achieve a provincial Collective Agreement for all those nurses to cover such major areas as scheduling, layoff and recall, wages and benefits. Nurses were determined to bargain together for the best deal for everyone. No one group would be left behind and UNA would have an Agreement for every group or no deal at all.

On January 21, 1999, UNA's Negotiating Committee exchanged bargaining proposals with the hospital Employers and did the same on January 22 with the community Employers. The Provincial Health Authorities Association of Alberta (PHAA) represented both hospital and community Employers. Nine (9) long term care Employers formed an Employers' Association called the Continuing Care Employers' Bargaining Association (CCEBA). These long term care Employers consisted mainly of nursing homes and auxiliary hospitals formerly covered by the provincial facilities' Collective Agreement. The action of setting up separate bargaining was a flagrant attempt to force major rollbacks on long term care nurses whose Employers deemed their work as less difficult and less important than work done in acute care facilities and in community nursing — even though more than five thousand (5,000) long term care nurses continue to work under the facilities' contract.

If the long term care Employers were going to decline to negotiate at the main hospital table then UNA was not prepared to cooperate and bargain at a single long term care table. UNA refused to meet these nine (9) long term care Employers at a single table and insisted that they meet separately at nine (9) different tables — a position upheld by the Labour Relations Board after UNA filed a complaint.

UNA and CCEBA agreed to exchange proposals on February 25, 1999, at one (1) table and to set bargaining dates thereafter for each of the nine (9) separate tables.

At this point in bargaining, the UNA Negotiating Committee was at the hospital table, the community table and nine (9) long term care tables.

Bargaining at all eleven (11) tables was slow as the Employers refused to remove their proposed rollbacks (especially for community nurses) and gave clear indication that little money was available from PHAA or long term care coffers. The PHAA's opening monetary offer on February 19, 1999, (hospital) and February 23, 1999, (community) was a three percent (3 percent) wage increase in the first year and a one and one-half percent (1-1/2 percent) increase in the second year of a two year contract. The long term care Employers tabled proposals to abolish, amongst other things, all recall rights and if the Union did not agree, all severance provisions would be eliminated.

Thus, all UNA bargaining began in difficult circumstances and the job ahead for the UNA Negotiating Committee was a huge challenge. The Employers seemed entrenched, willing to give little, and the UNA membership remained adamant that major gains had to be made in order to protect health care and at the same time to improve the health and safety of themselves and their worksites. It became clear that

nurses across Alberta identified the shortage of nurses, the deterioration of health care and the recruitment and retention of nurses as critical bargaining issues.

UNA members at the 1999 Annual General Meeting, at the Demand Setting Meeting and through several surveys were insistent that bargaining be done as quickly as possible with none of the past's eighteen (18) and twenty (20) month bargaining time frames. Membership pressure was put on the UNA Negotiating Committee to achieve a solid Memorandum of Settlement in the shortest period of time possible.

In addition, membership surveys showed that working conditions, especially the inordinate and unsafe use of mandatory overtime and the shortage of nurses had to be addressed and resolved at the bargaining tables.

An additional force was membership demands that UNA act strategically to keep all eleven (11) tables moving at the same speed and in the same direction in order to come as close as possible to a common provincial Collective Agreement. This was made much more difficult by the fact that UNA was attempting to combine not only its own historical contracts but also those of the former Staff Nurses Association of Alberta (SNAA) Locals, many of which were very different in form and content.

Bargaining continued with the Employers holding steadfast to their rollbacks and continuing to attempt to take the eleven (11) tables in different directions. Many different negotiating sessions took place between January and April with the feeling that little progress was being made.

In April, the PHAA applied for mediation to the Minister of Labour. UNA's Negotiating Committee set April 29, 1999 as the date of a Reporting Meeting and sought membership direction from the delegates regarding UNA's participation in mediation. The direction given was to participate in mediation only if all three sectors — hospital, community and long term care — were included and the appointed mediator was the same person for all tables.

PHAA agreed to a common table for the mediation of hospital and community contracts the day after UNA's Reporting Meeting. The same mediator, Michael Nacula, was appointed by the Minister of Labour for facilities and community. At this point UNA determined that it was now to UNA's advantage to bring all nine (9) long term care tables together for common mediation. CCEBA agreed with the exception of Bethany Care, Cochrane who refused. Thus, by May UNA was involved in three (3) mediation processes — hospital and community combined; CCEBA; and Bethany Care, Cochrane with the same mediator in all three (3) mediations.

The mediator moved between UNA's Negotiating Committee, PHAA, CCEBA and Bethany Care, Cochrane for what seemed for the membership to be an interminable period of time.

In addition to directing the Negotiating Committee to participate in joint mediation at all tables, the Reporting Meeting also mandated the



Nurses stroll from Labour Relations Board to PHAA offices June 1999



Reporting Meeting April 29, 1999



Reporting Meeting and Resuscitate Health Care Rally April 29, 1999



Walk to the Labour Relations Board  
June 4, 1999

Negotiating Committee to call a general membership vote with the ballot reading: “Do you accept the Employers’ last offer?” The date of such a vote was left to the discretion of the Negotiating Committee.

While the news media and a high-budget publicity campaign by the employer focused on money issues and salaries, UNA turned attention to lack of staffing issues with a proposal for the Employers to agree to hire “2,000 new nurses”.

During lengthy mediation sessions in the months of May and early June, the Employers offered minor financial improvements but left their proposed rollbacks on the tables. This Employer position remained firm and the UNA Negotiating Committee called for a membership vote to be held on Monday June 14, 1999. The Employers applied to the Alberta Labour Relations Board to have the vote declared illegal and the Labour Board ruled that such a vote was illegal and prohibited any vote to be held by UNA on June 14, 1999.

Meanwhile, UNA locals and the Provincial and Southern Alberta Regional offices were preparing for the possibility of a vote in defiance of the LRB ruling and for the possibility of illegal strike action. Local Information Meetings became a focal point of much discussion and debate. The UNA membership was not prepared to settle for less than would resolve their working conditions.

Late on Friday, June 11, 1999, word came from the UNA Negotiating Committee that the Employers had offered an improved salary grid, had removed all rollbacks and were verbally saying that they would accept the mediator’s frame-work for a settlement. This mediator’s proposed settlement included additional “market adjustment” salary improvements; an increase for on-call pay; restrictions on the amount of on-call work; a prohibition against the unreasonable use of mandatory overtime; a provision that all superior benefits would be retained by the affected Locals; and a removal of all rollbacks as well as many other improvements. It also included complete amnesty prohibiting the Employers from charging UNA for all strike preparation costs incurred by the Employer such as area evacuations, and providing protection for UNA against any third party civil action.



Legislative Committee meets during  
the August Executive Board

The Minister of Health and Wellness, Halvor Jonson wrote UNA a letter promising to hire one thousand (1,000) new health care workers but the PHAA negotiators refused to commit specifically to hiring more nurses, nor to hiring a specific number of RNs and RPNs within that 1,000.

On June 14, 1999, the mediator tabled his Mediator’s Reports for hospital and community and on June 16, 1999, he tabled his Mediator’s Reports for the CCEBA long term care table and for the Bethany Care, Cochrane.

The UNA Negotiating Committee examined the reports carefully and “reluctantly recommended” acceptance by the membership. On June 28, 1999, the membership voted to accept all the Mediator’s Reports as the basis for new Collective Agreements.



UNA Executive Board  
August 1999 Meeting

UNA had succeeded in keeping all three sectors — hospital, community and long term care — together and had moved much closer to a common provincial Collective Agreement. In addition to the highest nurses' wage increases in Canada in 1999, UNA also had all superior benefits protected for affected Locals and achieved scheduling provisions for community nurses which provide protection and safe nursing practice, provisions which will take effect in the year 2000 for some and in 2001 for others. They had also achieved superior on-call provisions which would provide relief to the membership as well as a provision restraining the Employers' use of mandatory overtime.

Hospital, community and long term care bargaining was over but UNA was also at other tables — Canadian Blood Services, Central Park Lodges, Chantelle, Extendicare and the Victorian Order of Nurses.

UNA was also contracted to do the bargaining for the Calgary Community Health Nurses Association which achieved much needed improvements for these nurses. This association has contracted for UNA to provide continuing labour relations services.

## Grievances, Arbitrations, Mediations and Hearings

In 1999, UNA members and their Local Executives and Grievance Committees monitored the Employers' application of all UNA's Collective Agreements and grieved when necessary. Labour Relations staff offered support, advice and hard work to ensure that all UNA duespayers were accorded full contract rights.

UNA filed 616 grievances in 1999, 132 of which were advanced to arbitration. UNA received 20 arbitration awards in 1999.

In addition, UNA members were represented at AARN hearings; WCB appeals and Short and Long Term insurance appeals.

## Education

In 1999, 47 workshops were offered to 1379 participants.

The basic workshops on Local functioning, Grievance handling, Professional Responsibility Committees, Staffing Committees, Occupational Health & Safety Committees, Contract Interpretation and Ward/Office representatives were offered to the membership.

In addition, Locals organized workshops to meet their needs and worked with UNA's Education Officer to provide workshops to members on Protection for Persons in Care; Freedom of Information and Protection of Privacy, Nurse Abuse and LPN Regulations.

In March 1999, UNA sponsored a two-day conference on the state of long term care nursing. Dr. Mary Harper from the United States provided an overview of the status of long term care in the US and set the scene for an examination of Canada's services. It was a sobering and



"When all the beds are full . . . "  
RN from a rural UNA Local



UNA President Heather Smith talking to the Media at the 1999 AGM

learning-filled two days which saw UNA provide in-put to Mr. Dave Broda, MLA for Redwater, who is chair of a committee investigating long term care in Alberta. The conference concluded with a strong message from Maude Barlow, chair of the Council of Canadians, on the urgency for Canadians to protect and expand our public health care system and specifically to expand coverage to and regulation for long term care.

## Communications

In April 1999, UNA hired a new Communications Officer, Keith Wiley. Keith landed into the middle of tense negotiations and was able to join in UNA's media strategy to highlight nurses' demands for improvements in working conditions. A plan to place UNA ads regarding nursing shortages in key newspapers was successful in answering the very extensive Employer ads which mainly focused on nurses' demands for money.

UNA continued to keep in one-to-one communication with the members through the UNA Newsletter.

Breaking news was shared across the province via the computer UNA Stat vehicle as well as using UNA's phone fanout system.

Negotiations was a critical time to maintain strong communication within UNA and this was achieved by providing a constantly updated 1-800 number for 24 hour access; by ensuring regular phone fanouts; by using the UNA Net; by providing up-dates in the NewsBulletin and in UNA Stats; and by holding Information Meetings across the province. Locals used their phone fanout system to contact members.

Member in-put to the Negotiating Committee was regular and critical in determining shifting priorities.

UNA maintained a high media profile throughout 1999.

## Research and Policy Development

UNA created a new Research and Policy Development position and Melanie Chapman assumed these job duties in July, 1999.

This job will provide expanded research capacity to UNA as well as additional time to develop Professional Responsibility, Occupational Health and Safety and Staffing data bases.

This job will also encompass the political action component arising out of the research on health care and nursing issues. It will also provide additional information on labour relations issues such as de-mutualization of insurance companies — an issue which directly impacts on many UNA members.



Staff Kris Morra and Sherry Shewchuk learn about video-shooting in a workshop with videographer Don Bouzek

# Computerization

## Expansion

United Nurses of Alberta continued to be in the forefront as an organization that makes very effective use of an integrated electronic communication system. The system proved its worth as an integral part of the negotiating process. The Negotiating Committee was able to access the UNA-NET directly from the meeting room. Members were kept posted day and night as the process unfolded. The information provided by members on the system had a direct impact on the direction and outcome of the negotiating process.

In 1999, there were 360 users accessing UNA-NET. Just over a hundred new user accounts were created since March 1, 1999. This number included members taking over Local Executive positions and UNA computers. Slightly more than half of the new users were connecting with their own computers. Interest in negotiations prompted general members to request direct access to UNA-NET. UNA provided technical support for these members by telephone related to the use of FirstClass software.

## Network Infrastructure

A high-speed connection between the main office and the Southern Alberta Regional Office provided faster access to e-mail and other critical information such as grievance and membership files. All users were able to track when all messages were read.

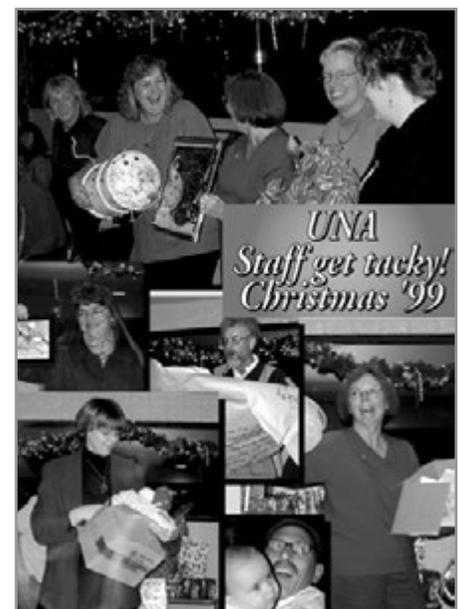
The network system of backups was upgraded and re-organized. All office systems (except the FirstClass server) were automatically backed up during the night.

## Internet

The Internet provided fully integrated access to our internal e-mail system and the Internet e-mail system. Hardware and software upgrades done early in the year were fully implemented prior to negotiations. The upgrade provided access to more users during peak periods of negotiations.

Access to our internal e-mail system was given to members as requests were received. Members who have Internet accounts could easily be accommodated and be more involved in the day to day discussions.

The Internet is used more and more as the standard medium for information exchange. UNA Labour Relations staff started using Quicklaw regularly to research for grievances and arbitrations. Postal Codes, Health Care information, government information and news releases are all available through simple searches.



UNA Staff celebrates Christmas '99

## **Data bases**

In 1999, UNA developed database tools for the Locals to use to manage membership information. The database could be run on either Windows or Macintosh and allowed the Local membership secretary to submit their edits to the Provincial office electronically. The database also implemented a system of electronic submission of expense claim forms that was developed to facilitate centralized accounting.

## **Computer Education**

The Systems department worked hard to provide computer education in conjunction with the District meetings. These education blocks required many hours of preparation and organization. In 1999, over 30 members participated in the education sessions that were provided in conjunction with the District meetings. This resulted in more District reports being filed electronically and an overall improvement in general computer skills.

## **UNA Net Administration**

The Systems support staff attended the FirstClass Administrator course. This course enabled the Systems department to learn the intricate details of the new software and how the server interacts with the world wide web and the security features required to use these services.

## **Local Visits**

The Systems department visited over 75 Locals in 1999. Various needs were met such as upgrading, repair and training. These visits provided a one-to-one learning environment that addressed specific and relevant skills, as well as giving the opportunity to upgrade software and re-configure the systems.

## **Document Standards**

All Locals are now able to download and view PDF files. This established a consistent format for document posting across the province.

At the November Executive Board Meeting, Florence Ross' title was changed from Systems Coordinator to Director of Information Systems.

## **PRC/Staffing**

Short staffing, excessive use of mandatory overtime and a nursing shortage all combined in 1999 to cause severe deterioration in working conditions. These working conditions were the main focus in bargaining and continued through 1999 to raise serious patient/client/resident concerns.



UNA Supports the Edmonton and District Labour Council's  
Labour Day Barbecue for the unemployed - 1999

UNA's Professional Responsibility Committees and Staffing Committees worked hard to address these concerns but progress was slow as managers tried to deny or downplay the seriousness of the complaints.

The issues of recruitment and retention continued to be given insufficient attention by Employers and our Professional Responsibility Committees and Staffing Committees continued to raise specifics of these problems — too few nurses; inappropriate use of LPN's; inappropriate use of casuals; failure to post permanent positions; excessive use of mandatory overtime; and long periods of on-call/call back duty.

In 1999, all community and facility Locals in provincial bargaining now have the right to form a Staffing Committee and a Professional Responsibility Committee.

## Occupational Health & Safety

All of the worksite problems that give rise to unsafe patient care also create unsafe and unhealthy working conditions for nurses and other health care providers.

Rising stress levels primarily due to short-staffing and the excessive use of mandatory overtime have caused increases in sick leave usage, WCB injuries; Long and Short Term Disability claims and tired and demoralized nurses.

UNA's Occupational Health & Safety Committees continue to raise these issues with management and although progress is never dramatic, stress reduction and healthy and safe worksites continue to be the goals.

## Pensions

Through 1999, talks continued on independence for nurses' pension funds. At the end of 1999, LAPP self-administration seemed close.



Holly Heffernan and Denise Palmer join the strikers on the Calgary Herald picket line

The control and management of over 8 billion dollars was at stake in negotiations over the independence of the Local Authorities Pension Plan (LAPP), the pensions of almost all UNA nurses. For several years the LAPP has been moving toward independent control of the pension plans which had been under provincial government direction. Concluding the final deal on the independence of the LAPP, initially proposed for 1996, has taken longer than expected, however.

The Lapp Board presented the government with a plan for independence and requested special legislation for the LAPP self-government. Alberta Treasury, the legal sponsor and trustee of the LAPP, hired pension experts to assess the Board's proposals. With the recommendations from the experts in hand, LAPP and Alberta Treasury representatives refined the independence proposals.

"The thrust of the benchmarks (recommendations from the experts) is to protect plan stakeholders by ensuring the governance arrangements can withstand any adverse scenarios that may arise over the life of the plan," says a joint communique issued in late 1999 by Provincial Treasurer Stockwell Day and Richard West, chair of the LAPP Board and a UNA Labour Relations Officer.

Independence of the Pension Fund from the government first came up nearly fifteen years ago when the province recognized that it didn't have enough money in the fund to cover the pension commitments already made (an "unfunded liability"). The province had always guaranteed the pensions, so if the fund fell short, any additional financing would have had to be provided by the government.

The agreement with unions, employers and the government was that in return for independence, the LAPP added a special surcharge to pension contribution rates to cover the unfunded liability. By 1998 the plan was fully funded and the surcharge was discontinued.

"The employees and employers paid their share of the unfunded liability and now it is time for the province to complete the deal by

passing control of the plan on to the employees and employers,” said UNA President, Heather Smith.

Nurses are a big stakeholder in the LAPP. They make up nearly one eighth of the employees it covers. Municipal employees in Edmonton, Calgary, and other cities, towns and counties, along with non-teaching staff at schools and many colleges are the other major employee groups. UNA has a position on the LAPP Board of Trustees and for the last four years, UNA Labour Relations Officer Richard West has been the UNA representative. He has been the Chairperson of the LAPP Board since 1998.

Nurses at the University of Alberta Hospital and Community Health and Homecare Nurses throughout the province have now been brought in to the same pension plan as other UNA members. The Provincial Cabinet approved Regulations on December 7, 1999 to facilitate the transfer of Regional Health Authority Employees that continued to be in the Public Service Pension Plan (PSPP) to the Local Authorities Pension Plan (LAPP).

The pension status of these nurses had been an issue since the creation of the Regional Health Authorities in 1995. The good news in 1999 was:

- Employees’ pensionable service will be transferred intact
- The pension benefits under each plan are the same
- Employees will not have to apply, the transfer is automatic on January 1, 2000
- And, employees’ pension contributions will drop slightly.

Local Authorities Pension Plan deductions for employees are 0.65 percent lower than PSPP deductions.

Members continued the buyback of service arrangements made under the PSPP.

The LAPP will now be the pension plan of all eligible employees of Regional Health Authorities. This makes pension benefits easily portable between different regions. A nurse can leave one region, commence with another and continue building her/his pension.

The Government has not dealt with the issue of those employees who contributed to the PSPP but are not currently part of the plan. These “deferred”

members have, for the moment, been left with the PSPP. The union and employers continue to argue that this is a significant disadvantage for this group of employees and that they should be given the option of moving to the LAPP if they return to work for a Regional Health Authority. Discussions on this issue are ongoing.



The Friends of Medicare Bill 11 campaign held huge rallies in Calgary and Edmonton, including over 8,000 people at the Agricom in Edmonton on April 16, 2000.

## Political Action

### Federal Minister of Health and Wellness Visited Alberta

The Federal Minister of Health, Alan Rock, met with Alberta's Health and Wellness Minister, Halvar Jonson, in Edmonton on February 23. While Allan Rock expressed "strong concerns" about private, for-profit hospitals, he stopped short of threatening to use federal enforcement powers to halt such a practice. He repeatedly referred to Halvar Jonson as his "friend and partner" signalling a new and rosy association between Ottawa and Alberta — a relationship formerly one of bitter rivalry and discord.

Pam Barrett, the Alberta NDP leader, said the federal Minister "is talking out of both sides of his mouth". Instead of condemning for-profit hospitals he remains "deafeningly silent".

### Alberta Medical Association Poll

An AMA poll was released February 23, 1999, stating that long hospital waits are "undermining the quality of patient life" in Alberta. 7,800 citizens

answered a province-wide survey. Dr. Rowland Nichol, AMA President, said "it is obvious that people are afraid, frustrated and don't trust the system to be there for them."

Alberta Health and Wellness responded calling the AMA survey results "the AMA annual horror story" and "irrational finger-pointing".

### Friends of Medicare

On February 24, 1999, Friends of Medicare released its report on the state of Alberta Health Care to the media and to the public. Friends of Medicare felt that the Premier's announcement last fall that the



UNA Transitional Officer, Pauline Worsfold and Vice-President, Bev Dick flip burgers for labour Day Barbecue



Hundreds of Canadians protested the World Trade Organization, including this gathering in Edmonton

government would be convening a Health Care Summit to address growing public concerns around health care was a step forward until it became known that the Health Summit was to be made up of only a hand-picked group of government supporters with little or no true public input. So Friends of Medicare toured the province with their own inquiry and the results form the basis for their report.

Their recommendations included: that increased money be pumped into the system for more beds and more staff; that medicare be expanded to include home care and community-based services; that a Pharmacare plan be established; that the government abandon Bill 37 which would provide for private hospitals; and that more money be provided for community and home care programs.

### **College of Physicians and Surgeons**

The College of Physicians and Surgeons decided to go ahead and draft accreditation standards which would govern private, for-profit hospitals in Alberta — whether or not such standards would ever be used. The Health Resources Group which run the “non-hospital” vying for hospital status says that they do not care if Bill 37 ever passes into law as they could operate as a full acute private hospital with only the approval of the College of Physicians and Surgeons — and their accreditation standards.

UNA attended the meeting where the College decided to proceed with draft accreditation standards and later Bev Dick, UNA Vice-President, commented to the media saying that it was completely inappropriate for the College to be moving in this direction when the results of the Blue Ribbon Panel and the Health Summit are yet unknown. “By doing this the College gives the impression to Albertans that they support private, for-profit hospitals.”

On Friday, October 1, 1999, the College’s Council “postponed considering” regulations for private hospitals. “They did the right thing, because these are major political decisions that need a political forum”, said Heather Smith, UNA President.

The effect of the college’s decision was to delay the possibility of official approval of for-profit, private hospitals in Alberta.

Many UNA members contacted the College, the Premier and the Minister of Health and Wellness and the calls had an impact on stopping the first step of the government's strategy to ease in private, for-profit hospitals.

However, the government announced it would be tabling a new and revised version of Bill 37.

### Long Term Care Conference

On March 5th and 6th, 1999, UNA sponsored a long term care conference to determine the actual state of long term care services in Alberta.

The two days provided much discussion and information sharing. A full report on this conference has been prepared by UNA and is available upon request.

### Newfoundland Nurses Strike for One Week but were Legislated Back

A tentative agreement was rejected by the Newfoundland and Labrador Nurses Union membership in December of 1998. The 4,600 nurses of Newfoundland and Labrador Nurses Union took a strike vote and results came back March 10. There was a 96.7 percent vote in favour of strike action with a high voting turnout of 91 percent. March 23 the nurses' strike began. But just one week later, April 1, the Newfoundland government legislated the nurses back to work with an imposed settlement of 7 percent. That legislation also removed binding arbitration as a possible outcome for nurses, and prevented them from striking for two years.

UNA supported the nurses in Newfoundland and Labrador with financial contributions and messages of solidarity. UNA members began wearing white ribbons to show their solidarity with nurses across Canada who were striking for better patient care and better working conditions.

### UNA Supported SUN

The Saskatchewan Union of Nurses were fined \$120,000 for defying a government and court imposed end to their 10-day strike in April. The court also awarded \$30,000 in legal costs to SAHO, the Employers' organization. The province's hospital association had asked the union be fined \$1 million. UNA contributed substantially to the Saskatchewan nurses during their strike.

SUN members went back to work after reaching an agreement with Saskatchewan Premier Roy Romanow and the government. But shortly afterwards SUN learned that SAHO wasn't prepared to honour the deal. The nurses nearly went back out on strike when the agreement wasn't upheld. In the final agreement of July 5, SUN received a 13.7 percent settlement of which 11.5 percent is a salary increase over the next three years. Saskatchewan nurses finally got the deal they thought they had when they ended their 10-day strike in April.



Saskatchewan Union for Nurses  
Job Action  
April 1999



Saskatchewan Union for Nurses  
Job Action  
April 1999



Reporting Meeting and Resuscitate Health Care Rally April 29, 1999

## International Day of Mourning

April 28 is the International Day of Mourning, a commemoration of dead and injured workers around the world. UNA joined the Alberta Federation of Labour and other labour organizations in a commemorative event and the UNA Executive Board encouraged all UNA Locals to become involved in this day of recognition, as we are reminded that all of our worksites can be hazardous places.

According to the International Confederation of Free Trade Unions, over 334,800 workers worldwide are killed each year and some 160 million workers contract occupational diseases because of unsafe working conditions.

1999's theme for the International Day of Mourning was "The Plight of Women Workers". On April 28, UNA encouraged all Locals to recognize the workers in their worksite who have been injured or killed.

## April 29, 1999 Rally

When 400 nurses convened in Edmonton on April 29, 1999, for a bargaining Reporting Meeting, they took advantage of their gathering and held a noon hour rally at the Legislature calling on the government to increase monies into health care and to address the nursing shortage in Alberta as well as UNA's bargaining demands.



Nurses' Day  
May 12, 1999

## International Nurses' Day – May 12, 1999 Nurses' Week – May 10-17, 1999

Nurses' Day is celebrated around the world to express appreciation for the nurses who do the direct hands-on care in hospitals, in the community and in long-term care facilities.

Alberta's nurses have worked very hard and made many personal sacrifices while trying to maintain the quality of care of their patients during recent years of health care cuts.

As we enter the new Millennium, nurses look hopefully for progress toward better conditions where they have the time and resources to provide the quality of care they want to be able to give.

This week in 1999, we recognized the great contribution to our health and well-being by Alberta's professional nurses.

### Post-Card Campaign

UNA launched a post-card campaign directed towards the government to resuscitate health care and hire more RN's and RPN's.

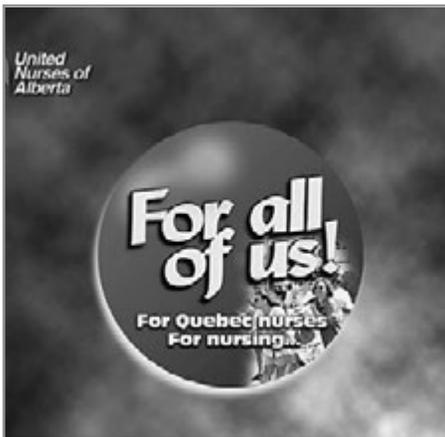
### UNA Shared Solidarity with Quebec Colleagues

In late June, tens of millions of dollars in looming fines did not deter Quebec nurses (FIIQ) in their strike for better working conditions and salaries in that province. Quebec nurses are some of the lowest paid in Canada and the province has a significant problem with nurses "going south".

Through Bill 72, Quebec nurses were legislated back to work shortly after initiating their strike, but defied the law and faced penalties including fines of millions of dollars for the union, and loss of seniority, and two hours of pay for each hour on strike, for individual nurses, and the cessation of union dues.

In a July vote on whether or not to continue the strike, over 20,000 nurses, 93 percent voted to keep walking. Friday, July 9 marked the two-week mark for what was to become a 23-day strike.

The Quebec government continued to refuse to negotiate with FIIQ, while they were on strike, but seemed to be running out of options as



UNA launched a cross-Canada solidarity button campaign for Quebec nurses



Launch of "For All of Us" Solidarity Campaign - AGM 1999

the nurses defied the government's back to work legislation. Public support for the nurses remained high and a Parti Quebecois strategy to have members write and phone in a campaign against the nurses appeared to have backfired when it hit the media.

"This struggle we are pursuing is also a struggle to guarantee quality services for the people of Quebec in the years to come. The people of Quebec and our patients know that nurses are women with heart, they will discover that they are also women of courage," Jennie Skene, FIIQ president said.

Quebec's nurses, after over three weeks of strike action, voted resoundingly (75 percent) to reject a settlement that had been recommended by their Negotiating Committee and approved by a province-wide delegates' meeting.

The rejection effectively kept the nurses on strike. The President of the Federation des Infirmieres et Infirmiers du Quebec (FIIQ), Jennie Skene suggested the nurses consider dropping the essential services they had been providing, and move to a complete strike position, or even a mass resignation.

Finally the FIIQ initiated mediation action and after 23 days of strike action, knowing that mediation on non-monetary items would begin August 25 and that their salary demands would be part of a large-scale provincial employee negotiations on salaries and benefits, the Quebec nurses reluctantly returned to work. By initiating mediation action, the Quebec nurses were in a legal strike position in November 1999.

UNA sent substantial financial aid provincially and many UNA Locals, Districts and individuals sent donations and letters of support to Quebec nurses.

UNA also sent flowers and a message to Quebec nurses:

*"Solidarity is your strength.*

*We admire your courage and dedication to achieving a fair collective agreement that respects your true value.*

*In Solidarity*

*UNA"*

At the 1999 UNA Annual General Meeting, Michele Boisclair, Vice-President of FIIQ, tearfully accepted a special UNA loan to FIIQ to cover operational expenses, and warmly thanked the delegates and membership for their solidarity and support.

UNA launched a button campaign For All of Us! to raise money from across Canada to support FIIQ.

Even as 1999 ended, the final resolution of the Quebec negotiations remained unknown.

### **Canadian Labour Congress/Canadian Federation of Nurses' Union**

UNA delegates attended the Canadian Labour Congress triennial (in Toronto) and Canadian Federation of Nurses' Union biennial (in Fredericton) national meetings and truly raised the profile of nursing



Daphne Wallace, Vice-President  
Local #115  
Annual General Meeting 1999



UNA delegates at 9th Biennial  
Convention of CFNU in Fredericton



CFNU delegates St. John's Rally during  
the Newfoundland strike - 1999



1999 Canadian Labour Congress  
Triennial Convention

amongst the trade union movement especially at the Canadian Labour Congress. At the Canadian Federation of Nurses' Union, the UNA delegates met many other Canadian nurses and came to realize their common struggles. They also attended dynamic education activities.

### Pauline Worsfold Given National Nurses Award

UNA's Transitional Officer, Pauline Worsfold, was presented with the highly respected Bread and Roses Award for her contribution to unionized nursing in Canada at the Canadian Federation of Nurses' Unions Biennial Convention in Fredericton, New Brunswick in June. Tears flowed as a very surprised Pauline received the award, presented to her in part for her role in the SNAA/UNA amalgamation.



Bread & Roses CFNU Award  
UNA Transitional Officer Pauline  
Worsfold honoured

### Nursing Shortage

UNA called on the Alberta government to address the nursing shortage.

In 1999, Alberta needed between 1000 and 1500 registered nurses to fill the 1999 nursing shortage, according to Lorraine Way, President of the Alberta Association of Registered Nurses. That number will increase very soon as population in the province grows. All Canadian provinces are reporting a shortage of RNs/RPNs.

- The average age of a registered nurse in Canada is 47.
- The combination of population growth and an aging population means that Canada will need an additional 113,000 RNs in the year 2011 says a research study by the Canadian Nursing Association. The best Canadians can hope for will be a deficit of 59,000 RNs (if only population growth is accommodated); factoring in the aging population creates the worst case scenario: 113,000 fewer RNs than needed.
- Canada is not the only country facing a serious nursing shortage. In the US, employers are offering signing bonuses and raising the hourly rate (some nurses earn \$30 US per hour for day shifts and \$36 US per hour for nights). Texas and California aren't the only two states searching desperately for RNs — just over the Alberta border, Montana is offering \$5,000 US signing bonuses with a starting rate of \$20 per hour (US).
- Many experts say that this shortage won't be part of the usual cycle of nursing employment. The vast majority of today's RNs will be retiring by 2011 — just as baby boomers start needing their nursing expertise. Nursing students graduating in 2001 and 2002 are in classes that have reached all-time low enrollments. Both women and men have more and better-paying job options these days — nursing has to compete with other professions (such as computer science and engineering) when it comes to remuneration and working conditions.



Jane Sustrik was elected to fill the position of UNA Second Vice-President

Starting November 15, 1999, UNA initiated a yearly "snapshot" of the reality of staffing in Alberta's health care worksites. Rather than depending on government statistics, UNA will determine, Local by

Local, the number of beds, the number of patients/clients/residents and the number of staff. Thus UNA will be able to track problems and growth in the health care system.

In September, 1999, 1,000 would-be Alberta nurses had their applications turned down by Alberta's colleges and universities due to lack of available places in nursing programs.

### Doctor Shortage

In August the University of Alberta Medical School announced that Alberta could be facing a shortage of doctors in just a few years.

In 1998, there was one doctor for every 580 people in Alberta, compared to a national average of one for every 548 people.

By 2019, there will be one doctor for every 750 Albertans if nothing is done to address the shortage, said Dr. Lorne Tyrell, Dean at the University, who also heads the Association of Canadian Medical Colleges. He said the province's medical schools have to start training more doctors now.

In September, 1999, Alberta Health and Wellness made good on its promise to provide UNA with numbers on how many nurses have been hired since its negotiation promise to add 1,000 new staff in the provincial health care system.

"We are pleased to have these reports," said UNA President Heather Smith. "The Minister committed to increasing staff levels, and only by supplying us with the numbers can we tell if this promise is being kept."

The reports, broken down by Health Regions that provided the numbers, show a total of 950 new Full-Time Equivalent (FTEs) positions created by June 30. That includes 464.3 FTE of new Registered Nurse positions".

"What the numbers don't indicate clearly," said Heather Smith, "is the number of positions that have been eliminated or the number of vacancies that are out there unfilled. We are starting a province-wide process to check on staffing levels and problems. There are numbers in the report that may not reflect the real number of nurses now working."

"The report shows some progress, but we know that the crisis is still very much here, we are still far short of the 2,000 new nurses we know are needed to alleviate the extreme workloads many nurses have to deal with," Smith said. "Nurses are still running to try to keep up with the needs of the people they care for."

Counting additional FTEs (Full Time Equivalents) can be a complicated exercise in a large facility where nurses change positions and units, and casual nurses work irregular schedules. Part-time, temporary and casual nurses make up far more of the nursing staff than regular full-time positions.



Annual General Meeting  
October 27 & 28, 1999



Michael Shiravand Local #33  
Annual General Meeting 1999



Annual General Meeting  
October 27 & 28, 1999



Andy Leblanc, Sergeant At Arms and  
Carolyn Snaychuk, AGM Coordinator  
1999 AGM



Linda Brockmann, Secretary/Treasurer  
Local #301  
Annual General Meeting 1999

## Annual General Meeting

Delegates from all UNA Locals had important decisions to make at the 1999 Annual General Meeting and began that process by holding Local meetings across the province deciding upon which Constitutional Amendments and which policy resolutions to support.

The debates at the AGM were long but after two days of deliberations the following decisions were made:

- to add a Second Vice-President to the Constitutional list of UNA Executive Officers. Jane Sustrik was elected to fill this position. Bev Dick was acclaimed as First Vice-President
- to have Districts elect an interim District Representative if an elected District Representative is serving on the provincial Negotiating Committee
- to allow Locals the ability to establish a number for quorum at a Local meeting that is suitable for that Local and is greater than the current Constitutional minimum
- to direct UNA to engage in an active recruitment and retention program

In addition to passing Constitutional Amendment and Policy Resolutions, delegates also overwhelmingly endorsed a motion to make a special interest-free loan of \$450,000 to the Quebec Nurses' Federation, the FIIQ. Michele Boisclair, Vice-President of FIIQ, expressed a tearful and heart-felt thanks to UNA members for their show of solidarity.

UNA President, Heather Smith, announced a Canada-wide campaign "For All of Us" to raise money to support Quebec nurses. Buttons were distributed to all UNA Locals and then to all Canada's nurses' unions to sell to raise money for the operational expenses of the FIIQ.

At the 1999 UNA Annual General Meeting, five visitors from China attended the first day's proceedings to see how an independent, women's union practices democratic decision-making. These Chinese guests were participants in a month-long tour of Ontario and Alberta to identify how Canadian women have achieved equality in specific areas and where the struggle continues.



Head Table at UNA's  
Annual General Meeting 1999



Chinese visitors to 1999 AGM

## 2000

### Health Care Reform

#### **MRI (Magnetic Resonance Imaging) done in Private Clinics**

In January 2000 there was an increase in private sector control of health to the point where the Calgary Regional Health Authority (CRHA) was proposing to allow private MRI equipment to be installed in public hospitals.



S. Johnson & other guests at AGM  
October 27 & 28, 1999

In September 2000, Health Canada began investigating 37 instances of private payment for MRI's. These instances were sent to Allan Rock by the Friends of Medicare of which UNA is a coalition member.

### **Nursing Shortages and Hospital Closures**

During January 2000, media headlines across the country read “nursing shortage”. The flu season in Calgary required the opening of 51 temporary beds, of these only 6 could be staffed with nurses. The shortage continued to intensify across Canada throughout 2000 and employers tried various recruitment schemes.

Didsbury citizens and UNA Local #34 in Region 5 rallied successfully to save their hospital from being converted into a long term care facility in January of 2000.

In February 2000, The Consumers’ Association of Canada released a study that shows the growth of private cataract surgery clinics in Alberta has increased public waiting lists and increased the cost of surgery.

Chinook Region announced in February 2000, a plan to close emergency rooms and acute care services in four (4) rural hospitals and to move nursing home residents to privately-run assisted-living sites where there would be no registered nurses on staff. UNA Locals became involved in a successful attempt to stop these changes. Milk River was maintained as a full acute care facility and the new St. Michael’s was maintained as a nursing home with RN staffing. Coaldale, Picture Butte and Magrath hospitals were still faced with possible closure as acute care facilities. Eventually these hospitals were maintained as acute care facilities.

### **Health Ministers Talk About Health Care Funding**

In June 2000, the government announced funding for 157 new education openings for RNs in diploma programs.

On September 11, 2000, the Federal-Provincial agreement put an additional \$23.4 billion over 5 years into health and social programs but failed to provide firm accountability and reporting on funds and did nothing to strengthen medicare.

In October, 2000, provincial health ministers and federal minister Allan Rock met in Winnipeg to discuss federal health funding and released “The Nursing Strategy” for Canada. This strategy called for increasing education openings for RNs by 10 percent over the next two years and for the formation of a provincial nursing advisory committees and a national advisory committee.

### **Regional Health Authorities**

Early in January 2000, a consolidation agreement in Capital Care, Region 10 was expanded to include the Capital Health community nurses in Local #196. This allows for nurses to move between sites in that Region. This agreement was ratified February 14, 2000.



Bill 11 vigil at the Leg - February 2000



Alberta citizens demonstrate against Bill 11 - October 2000

Capital Health hired 100 new nursing grads into one-year supernumerary positions in the Region in an attempt to maintain nurses in Alberta. In May, UNA Locals in Region 10 ratified a Letter of Understanding regarding these 100 supernumerary positions.

October 2000, in Mistahia, a mass resignation of the RHA members occurred as a result of government fiscal pressure and increasing user, doctor and staff complaints. The Review Panel recommended the Region hire more nurses and provide adequate leadership.

## Organizing

In November 1999, UNA organized Local #213, Forest Grove Care Centre Ltd. in Calgary with 48 duespayers.

In March of 2000, UNA organized Local #211, Calgary Regional Health Authority (Calgary Community) with 725 duespayers.

In November 2000, UNA organized the nurses at Dr. Cook Extended Care Centre in Lloydminster which became UNA Local #216 with 16 duespayers.

## Bargaining

In January 2000, the Alberta Cancer Board Locals prepared bargaining demands. The Local's demands were to retain superior provisions and to move to provincial contract language.

Negotiations were successfully concluded for Canadian Blood Services (Local #155) and six (6) Extendicare Locals (Extendicare/Edmonton North, Local #117; Extendicare - Lethbridge, Local #161; Extendicare/Edmonton South, Local #168; Extendicare/Leduc, Local #170; Extendicare - Fort MacLeod, Local #189 and Extendicare/Mayerthorpe, Local #209) with increases for all duespayers affected.

In February 2000, Ontario Nurses' Association (ONA) settled their Collective Agreement and became the highest paid nurses in Canada effective April 1, 2000.

During March of 2000, Alberta Cancer Board (Local #302), Salem Manor - Leduc (Local #194), Rivercrest Care Centre (Local #312), the Good Samaritan Mill Woods Centre (Local #311), the Good Samaritan Southgate (Local #316), and Good Samaritan Auxiliary Hospital (Local #314) (renamed Dr. Gerald Zetter Care Center) were in bargaining.

In May 2000, Alberta Cancer Board and UNA Local #302 ratified a new Collective Agreement which maintained superior provisions and adopted provincial contract provision language and format.

November 6 and 7, 2000 Provincial Demand Setting for hospitals, community and not-for-profit long term care was held in Edmonton. Delegates passed an in-going set of proposals which were ratified by the members on December 12, 2000.



UNA reaches a landmark in our very first staff retirement - Nora Spencer from UNA's Southern Alberta Regional Office - October 2000

## Grievances, Arbitrations, Mediations and Hearings

In 2000, UNA members and their Local Executives and Grievance Committees monitored the Employers' application of all UNA's Collective Agreements and grieved when necessary. Labour Relations staff offered support, advice and hard work to ensure that all UNA duespayers were accorded full contract rights.

UNA filed one thousand and thirteen (1013) grievances in 2000, four hundred and seventy-five (475) of which were advanced to arbitration. UNA received twenty-one (21) arbitration awards in 2000.

In addition, UNA members were represented at AARN hearings; WCB appeals and Short and Long Term insurance appeals.

In February 2000, UNA Locals filed one hundred and forty (140) age discrimination grievances and successfully achieved benefits for nurses over the age of sixty-five (65).

Another win in the maternity leave grievances allowed sick leave use in pre-delivery period for health-related absences due to pregnancy.

## Education

In 2000, 50 workshops and 22 District meeting workshops were offered to 1490 participants.

The basic workshops on Local functioning, Grievance handling, Professional Responsibility Committees, Staffing Committees, Occupational Health & Safety Committees, Contract Interpretation and Ward/Office representatives were offered to the membership.

In addition, Locals organized workshops to meet their needs and worked with UNA's Education Officer to provide workshops to members on Duty to Accommodate, Workplace Abuse, Nurse Abuse, Personal Directives, Protection for Persons in Care Act, RN/RPN Staffing, the Health Information Act, new LPN Regulations, Negotiating Committee Orientation and Computer education.

In May 2000, the Staff Abuse Prevention and Management Initiative, a coalition of union, management and government representatives, directed the production and dissemination of educational materials identifying workplace abuse and actions that can prevent it.

## Communications

Registered nursing was in the headlines in 2000, as the impact of the shortage of RNs/RPNs hit hard with bed and even ward closures across the province. UNA Executive Officers and Local Executive Officers were quoted extensively in news coverage focusing on the shortage crisis.

When an Alberta government spokesperson had the temerity to say there was no shortage, UNA publicly responded with a statement from



United Nurses of Alberta's Demand Setting Meeting at the Delta South Edmonton - November 6 & 7, 2000



Dorothy Ferguson, President Local #33 and Wendy Brigham, Local #121 Chapter Chair speak up at UNA's Annual General Meeting - November 6 & 7, 2000



Peggy Tolhurst, Local #79 voices some concerns at UNA's Annual General Meeting - November 2000

Director of Labour Relations, David Harrigan saying: “Nurses find it extremely stressful when they don’t have enough time to attend to their patients and that affects the patients and residents. It is a direct impact on the quality of care and that disturbs nurses the most”.

The UNA Communications Officer was very involved in the following:

### **Outcry against Bill 11**

Nurses across the province spoke out publicly on Bill 11’s threat to our public health system. “Bill 11 is a nation-wide concern,” President Heather Smith told news media. “The for-profit hospital precedent Bill 11 will set has the potential for gravely misdirecting the entire Canadian health system.” UNA members helped lead the Friends of Medicare Bill 11 campaign and UNA contributed a great deal of communications support.

“What Democracy Looks Like”, a popular ten minute video produced by UNA captured the spirit of the headline-making Bill 11 protests. With speeches and protestors, the lively video outlines the threat Bill 11 poses to public health care.



UNA shows support for striking LPNs on AUPE picket line - May 2000

### **LPN Strike**

UNA was prominent speaking out on behalf of LPNs and other hospital employees during the AUPE strike in May. While the LPNs were only out for three days, UNA took a high profile in support of striking colleagues both in news coverage and by members walking in support on picket lines. While the news media had frequent headlines shouting that nurses were on strike, the public position that UNA and registered nurses were supporting the LPNs helped to clarify the distinction between LPNs and registered nurses who were NOT on strike.

### **Nursing Week**

UNA cooperated with the Alberta Association of Registered Nurses on a promotional campaign for Nursing Week and International Nurses Day, May 12. Part of that campaign was a series of newspaper ads during Nursing Week that prominently featured UNA members from around the province, with the slogan: We Care: for your family’s health and health care.

For the annual general meeting, UNA produced a colour poster “The Courage to Care” that outlined concerns registered nurses have about the nursing shortage and its impact both on patient care and on nurses!



Ludmilla Sculpher - Edmonton District and Labour Council commissioned Memi Von Gaza to sculpt “Ludmilla” for the 2000 World March of Women to celebrate National Nursing Week.

### **Communicating with Members**

The regular members’ newsletter, the NewsBulletin, continued as one of the main vehicles for communications with members in 2000. It was supplemented by the bi-weekly, re-designed UNA Stat, the electronically distributed flyer of news and UNA events. UNA also published a number of Spotlight posters that helped highlight clarify contract issues.

## Research and Policy Development

UNA created a new Research and Policy Development position. Melanie Chapman briefly filled this position in July, 1999. In November, 2000, Tony Olmsted was hired as the Policy and Research Officer.

The position is very broad in scope, providing a wide range of research and policy development functions to UNA. Working primarily with Labour Relations staff, the Policy & Research Officer performs background research on a variety of issues important to the membership. These issues range from quality of worklife and workplace concerns, to larger political and economic issues surrounding health care in general.

The position will continue to grow as the research needs of the UNA are identified and developed.

## PRC/Staffing

UNA Local #33 at the Royal Alexandra Hospital (RAH) made an impressive presentation to the Capital Health Authority regarding twenty-three (23) outstanding PRC complaints and recommended that beds be closed until safe staffing levels were met. Talks between the Local and management focused on the weekend shifts when short staffing was especially evident. A proposal for a “weekend worker” was to be examined and brought back for a decision.

Nurses at St. Michael’s Health Centre - Lethbridge, Local #72 had numerous PRC complaints regarding their new long term care facility. They filed over forty (40) complaints on under-staffing and the lowering of standards.

Nurses in UNA Local #23, Pincher Creek Municipal Hospital did their own time and motion study to record all duties done by RN’s showing the need for a charge nurse and an assistant head nurse. They took these statistics to their employer via the Staffing Committee and were successful.

## Occupational Health & Safety

May 3 & 4, 2000, the Alberta Association of Registered Nurses (AARN) Annual Conference focused on healthy health care worksites and the keynote speaker, Dr. Judith Shamian, presented her views on “Healthy Worksites, Healthy Nurses”.

Toxic mould in a unit at the Calgary District Hospital Group - Rockyview in Calgary caused staff to become sick. The hospital spent \$70,000 to clean up the toxic mould which can cause bleeding in the lungs in high doses.

A study by the University of Lethbridge which surveyed seven hundred (700) nurses in Alberta shows that they are suffering from



Local #11 votes on Negotiation Ingoing proposals/  
Dues Increase  
- December 2000



Tina Bucknell, Local #204 President and David  
Harrigan, Director of Labour Relations at UNA’s  
Demand Setting Meeting - November 2000



Richard West, one of UNA's Labour Relations Officers was UNA's representative on the LAPP Board of Directors.

a higher rate of stress than any other single profession. Thirty-two percent (32 percent) were found to be at the higher stages of burnout.

## Pensions

Previous vesting time for LAPP pensions has been five (5) years. "Vesting time" is the period before which a member withdraws credits but is not entitled to the employer's portion of contributions. After "vesting" the member can withdraw/transfer both employee and employer contributions. The change reduces "vesting time" to two (2) years.

"Gender neutral" benefit guarantees were introduced by LAPP and will take effect September 1, 2000 but there is a six-month (6) grace period for LAPP women members to maximize their pension payouts.

## Political Action

### Quebec bargaining

In January 2000, FIIQ, the federation of Quebec nurses' unions, was back in intensive negotiations after the government offered both its public sector unions and the FIIQ nine percent over four years.

The nine percent did not include "pay relativity adjustments" for nurses that would be retroactive to July 1, 1998. The nurses had rejected a 2.5 per cent pay relativity that came from the government in November of 1999.

Quebec nurses were scheduled to vote February 24 on a proposed settlement that was recommended by a 95 percent vote of the Federal Council of the Federation des Infirmieres et Infirmiers du Quebec (FIIQ). The settlement would finally close a long round of bargaining that reached a crisis with the nurses' strike in June of 1999.

In the final proposed settlement, \$77 million had been added to the 9 percent hike over 4 years that was negotiated in December. The \$77 million catch up would cover a lump sum of 3 percent for all nurses, the repositioning of baccalaureate nurses in the social workers' salary scale and the readjustment of salary scales for nurses with CEGEP-training. The work on the issue of pay relativity continued and the results would be integrated in 2001.

The nurses also won a process for the conversion of hours of replacement (casual) into positions. Since September of 1999 over 500 positions had been posted. Estimates indicated that one thousand more positions would be posted in the coming weeks. This process of conversion will be repeated every two years, thus avoiding the expansion of casual jobs by employers.

As of April 2000, salaries for Baccalaureate degree nurses would move up to \$17.33 (start rate) to \$31.92 (at the final eighteenth step). Diploma nurses (CEGEP training) would start at \$16.69 to \$24.87 (at the final twelfth step).



Local #115 attends the AGM - November 2000

The union also won improvements in pension eligibility criteria moving to eligibility for full pension at 60 years regardless of the number of years of service and at 35 years of service regardless of age.

On March 2, 2000, delegates to the Quebec federal council voted 95 percent in favour of accepting the new memorandum of agreement with the provincial government. The meeting had been postponed by FIIQ (Federation des Infirmiers et Infirmieres du Quebec) after the government had reversed its position on clauses for granting of Assistant Head Nurse and Baccalaureate Assistant Head Nurse positions. Last minute negotiations reached a new agreement on the clauses.

Though shocked by the employers' turn-about on this issue, delegates nevertheless recommended the acceptance of the agreement in principle which they considered, on the whole, to be highly satisfactory.

The members voted in a province-wide referendum on the agreement on March 16, 2000. They voted to accept.

### **International Nurses' Day – May 12, 2000**

#### **EDMONTON:**

##### **March 8, 5:00 pm: United in Sisterhood to Share our Strength**

March from the YMCA to City Hall followed by displays, entertainment and speeches.

##### **March 8, 7:30 pm: What counts Most — A Lecture by Marilyn Waring**

Parkland Institute presented a lecture at the Tory Lecture Theatre II (University of Alberta).

##### **March 11, 11:30 am: Forward Together — Beyond Violence and Poverty!**

Held at the Winspear Centre and included speakers Nancy Riche from the CLC and anti-poverty activist, Midge Cuthill, entertainers, information tables and an art display.

#### **LETHBRIDGE:**

##### **March 9, 10:00 am: Women & Poverty — Challenging the Myths**

Opening ceremonies based on "Bread and Roses" began at the YWCA followed by an international lunch at noon and a 1:00 pm workshop, Poverty in Our Own Community.

#### **HINTON:**

##### **March 8, 6:00 pm: Healthy Family Living**

A family spaghetti dinner was held at the Royal Canadian Legion.

#### **RED DEER:**

##### **March 8, 6:00 pm: Looking at the World Through the Eyes of Women**

A dinner was held at the Red Deer Lodge with a guest speaker who attended the Women's World Conference in Beijing.



Rosemary Luchak, Local #301 shows model setup for UNA Photo Shoot giving an IV to Pat Pashko - June 2000



Local #315 attends UNA's Annual General Meeting - November 2000



Kathleen Connors, President CFNU and Dr. Judith Shamian, RN, PhD, Vice-President Nursing at Mount Sinai Hospital, Toronto - February 2000



Gweneth Foster-Newell, UNA member active with Friends of Medicare, and Heather Smith, UNA President at UNA's AGM - November 2000



Shirley Douglas, daughter of the founding father of Medicare, Tommy Douglas, and former Premier of Saskatchewan spoke at the Friends of Medicare Rally - February 2000



Friends of Medicare activists held up a 300 foot scroll with signatures and messages for the Premier: Stop Bill 11, at the Legislature April 20, 2000.

## **CALGARY:**

### **March 8, 10:30 am: Women's Centre Open House and Potluck Dinner**

Open House at the Women's Centre was followed by a potluck supper and the presentation of the AFL IWD Award.

### **March 8, Noon: Calgary Immigrant Women's Association Potluck Lunch**

Potluck lunch was held at the CIWA.

### **March 8, Noon: Silent Vigil Against Violence Against Women**

At the Famous Five Statue at the Olympic Plaza, was organized by the Women's Interchurch Committee.

### **March 8, 7:00 pm: Inter-Disciplinary Event: Portraits, Words and Song**

Gallery exhibits dedicated to women and art at the Centre Gallery.

### **March 9: Noon: There Are Alternatives "People Before Profits" Rally**

At the Tory Convention at the Calgary Convention Centre was followed by a march from the Convention Centre to the "Unconvention" at the Multicultural Centre. At 1:30 the "Unconvention: explored alternatives and choices for families and the community.

## **National Nurses' Week – May 8-14, 2000**

This year's National Nursing Week was celebrated May 8 - 14 to recognize the contributions of Registered Nurses. Provincially, UNA was highly visible with a media campaign for Nursing Week and International Nurses' Day, May 12th.

Nursing Week and International Nurses' Day (May 12th) was celebrated around the world to express appreciation for the women and men who do direct hands-on care of the ill, the infirm and the vulnerable.

## **Bill 11**

In February 2000 forums were organized by Friends of Medicare to discuss the government's private, for-profit hospital health care proposals.

A province-wide information campaign was organized by Friends of Medicare to expose the government's latest push for private hospitals. The website is [savemedicare.org](http://savemedicare.org).

In March 2000 the government introduced Bill 11 which would allow private for-profit hospitals. UNA supported Friends of Medicare in organizing a coalition of activists to oppose Bill 11. Big rallies in Edmonton and Calgary in April attracted thousands of angry Albertans. Speakers included Shirley Douglas and her grandson Keifer Sutherland — both descendants of Tommy Douglas. Rallies were held throughout the province. Demonstrations followed at the Legislature and very

soon these demonstrations became spontaneous, unplanned events night after night through April and into May until the government pushed through the legislation in the face of massive public opposition. A delegation of Friends of Medicare representatives including Heather Smith met with Allan Rock in Ottawa to demand federal action to stop Bill 11. However, Bill 11 was proclaimed on September 27, 2000. In an attempt to bury Bill 11 opposition, Halvar Jonson was replaced by Gary Mar as the Minister of Health.

In September after the proclamation of Bill 11, the Premier's Advisory Council on Health was constituted as per Bill 11, and the premier moved to appoint political friends. In November UNA joined with the Health Sciences Association of Alberta and met with the Premier's Advisory Council on Health responding to the Council's request for consultation on the question of "continuing sustainability of the publicly-funded and publicly-administered health system". The privatization of Alberta's health care system took great negative strides forward in 2000.

### **Parkland Institute**

In February 2000 the Parkland Institute released results of a study done by Kevin Taft and Gillian Stewart showing that private hospitals are more expensive than public hospitals and that health care is not a commodity and does not conform to market forces.

### **Federal Minister, Allan Rock**

In February 2000 representatives from nursing unions across Canada, including UNA, met with the Federal Health Minister, Allan Rock, and presented him with a nursing perspective of the main problems in Canada's health care system.

### **Bill 40 - Health Information Act**

In March 2000 the government assured UNA that Bill 40 policy prohibits health care employers from using personal health records for discipline or management purposes except with employees' permission.

### **Bill 11 - Federal Election**

In November 2000 Alberta's Bill 11 and the threat of private hospitals became a central federal election issue. The election, however, managed to focus on other issues, and health care privatization was never in the spotlight.

## **Annual General Meeting**

In August 2000 the UNA Executive Board met to prepare for the AGM by discussing policy and budget decisions. The Board passed a motion to bring forward an AGM motion to increase UNA dues in 1.3 percent of gross income.



Friends of Medicare News Conference regarding MRI's - July 2000



Christine Burdett, spokesperson for Friends of Medicare during the Bill 11 campaign.



Kathleen Connors, President, Canadian Federation Nurses' Union (CFNU) speaks at UNA's Annual General Meeting - November 2000



The 2000 Executive Board

On November 8 & 9, 2000 delegates to UNA's 2000 AGM voted strongly to continue affiliation with the CFNU and passed a motion to increase UNA dues to 1.3 percent of gross income. This motion had to be ratified by a majority of UNA Locals and a majority of UNA members voting. The increase was ratified on December 12, 2000.

## 2001

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### Bargaining

**The year 2001 opened with a huge challenge—almost all of UNA's Collective Agreements were up for re-negotiation in the first months of the year.**

In December 2000, UNA sent formal Notice to Commence Collective Bargaining to the Employers of nurses in most of Alberta's hospitals and community health settings, as well as to a number of nursing home Employers (The Community Continuing Care Employers' Board of Alberta—CCEBA, Bethany Care—Cochrane, and the Good Samaritan Society). Notice to Bargain was also sent to the Alberta Cancer Board.

Prior to these formal notices sent, UNA organized a large delegate meeting to set the Union's in-going demands. Through heated debate and a process of democratic voting, delegates put together a final Contract Demands package.

Expectations of UNA members were high. Alberta nurses were looking for significant contract improvements to help stem the critical shortage of nurses. Retention (keeping nurses in the profession) and recruitment (attracting additional nurses to the profession and to Alberta) became the focus for both the Employers and the Union.

At the very outset of negotiations, UNA knew that this round had to be different. UNA members were very vocal about not wanting to bargain in the media nor to be brought to the verge of a total shutdown of Alberta's health care system by Employers who in the past had seemed more interested in preparing for a strike than in bargaining seriously and fairly to avoid one. In addition, UNA members were very clear that they wanted intense bargaining done within a tight framework, rather than one which stretched over months.

UNA reached a communications protocol with the Employers that prevented public/media discussion of negotiating proposals and progress. In the 1999 round of bargaining, the Employers had launched an aggressive media campaign with costly advertising using fear tactics regarding job action. UNA had strong interests in avoiding such "public bargaining" and in investing time and effort to secure agreements in a timely fashion.

UNA opened bargaining at a number of different tables in January. The main table represented hospital and community nurses; the long term care tables addressed the needs of nurses employed by CCEBA employers, by Bethany—Cochrane and by the Good Samaritan



Jane Sustrik, UNA 2nd Vice-President, Tammy Cullum, Local #168, Brent Smith, UNA Labour Relations Officer, Cherie McKay, Local #170, Heather Smith, UNA President and Dolly Deringer, Local #161 make up the UNA Negotiating Team for the Extencicare bargaining November 2001.



Long-time UNA member Michelle Senkow ran for President of the Alberta Association of Registered Nurses (AARN). Michelle has nursed for 20 years in Edmonton, Grande Prairie and Calgary.

Society; and finally, there was a table bargaining for the nurses employed by the Alberta Cancer Board. One major aim was to keep the contracts at all tables on parity with each other and to achieve the greatest gains for all nurses represented at the different tables. UNA made it very clear that no table could conclude until acceptable agreements were reached at all tables.

Intensive, almost daily, negotiations for hospital and community followed—and after 12 days the parties asked that a mediator be brought into the process. Michael Necula—the same mediator who mediated in the 1999 provincial round of bargaining—began mediation talks on February 15.

UNA then applied for mediation at the long term care tables and the Cancer Board table. Michael Necula was named mediator.

UNA sent out a bargaining survey January 31 to determine once again the bargaining priorities of members. Reflecting the demands of 16,600 members, the survey focused on monetary provisions and priority areas such as benefits. The response rate was great and provided the UNA Negotiating Committees with solid statistics that the Employers could not ignore.

During the period of intensive bargaining, Premier Ralph Klein called a provincial election for March 12, 2001. This political climate did nothing but increase the potential for positive bargaining outcomes for nurses.

The mediator tabled his hospital and community reports, and his recommendations followed the Unions demands for major improvements for nurses.

Included in the improvements was a wage increase of at least 22 percent over two years; increased premiums; special leave days; professional development leave; increased benefits including vision care, drug care and dental care; 2 percent Employer-paid RRSP contributions; supplementary vacation leave; \$100 reimbursement for professional license fees; zero tolerance of abuse signage; and many other increases. Community nurses finally won a re-evaluation of their previous experience for the purpose of determining proper placement on the salary scale.

March 2, 2001, the UNA Negotiating Committee called a Reporting Meeting in Calgary and delegates were clear that ratification of the facility and community agreements would only take place if the other tables were acceptably settled.

On March 7, the mediator tabled his reports for the long term care tables and recommended the same improvements as the facility and community tables and also recommended common contract expiry dates. The Alberta Cancer Board table reached agreement without a mediator's recommendations.

On March 8, the UNA ratification votes for the new Collective Agreements won overwhelming support from UNA members with a 93 percent voter support and unanimous Local support. Nearly 20,000 nurses in 143 Locals were eligible to vote.



Tina Bucknell, President of Local #204 is co-chair with Pauline Worsfold of Local #301 on the UNA Negotiating Committee 2001.



Janice Gill, UNA Local #31 and Blanche Hitchcow, UNA Local #308, part of the negotiating team, negotiate into the wee hours of the morning and into the weekends.



Lorraine Goyeau, UNA Local #11 President mans the voting booth as members from Local #11 drop in to ratify the UNA collective agreement.



United Nurses of Alberta's  
Negotiating Committee 2001.



Tanya Martens from Local #301 casts her vote  
to ratify the UNA 2001 Collective Agreement.

On March 18, 2001, the PHAA Employers announced their ratification of the facility and community agreements; on March 19, CCEBA, Bethany—Cochrane and the Good Samaritan Society Employers ratified the settlement. The Alberta Cancer Board also ratified.

The new Agreements gave most Alberta nurses the best contract terms in Canada and soon came to be known nationally as “the Alberta Rate”.

Following the successful completion of these tables, UNA opened bargaining at a number of other negotiating tables: Rivercrest Nursing Home, Salem Nursing Home, the Victorian Order of Nurses, Canadian Blood Services, Chantelle Management in Lethbridge, Central Park Lodge Bowcrest, Central Park Lodges in Calgary and Medicine Hat, Chantelle Management in Grande Prairie and six Extencicare Nursing Homes.

In April, 2001, Rivercrest nurses achieved and ratified a wage increase of 11 percent plus a guarantee that for every 64 hours worked they would be paid 69 hours of pay—an additional 8 percent wage increase. They also achieved two additional increment steps and a two year contract.

Spring 2001 was also the time for bargaining with the Victorian Order of Nurses. These nurses agreed to a one year term with a 7.5 percent wage increase.

On May 25, 2001, the contract for the Salem Nursing Home came into effect achieving hospital rates for these nurses as well as parity in the areas of overtime, charge pay, premiums and an additional 2 percent RRSP. This was a mediated settlement with Michael Necula as mediator.

Canadian Blood Services was the next contract to be re-negotiated. This agreement was also achieved with the help of Michael Necula as the mediator. The contract provided parity with hospital nurses in such areas as wages, premiums and benefits. New to this contract were educational allowances for nursing degrees and accrual of vacation for part-timers.

July 2001 was the time when Chantelle Management, Lethbridge began negotiations with UNA for a new contract which was ratified October 1. It provided hospital wages effective July 1, 2001, and increased benefits. It also provided for a re-calculation of recognition of previous experience for all employees on a one-for-one basis (long term care experience) and a three-for-one basis (other nursing experience).

Negotiations for the other two Central Park Lodges—Calgary and Medicine Hat were completed in September 2001 with the help of a mediator. They achieved a Long Term Disability Plan, hospital rates, higher premiums and professional development days.

Negotiations for Central Park Lodge—Bowcrest, were completed in October 2001 with basically the same settlement as the other Central Park Lodges.

Chantelle Management in Grande Prairie went into bargaining in the fall of 2001. The end result was big salary increases as their rates of pay went to hospital rates. Their premiums also increased as did their vacation entitlement. Overtime went to double time and they achieved one-for-one recognition of previous experience up to five years. All current employees then had their placement on the salary grid re-calculated to reflect one-for-one recognition

UNA members in six Extendicare Nursing Homes were also in bargaining. After a few rounds of negotiations, UNA applied for mediation. The Employers then offered parity with hospital contracts in areas such as wages, overtime, charge pay and responsibility pay as well as increases in pension benefits and weekend premiums. Negotiations were completed by November 3 and both parties then ratified the new contracts. UNA Extendicare Locals are in Lethbridge, Leduc, Fort McLeod, Mayerthorpe and Edmonton (Somerset and Hollyrood).

And finally, in November, UNA negotiators met with the PHAA to negotiate, as per a Letter of Understanding, new language identifying which courses are eligible for education allowances. Yet to be developed is language regarding which university degrees attract education allowances. The first part of this agreement (courses) will be sent out for UNA member ratification on January 16, 2002.

## Organizing

In 2001, UNA organized nurses in a number of new Locals and welcomed other non-unionized nurses into existing Locals.

Local #215, Extendicare, Viking, was organized in late 2001 and was included in the new Extendicare Collective Agreement.

Local #217, East Central Regional Health Authority Community, was organized and UNA thereafter signed a memorandum with their Employer that brought these community nurses all the provisions of the new provincial community Collective Agreement while keeping the Local's previous superior provisions. Under this new contract, nurses will achieve salary increases of as much as 30 percent. This Local includes Camrose and Stettler and runs east to the Saskatchewan border.

Local #218, David Thompson Regional Health Authority Community, voted to join UNA in August. These nurses were not previously in a union and although their employer matched UNA wage rates, there were lower premiums in place, no supplementary RRSP provisions and no PRC or OH&S Committees. The members of this new Local voted overwhelmingly on December 19 to ratify their first UNA Collective Agreement, which closely follows the provincial community Collective Agreement. The hours of work provisions will come into full effect by the end of 2002.

Local #219, Shepherd's Care Foundation in Edmonton, started life as a UNA Local with a hearing at the Labour Relations Board to challenge the Employer's bad faith actions in the organizing process. Thereafter, this new Local exchanged bargaining proposals on



A memorial tribute to Greta Zebak who began her nursing career in WWII in Germany. Greta nursed in Switzerland, Britain and ultimately at the Misericordia which was home for many years. Then Greta worked for Capital Care.



Marion Hopkins, President of Local #302 South at the Tom Baker Cancer Centre in Calgary, retired in June after a long nursing career with UNA being one of UNA's original nurses to join UNA in 1977.



Prominent UNA activist Judith Ford has left the Foothills Hospital and her position on the Local #115 executive. A nurse for thirty years, Judith served on the executive for the past 15 years.

December 20—with the Employer tabling rollbacks. Bargaining is slated to conclude in early 2002 with the intent of achieving the general terms of the provincial hospital agreement with some Local conditions.

Local #196, Capital Care Community, welcomed about 50 nurses from Regional Continuing Care into the Local. These nurses should rightfully have been in UNA since regionalization but were wrongfully identified by the Employer as “management exempt”. A Letter of Understanding was signed in early October recognizing all their previous experience and their seniority from March 1, 1995. They also had some superior salary rates and previous scheduling plans red-circled. Negotiations took over two years to conclude—the longest process of UNA organizing in 25 years.

In 2001, UNA developed a comprehensive Organizing Manual which up-dates all of the legal and time-sensitive procedures outlined in the Labour Relations Code and interpreted by the Alberta Labour Realignment Board.

## Grievances, Arbitrations, Mediations and Hearings

In 2001, not only was bargaining a major piece of work, but so too was the monitoring and application of each Collective Agreement managed by UNA. Locals and their Labour Relations Officers worked hard to offer support, advice and direct action regarding members’ contract rights.

UNA filed one thousand six hundred and eighty (1680) grievances in 2001, nine hundred and forty-one (941) of which were advanced to arbitration. The actual number of arbitrations heard was ten (10) with eight (8) arbitration awards received. UNA involved mediators in the resolution process twice.

In addition to direct grievance/arbitration work, UNA members continued to be represented by UNA at AARN and RPNAA hearings; at WCB appeals and at Short and Long Term Insurance appeals. UNA also represented nurses ready to return to work through the duty to accommodate process.



Extendicare nurses signing a new agreement that Local members ratified November 9, 2001.

## Maternity Benefits

Prior to 2001, Employers required pregnant employees to begin their maternity leave when they had to leave work—normally four weeks prior to delivery. When January 1, 2001, brought changes to Employment Insurance benefits, extending them to 50 weeks, many nurses who had to leave work some time before delivery date, were not able to maximize their full 50 weeks after the birth. UNA had contested the Employer’s maternity leave policy through hundreds of grievances some as far back as 1991. Finally the PHAA agreed that pregnant women who have to leave work pre-delivery can access their sick leave or short-term disability insurance thus saving the full 50 weeks for post-delivery.

## Long Term Care

St. Michael's Health Centre, an auxiliary hospital in Lethbridge, announced that it would be cutting six full-time Registered Nurse positions and replacing them with LPN's and a personal care assistant. These cuts were announced in the face of continuing issues of chronic understaffing and numerous complaints. Under the guise of the "assisted living" concept, Employers in long term care facilities are hoping to reduce the number of Registered Nurses and to replace them with lesser-skilled workers, leaving vulnerable residents to be cared for by fewer RN's than the legislated minimum for nursing homes. St. Michael's is a designated hospital under the Hospital's Act, and as such, should have higher RN staffing levels than a nursing home.

UNA challenged the layoff, first by filing a grievance and then by writing a letter to the government's ministry of Health and Wellness expressing concern over the cuts and asking the government to intervene to stop the cuts. Health and Wellness responded that staffing levels are the responsibility of facility administration.

The grievance going to arbitration asserts that St. Michael's is not being fair and reasonable by violating legislated nurse staffing regulations. This arbitration is scheduled for February 2, 2002. In the meantime UNA went to court and applied for an injunction to stop all RN layoffs until the matter could be heard in February. At the court hearing, UNA lawyer, Sheila Greckol, made the case that residents would be put at increased risk as well as the RN's remaining on staff at St. Michael's being put at increased professional risk. On October 31, UNA won the court injunction and prevented St. Michael's Health Centre from laying off the six RN's.

## Province Wide Grievances

UNA tried to resolve interpretive differences with the Employers over contract rights by filing grievances across the province.

### Retention and Recruitment Initiatives

Prior to 2001, different regional health authorities set up different retention and recruitment programs and incentives, most of which were not negotiated with UNA. During 2001 negotiations, UNA put the Employers on notice that all such initiatives that affect the terms and conditions of employment must be negotiated directly with UNA. UNA filed policy grievances with all those regional health authorities that have not negotiated retention and recruitment initiatives with UNA.

### Over Age 65

UNA challenged the health care employers' policies that cut off an employee's benefits at age 65. Over 140 grievances were filed with UNA taking the position that denying benefits to employees who were 65 and over was discriminatory. The Health Organizations Benefit Plan finally agreed to implement all benefits with the exception of Long Term Disability.



Local #33 Appreciation Night, April 17th, honoured a number of people; notably Dorothy Ferguson, President of their Local, Dorothy Barclay, (back right) a 20-year nurse who is considering retiring, a memorial tribute to Greta Zebak (left front) and Donna Clark on her retirement.



A community nurse from Local #196 makes a home care visit.



Tina Bucknell, Heather Smith and Sherry Shewchuk at the Reporting Meeting March 2, 2001.

## 80 percent Direct Payment

UNA filed policy grievances on behalf of all Locals covered by the new contracts, which provided for 80 percent direct payment “for all physician or dentist prescribed medications”. Some Employers issued Blue Cross prepayment cards but most Employers decided to maintain the lists of prescriptions covered by their insurers rather than “for all physician or dentist prescribed medications”. These grievances will be heard in 2002.

## Reimbursement of \$100

The new provincial Collective Agreements and many of the smaller contracts introduced the provision of a \$100 Employer-paid reimbursement for professional fees. The Employers attempted to impose region-wide interpretations, which deny full reimbursement to some nurses. Again UNA has filed both policy, group and individual grievances on this matter which will be settled or arbitrated in 2002.

## AARN Appeals and Charges

Local #115 at the Foothills Medical Centre filed an AARN complaint against a nursing manager for creating “an unsafe nursing practice environment” by implementing mandatory overtime post night shift. The manager’s position was that the Collective Agreement allowed for a maximum of 16 hour per day and that on several occasions she was justified in adding an extra four-hour shift onto the regular eight-hour night shift. This was only one of many extreme workload cases and UNA took the position that managers must be held accountable professionally. The outcome of this complaint was the Executive Director responded in a letter dated May 28, 2002 and advised that the Vice-Chair of the PCC has ordered that no further action be taken regarding this complaint.



Pauline Worsfold of UNA Local #301 was acclaimed as the new national Secretary/Treasurer of the CFNU at the Biennium meeting. The CFNU has only two elected officers, President Kathleen Connors and now Secretary/Treasurer Pauline Worsfold.

## Alberta Labour Relations Board

In May 2001, LPN’s and other hospital employees who belong to the Alberta Union of Provincial Employees held a brief strike. In response, the Alberta Labour Relations Board imposed a two-month dues cessation penalty. AUPE appealed this decision to the courts. UNA watched the case closely because a similar dues cessation policy could directly affect UNA in a provincial strike. UNA intervened at the LRB hearing opposing the LRB’s dues cessation policy.

In response to the LRB’s imposition of a two-month dues cessation on AUPE, UNA withdrew its representative from the LRB and adopted a policy of non-cooperation with the LRB saying that “it is regretful that the LRB has chosen to abandon its intended role of a collaborative remedial instrument in order to assume a role of advocate for the Employers and of a tool of the government”.

## Workers' Compensation Board

Injured workers “camped-out” in front of the WCB offices, and their actions combined with a large number of signatures on a petition forced the government to set up two committees to review WCB and WCB Appeals. The MLA Service Review looked at accountability, case management, medical panels, privatization and internal WCB appeals. The Appeals Review Committee examined issues of fairness, justice and process. New WCB legislation is scheduled to come forward in the Spring of 2002.

In September, 2001, a Minister’s Symposium on the WCB was held to allow stakeholder groups input into WCB reform. UNA attended and met with other stakeholders. The process included a proposal for a new authority to oversee WCB, which the stakeholders opposed. On the other hand, stakeholders supported independent Appeals Advisors; the separation of the Appeals Commission from the WCB portfolio; the publication of the Appeals Commission decisions; and a new Medical Panel model.

The WCB faced a deficit for 2001, and in October the Board of Directors decided to increase Employer premiums by an average of 27 percent and to raise the maximum insurable earnings for injured workers from \$50,000 to \$58,000 per year.

## Education

In 2001, 88 workshops were offered to 1848 participants.

The basic provincially-funded workshops included:

- How to Run a Local
- Professional Responsibility
- Grievance
- Ward/Office Rep

In addition, a new full-day workshop on Occupational Health and Safety was provincially-funded.

UNA also organized a series of contract interpretation workshops to introduce the details of the new Collective Agreements.

UNA also continued its program of providing educational sessions at each District Meeting.

Locals continued to organize and fund workshops on such topics as the Duty to Accommodate, Staff Abuse, the Health Information Act, Job Search and Computer education.

The provincial Staff Abuse Prevention and Management Initiative continued to meet as a coalition of unions, management and government representatives and continued to develop materials, including a video, on staff abuse.

In November 2000, the UNA Education Officer participated in the planning and implementation of the two-day educational component of the CFNU Biennium held in Edmonton in June 2001. UNA hosted and participated in this CFNU Biennium.



Local #217, East Central Regional Health Authority Community was organized and a new local executive was formed. First Executive: Jackie Crooks, Vice-President; Phyllis Footz, President; Elaine Galenza, Treasurer; and Leanne Kneeland, Secretary.



Louise Hryniw from Centralized Accounting providing information at the 2001 Annual General Meeting to Olga Pitts of Local #307.



The Edmonton and District Labour Council hosted a moving and musical ceremony on April 28th, the International Day of Mourning to commemorate workers injured, killed or suffering from workplace disease.

## Research and Policy Development

On the research side, a number of projects were undertaken. One of the first projects of 2001 was to distribute, collect and analyze the Bargaining Survey. Done during negotiations for the 2001-03 contracts, it gave voice to the more than 16,000 members currently in active bargaining. Almost 9,000 surveys came back, re-affirming the wishes of the membership to the Negotiating Committee in many areas, including: salary, differentials and premiums, key staffing and workload issues, and the relative ranking and priority of a wide range of issues. Other surveys followed during the course of the year, including a Post-Bargaining survey of the Executive Board, Local executive and a random sampling of members, to determine the effectiveness of bargaining, and a survey of the Alberta CFNU delegates to determine the pluses and minuses of the Biennium.

Research was also compiled for a number of other interest areas. Research was done into the nature of Sick-Building Syndrome and Building-Related Illnesses for the backgrounder supporting the UNA policy regarding Sick Building Syndrome. Other research was compiled for educational presentations on Personal Directives and Enduring Power of Attorney, the potential impact on nurses of the Health Information Act, and OH&S documents on back pain and latex allergies. Material for the highly successful Resume Building and Interview Workshop was developed, with the workshop continuing to be booked into 2002.

## Pensions

A number of pension changes occurred in 2001.

The Local Authorities Pension Plan (LAPP) announced the lifting of restrictions on pensioners who choose to continue to work after retirement. Retiring pensioners must resign their positions (and lose their seniority) but may return to work to a new position the next day. Former requirements for a three-month break and a maximum of 84 days paid employment per year no longer apply. If pensioners return to work within 6 months they can port their vacation entitlement and their sick leave bank into their new job.

Nurses who have accounts with both the Local Authorities Pension Plan and the Public Service Pension Plan had until December 31, 2001, to consolidate their pension plans—usually into the most recent plan.

## Occupational Health and Safety

2001 saw the rise of a number of occupational health and safety issues.



ER Nurses at work

## Overtime

The dramatic increase in the overtime hours worked and in the use of mandatory overtime were major factors in the AARN developing a policy in July on nurses working extra hours. The AARN consulted UNA regarding their overtime policy. The AARN document recognized the hazard of using overtime hours to make up for low staffing levels: “The chronic use of extra hours to provide adequate nursing coverage is an inadequate and ultimately detrimental solution to a deepening shortage of qualified nursing professionals”.

The AARN made it very clear that when fatigue threatens a nurse’s fitness to practice safely, she has the right and duty to withdraw from or refuse requests or requirements to work extra hours. The policy also noted that nursing managers share in the responsibility for providing safe care and are “obliged to promote practice environments where fitness to practice and safe care can be maintained”.

## Injuries

The Canadian Institute of Health Information’s annual report noted that nurses have a high rate of injury, largely from lifting and moving patients. The report noted that “nurses are more likely to miss work because of illness or disability than workers in other sectors”. The report also noted that there were 7 percent fewer RN’s per person in Canada in 1999 than in 1994.

## Frustration and Dissatisfaction

A massive five-country study of 43,000 hospital nurses said that nurses are among the least satisfied workers and that most nurses in all countries share concerns about staff shortages and quality of care. While 16 percent of Canadian nurses reported wanting to leave their job, 30 percent of younger nurses were planning to leave the profession.

## Zero Tolerance

Many of UNA’s new Collective Agreements provide for zero tolerance of staff abuse signage to be publicly-displayed in the workplace. When the Employers showed hesitation in putting up such signs, UNA produced its own signs and put them up in each worksite. Some Employers allowed the signs, others removed them. Almost all Employers promised action on signage and abuse policies and protocols.

## Healthy Workplaces

In September, Judith Shamian of the Office of Nursing Policy of Health Canada held a stakeholder consultation on nursing worksites. Entitled, Healthy Nurses/Healthy Workplaces, the resultant report highlighted the need for improved nursing workplaces. Quoting high rates of absenteeism and illness, the report called for the creation of a national network and working committee dedicated to the task of improving nursing workplaces.



Zero Tolerance of Staff Abuse signs get plenty of attention. Edmonton Sun published a full page photo of Misericordia Local President Lorraine Goyeau pasting up the sign.



Mike Desautels, the Alberta officer of the Canadian Labour Congress, brought a display to the convention.

## Nurse Abuse

The UNA Annual General Meeting included a panel presentation on nurse abuse. The panel included Detective Dean Vegso of the Calgary Police Service, lawyers Lyle Kanee and Shawn Beaver, and Carole Estabrooks, from the University of Alberta Faculty of Nursing. UNA delegates asked numerous questions and identified multiple abuse issues so much so that the session went overtime as members made it clear that abuse and violence are major stresses in their workplaces.

## Sick Building Syndrome

In response to some UNA Locals that were dealing with “sick buildings” including those with asbestos, toxic mould and other environmental hazards, the UNA Executive Board passed a policy regarding sick building syndrome. Inadequate ventilation and humidity problems are the major contributing factors. The World Health Organization estimates that 30 percent of new and recently-renovated buildings have SBS complaints.

## Regional Health Authorities

A number of significant developments took place both within the RHA’s themselves and with forces that affect the RHA’s.

### Elections

The provincial government announced that the election of two-thirds of the Regional Health Authority Boards would take place with the Municipal Election on October 15, 2001. There would be a total of 189 regional health authority members, 126 of whom would be elected and 63 appointed. Both elected and appointed members would serve for three years. Owners of businesses that contract with the Authorities would be eligible to run if the business does not make over half its money from the Authority. In 2001, directors made about \$100,000 for serving on the regional board.

### Boundaries

In preparation for the Fall elections, Health and Wellness announced changes to the boundaries of 10 of the province’s 17 Regional Health Authorities. As a result of boundary changes, Mannville Health Centre, Fox Creek Health Centre, Grimshaw/Berwyn District Hospital and Redwater Health Centre transferred to different Regional Health Authorities. This meant a change in the administration of these work-sites as well as changes in union certification for the affected Locals.

### Nursing Shortage

Probably the biggest challenge in front of all health care Employers is the serious nursing shortage. It is far more than an Alberta or a Canadian problem. It is worldwide.



CFNU President Kathleen Connors with post-cards for the PM-Keep Health Care Public!

While the actual number of registered nurses working in Alberta increased slightly in 2000, the increase was well below the rise in Alberta's population. The number of nurses per 100,000 of Albertans declined from 80.3 in 1994 to 73.6 in 2000. Statistics for 2001 will probably show a further decline.

In addition, Canada continued to experience a dramatic shift in the average age of its workforce. Alberta nurses' average age is 47 years—higher than the national average of 43.4 years.

## Nursing Education

With increases in funding to the province's nursing faculties, the number of RN's being prepared for the profession is climbing. By 2002, 665 new graduates are expected. One important factor, however, shows that this number is not adequate. Half of Alberta's 20,000 nurses will retire in the next ten years. That means that Alberta will need 1,000 RN's per year just to keep levels at their current shortage condition—not a viable number. The Calgary Regional Authority released a five-year plan in which they identified their need over the next five years to include 5,000 new registered nurses. Retention and recruitment remained a huge issue for Regional Health Authorities and the Mental Health Board and the Alberta Cancer Board.

## Conflicts of Interest

In 2000, UNA submitted a detailed report on the potential for conflicts in the Calgary Regional Authority to the Auditor General. The report documented the fact that senior officials and CRHA staff were affiliated with health corporations that have contracts with the Calgary Region. Many questions have been asked regarding how the Authority can properly do business with its own senior employees and officials. The same concern was raised regarding physicians who are both employed by the Region and at the same time contract work privately with the Region.

The Auditor General urged the Health Authorities to include senior managers in their conflict of interest guidelines and called on the Authorities to ensure that conflict of issue problems be included in their annual reports to the government.

## Health Care Reform

The year 2001 saw many changes implemented in the health care system and many more changes proposed. UNA was an active intervenor in many of the issues and remained watchful of many others.

## Health Care Reports

### 1. Romanow

In April 2001, Roy Romanow, the former premier of Saskatchewan, was named by the federal government to head up a commission on "The Future of Health Care in Canada". It was



Les Steel of the Alberta Federation of Labour speaks at United Nurses of Alberta's Annual General Meeting October 23-25, 2001



Maude Barlow (centre) spokesperson for the Council of Canadians presented UNA (Heather Smith) and the Friends of Medicare (Christine Burdett) with the Canadian Activist Award.



Chanting "we are the nurses, the mighty, mighty nurses," delegates to the CFNU Biennium (May 28 - June 1, 2001) went on a short march to Canada Place in Edmonton, with the message: Keep Health Care Public.

set up in two parts: the first to hear from health care stakeholders and providers, and the second to hear from all Canadians. Mr. Romanow has indicated that he will deliver an interim report in January 2002 after the first part is complete, and will then undertake public hearings, with a final report tabled in November 2002. UNA made a presentation to the Commission provincially and will be preparing responses to the Commission's Interim Report.

The Romanow commission will be the first national inquiry into the state of health care since the National Forum on Health in 1994. It is also the first Royal Commission on health care since Justice Emmett Hall's landmark study of 1964.

Mr. Romanow was invited to address the delegates to the CFNU Biennium in June and received a standing ovation when he said that medicare must be run in the public interest not in the interests of corporate profits. Romanow told delegates that he is eager to involve nurses directly in the Commission and invited submissions saying: "I call on all nursing professionals to help the Commission, and to help all Canadians, with these difficult issues and choices".

## 2. Kirby

Senator Michael Kirby headed up the Standing Senate Committee on Social Affairs, Science and Technology, which was to prepare a report on where it thinks medicare should go. Kirby is expected to release the fifth and final volume of his report in February 2002. Volume 4 provided a clear framework for the recommendations in Volume 5. The Report clearly stated that there is not enough money in the public treasury to cover the expanded health demands of Canadians. Therefore, the Canada Health Act should be amended to break the government's monopoly over physician and hospital services. Volume 4 also suggested that the government should remove the ban on the sale of private insurance for medically-necessary services, and that user fees or financial penalties or a special income tax levy on the sick might also be possible solutions. Given the first four volumes, it is unlikely that the committee will recommend that Ottawa and the provinces expand the current medicare system.

Of particular note is the fact that Senator Kirby is well-connected to the private health sector, primarily through his role as an active director of the nursing home giant Extendicare Inc. He also sits of the boards of six other companies, including the Bank of Nova Scotia.



Kathleen Connors, President of CFNU shakes Roy Romanow's hand at the CFNU Biennium in Edmonton. Roy Romanow received a standing ovation when he stated that Medicare must be run in the public interest.

### 3. *Mazankowski*

Don Mazankowski, former Deputy Prime Minister in the Mulroney government, was named by Premier Ralph Klein to chair the Premier's Advisory Committee on Health. His interim reports bode badly for the final recommendations. Using carefully-crafted language, the interim report actually harkened back to old, discredited ideas strung together in such a way as to provide the rationale for the dismantling of the public health care system.

Medical savings accounts, the de-listing of insured services, increased premiums, user fees and private health care were all put forward as potential solutions to the basic assumption that Alberta can no longer afford to sustain the public health care system. This basic premise was not explained or supported or buttressed with hard evidence. Mazankowski's final report is expected to be tabled in January 2002.

Again, as with Kirby, the question of conflict of interest pertains to Mazankowski who is a director of Great-West Life Assurance, a Winnipeg company that sells private insurance.

## Medicare Support

### 1. *Nader*

On the other side of the ledger, Ralph Nader, the well-known consumer advocate, addressed the CFNU's national Executive Board in Ottawa saying: "The big US insurance and hospital companies would like to see Canadian Medicare go down, because as Canadian Medicare succeeds, it calls into question all the money these huge corporations make off the backs of both the sick and the healthy in the US". Nader urged the CFNU to counter the corporate campaign of misinformation and self-interest.

### 2. *Barrett*

The former premier of B.C., Dave Barrett, gave a rollicking and impassioned talk at the UNA Annual General Meeting. He urged members to get involved in politics and in international health care policy and social policy debates. Barrett is now the chair of the Tommy Douglas Research Institute, and has made strong public arguments for strengthening medicare. Barrett warned nurses and the Canadian public that corporate interests threaten the public health care system and action is needed from all Canadians to preserve, strengthen and expand the public system.

## International Trade

The privatization of Canada's health care system is part of an international corporate agenda, commonly called "globalization". The fight to preserve, strengthen and expand public health care is in direct opposition to the agenda of corporate health care, which visualizes a private international market with promises of huge profits. The international



Heather Perl, (right) an OR nurse from Edmonton, was one of the organizers who put a huge effort in getting the team and supplies to Guatemala on a surgical mission. Rosemary Strand (left) is an RN from Red Deer and Sandy McKenzie (middle) is an ultrasound technician.



Audrey Cormack, AFL President speaks at the April 28, 2001 "Day of Mourning" for dead and injured workers.

free trade agreements threaten, not only Canada's ability to make its own choices about health care, but also the very legality and legitimacy of public health care. The World Trade Organization and General Agreement on Trades and Services are major players in this global corporate scheme. They could lock in privatization and make it extremely difficult for any country to protect and expand services such as Medicare. The WTO agenda is to break publicly-provided services in education and health care so that corporations can find new avenues of profit.

UNA invited researcher, public policy advisor and physician Allyson Pollock, from England where she heads up the Health Policy and Health Services Research Unit at the University College of London, to address the delegates at UNA's Annual General Meeting. Pollock reiterated that high on the agenda of the WTO is the privatization of health, education, welfare, social housing and transport. She gave a detailed account of how privatization in the UK's National Health Services pulls money out of beds, staffing and community care. More and more of the public money is going into the hands of private investors and corporations. The decision to use private financing has cost patients and staff dearly as the spiraling costs of private finance have to be taken out of patient services. Pollock said that in the UK the private use of finance has become a major political issue as schools, hospitals and transportation infrastructure are all mortgaged to the future. "It is bad management and it is bad politics" she commented.

UNA continued to research this international corporate agenda and to apply such knowledge to the Canadian and Alberta initiatives that flow from such globalization. The threat to Canada's health care system comes not only from provincial premiers who want to privatize health care; and from federal politicians who have sold health care to corporate interests through free trade agreements; but also from the large and very active corporate players including pharmaceutical, insurance and service sectors who are lining up to capture chunks of the gross domestic product that governments currently spend on public services including health.

The Canadian Centre for Policy Alternatives report on Medicare warned that the expansion of Medicare to include pharmacare, home care, dental care etc. could be challenged under the General Agreement on Trade in Services (GATS). Canada may already have lost its capacity to expand the public health care system and further trade deals could damage capacity even further

### **Health Care Funding**

The Alberta government announced a \$200 million "one-time only" funding allotment to the province's Regional Health Authorities. The budget top-up was made because of population growth and an aging population. The theory was that the money would open 1,000 new beds and hire 1,000 new nurses. UNA criticized the string of extra "one-time only" announcements and called for stable and predictable health care funding.

The federal government announced a \$54 million investment into Alberta's primary care reform initiatives. The federal department said that this is the first investment of the \$800 million Primary Care Transition Fund that was made part of the federal-provincial-territorial health accord. Health Canada said that primary care is meant to be the first step in the continuum of care, emphasizing health promotion and illness prevention.

CFNU members meeting in Victoria at the time of the Premiers' Conference urged the full restoration of federal health care funds to the provinces but "with strings attached"—meaning health care dollars must go directly to health care and not to such provincial schemes as tax reduction. The CFNU also demanded that the power of federal funding must be used to stop the increasing privatization that provinces are implementing.

### Health Information Act

Bill 40, which became the Health Information Act, was strenuously opposed by UNA. The Union's analysis identified major flaws in the legislation—flaws that leave Albertans concerned about the privacy of their personal health care information. UNA produced a special brief to the Minister of Health and Wellness, in which the Union stated: "The Regulations fail to provide any guidelines or safeguards that would relieve the concerns in relation to the Act about too great a scope for the collection, use and disclosure of personal health information".

The HIA provides that a custodian (employer) must establish sanctions that may be imposed against affiliates (registered nurses are considered affiliates) who breach or attempt to breach the custodian's administrative, technical and physical safeguards in respect of health information. The discipline under the separate legislation of HIA leaves nurses without the protection of the grievance-arbitration procedure.

UNA continued to monitor the application of the HIA and will work towards having it amended.

### Nursing Education

The Capital Health Authority in Edmonton announced a fast-track 14-month Registered Nurse program to accelerate the educational preparation of nurses. UNA expressed grave concerns about such a plan—the dilution of education leads to dilution of qualification levels. Further information from Capital Health indicated that the 14-month program would only be available to students who have already completed five or more pre-requisite courses and that the 14-month program is followed by an intensive 6-week clinical internship.

The UNA Executive Board is following up on this program to ensure that there is no reduction in nursing qualifications.

The Faculty of Nursing at the University of Alberta approved a new 12-month program for a BScN degree for RN diploma nurses. It will be implemented in the Fall of 2002.



Bev Dick, UNA 1st Vice President, attends the Toronto Health Coalition along with Kathleen Connors of the CFNU, February 23, 2001.



Brenda Thomson, Local #316, Anne Harris, Local #314 and Barbara Richter, Local #311, Good Samaritan Locals attend United Nurses of Alberta's Annual General Meeting October 23-25, 2001

## Private Hospitals

After stormy protest at its September meeting, the College of Physicians and Surgeons again considered expanding the list of services allowed in Bill 11 for private hospitals. College Registrar Larry Ohlhauser who said last year that hip surgeries were likely too risky to be performed in private hospitals, was faced with the fact that the College was voting on adding hip and joint replacement surgeries, as well as spinal surgeries, to the list allowed in “non-hospital surgical facilities”.

## Nurses’ Unions

### Canadian Federation of Nurses’ Unions Biennium

The CFNU held its biennial meeting in Edmonton May 28-June 1. The first two days were educational and the Education Officers of all the affiliates planned and presented a series of workshops ranging from Canada’s Health Care System to the Nursing Shortage to Retirement Planning. The final two days were spent attending to the business of the federation. It was the first national nurses’ union meeting in which the Ontario Nurses’ Association participated. ONA’s 40,000 members voted in 2001 to join the CFNU. Michelle Boisclair of the FIIQ (Quebec nurses’ union) announced that Quebec nurses are also considering affiliation.

The CFNU was a spirited and energizing event and the new UNA Collective Agreements—the “Alberta Rate”—was referred to frequently as the benchmark for Canada’s nurses.

UNA sent 37 delegates to the CFNU Biennium and all submitted positive evaluations.

One of the main initiatives of the Biennium was the establishment of a national plan to find solutions to the nursing shortage as well as to increase nurse involvement in the shaping of Canadian politics.

Pauline Worsfold, a UNA member from the University of Alberta Hospital and former UNA Executive Officer, was elected Secretary-Treasurer of the CFNU.

### International Council of Nurses

At the International Council of Nurses 20th Quadrennial Congress held in Copenhagen, a study was presented outlining the concerns of nurses in 101 countries across the world. The top 6 issues ranked from serious to very serious were understaffing, occupational health and safety, mandatory overtime, privatization of health care, use of casual staff and the use of unlicensed assistants.

### British Columbia and Nova Scotia

Some very sobering news hit national headlines in late April through to August. Both the BC Nurses’ Union and the Nova Scotia Nurses’



Jennie Skene, President of FIIQ, Rosalee Longmoore, President SUN, and Michele Boisclair, Vice-President FIIQ at the CFNU Biennium.



Over 400 nurses at the CFNU Biennium in Edmonton, Alberta descend on Canada Place to exert pressure on the federal government to improve the public health system.

Union were in bargaining and both faced draconian action from their provincial governments. Both governments interfered with the process of collective bargaining by enacting emergency legislation to block free collective bargaining. In essence, both governments announced that the process of bargaining was over and the governments would impose settlements. Both nurses' unions responded with defiant actions. The Nova Scotia and BC nurses engaged in work to rule, stopped working overtime, threatened mass layoffs and went on wildcat strikes to back their contract demands. Through a long and difficult summer the nurses in Nova Scotia forced the government to withdraw its announced imposition of a settlement and the premier reluctantly agreed to the nurses' proposal for final offer selection interest arbitration. In August, an arbitrator chose the nurses' proposal over the government's proposal for settlement and awarded a 17 percent wage increase over three years.

The BC government ended free collective bargaining with a legislative stroke—a 60-day cooling off period and a ban on refusal to work overtime. At the end of this period, the government imposed a Collective Agreement on the BC Nurses' Union. At the year's end even more horrifying news—the BC government was threatening to withdraw their imposed wage settlement and impose an even lower rate.

Both the scenarios that played out in BC and in NS bode badly for the process of free collective bargaining not only in those provinces but also for all nurses and all trade unionists across Canada. Increased government interference and intervention reduces workers' rights and unions' credibility.

## Ontario

The Ontario Nurses' Association reached a settlement with their Employers which provided Ontario nurses with an 11 percent wage increase over three years. The agreement also increased premiums and benefits in several areas. In 2002, the top Ontario rate will rise to a slightly higher rate than the "Alberta rate".

## Political Action

### Alberta Election

The threat of increasing privatization including private hospitals, prompted UNA into taking campaign action during the provincial election. UNA encouraged members and other voters to send the government a message opposing privatization of health care.

UNA used newspaper and radio advertising to remind Albertans about Bill 11 and what it could mean to average families in need of health care.



Ralph Nader with CFNU President Kathleen Connors, urges nurses to fight to keep Medicare.



Les Steel of Alberta Federation of Labour, Heather Smith, President of United Nurses of Alberta and Alex Grimaldi of Edmonton & District Labour Council man their display at the United Nurses of Alberta's Annual General Meeting October 23-25, 2001



Les Steel and Gil McGowan of Alberta Federation of Labour man their display at the United Nurses of Alberta's Annual General Meeting October 23-25, 2001



Dave Barrett of the Tommy Douglas Research Institute speaks at United Nurses of Alberta's Annual General Meeting October 23-25, 2001



Dr. Allyson Pollock of University College of London speaks at United Nurses of Alberta's Annual General Meeting October 23-25, 2001



Vote on Day 3 of the Annual General Meeting October 23-25, 2001.

## Election Project

UNA joined with the AARN and Alberta university schools of nursing in a project to provide Alberta's 25,000 RN's with responses from a survey of the political parties on important questions like the nursing shortage, the growing reality of private health care and the future of long term care.

The Action Kits were distributed to all UNA Locals and given to nurses so they could ask candidates tough questions.

## Nursing Week---May 7-13, 2001

In 1985, the Canadian government proclaimed the week of May 12 to be National Nursing Week as a time to recognize the contributions and achievements of nurses. May 12 was Florence Nightingale's birthday and has been celebrated as International Nurses' Day since it was declared by the International Council of Nurses in 1971.

Several UNA Locals held a number of highly successful events for National Nursing Week. Activities ranged from a display of staff pictures with old uniforms and caps, to a barbecue lunch, to a display of diplomas, grad pictures and grad books, to a contest to see who could match baby pictures with grad pictures. Nursing week both raises morale and increases the profile of nursing.

## September 11

The UNA Executive Board was in session on September 11 when news of the terrorist attacks on the US were first aired. The Board response was one of shock and fear and grief. The Board had a minute of silence and sent a message of support the nurses of New York expressing condolences to families affected and thanks to the nurses for their extraordinary efforts to provide solace and care. The UNA Executive Board voted to make an extraordinary donation of \$10,000 to the American disaster relief effort.

## Bill C-36 Anti-Terrorism Legislation

UNA joined the growing number of Canadian unions and organizations expressing concerns about the scope of the proposed federal anti-terrorism legislation. "Nurses in Alberta were called terrorists for exercising our right to withdraw our services in 1988", Heather Smith told a news conference on Parliament Hill in Ottawa in November. In particular, UNA was concerned that nurses on strike could be charged under the provisions of Bill C-36. "To include a peaceful strike, even if it is illegal, under the sweeping definition of terrorism, is an affront to logic and to nurses. Anne McLellan must amend her bill to make this distinction clear", said Smith.

## Canadian Activist Award

The Council of Canadians presented both UNA and the Friends of Medicare with the Canadian Activist Award at the Council's AGM in Red Deer in late October. Council of Canadian national chairperson,

Maude Barlow, presented the award to Heather Smith representing UNA and to Christine Burdett, chairperson of the Friends of Medicare. The Council recognized the contributions both organizations made to the debate on Bill 11 and for their on-going work to protect Canada's public health care system.

## Annual General Meeting

UNA held its AGM in Edmonton on October 22-24, 2001. Over 500 nurses (delegates and observers) as well as numerous guests attended the 3-day meeting. The AGM was a full day longer than previous AGM's and this made it possible to provide educational sessions. Guest speakers Dr. Allyson Pollack and Dave Barrett gave thought-provoking addresses on the state of public health care, and a six-person panel created a lively debate on nurse abuse. The position of 2nd Vice-President was the only contested position and Jane Sustrik was re-elected.

The question of whether or not to affiliate with the Alberta Federation of Labour and with Labour Councils was addressed and delegates approved that a full membership ratification vote take place.

The delegates also revised the discipline process in the Constitution and expanded the provincial Trial Committee to two representatives per each District.

And certainly not least, the delegates passed a detailed \$12 million for 2002 opposing privatization of health care.

## Computerization

What started as a small network in 1992 has grown to over 500 connected members, many of whom are using home computers. The tremendous growth that occurred in 2001 was due to web browser access and to ease of software installation for home users.

The UNA Net has proven to be an invaluable tool for staff, executives and members. The communication channels have definitely enhanced the work of the Union. The in-house communication network is more than a traditional e-mail system. It's an on-line conference and collaboration centre that is open 7 days a week year round. On-line conferences include provincial news, contract issues, OH&S problems, professional responsibility issues, CFNU and counterpart information, education and research.

During the provincial election, UNA set up a special conference on UNA Net for political candidates to get messages and information to UNA members. All the parties were informed that they had access to post e-mail messages to the Election 2001 conference.



Associate Professor from the U of A Faculty of Nursing, Carole Estabrooks who co-authored the major study on frequency of abuse faced by nurses in Alberta speaks at United Nurses of Alberta's Annual General Meeting.



Vote Day 1 of the Annual General Meeting October 23-25, 2001.



Ross Pambrun of UNA Local #33 checks his e-mail. UNA\*Net has promoted communication between local executive members and the local membership..



Bev Dick, Jane Sustrik and Heather Smith had the opportunity to meet Ken Georgetti, President of the Canadian Labour Congress while attending a Labour Appreciation Night sponsored by the United Way.

## Communications

Once again, UNA took a lead role in media coverage commenting on the many developments in health care and in nursing.

In addition to putting out the regular UNA NewsBulletins and UNA Stat publications, the Communications Officer was also involved in a number of other projects.

### Friends of Medicare

UNA continued to take an active and high profile role in the on-going work of the Friends of Medicare.

### Membership Survey

UNA commissioned a telephone survey of members early in the summer to find out precisely how well the communications and education programs were working. The results, a statistically reliable report, showed a high level of satisfaction, identified where improvements were needed and provided some surprising information about UNA members.

One very surprising outcome was statistical data to show that if Albertans are some of the most internet connected people in the world, Alberta nurses are some of the most connected Albertans. Over 90 percent of UNA members have internet access.

The other pleasant surprise was the high level of recognition of and satisfaction with the NewsBulletin and UNA Stat.

UNA's education program and workshops were also highly rated.

And the members expressed a strong endorsement of their Union taking public positions on Medicare and on health policy issues.

## Other News

### Sheila Greckol

In November, UNA's lawyer, Sheila Greckol, was appointed to Alberta's Court of Queen's Bench. Sheila has acted for UNA in landmark cases but is possibly best known for all her work during UNA strikes. A partner with Chivers, Greckol and Kanee, Sheila now leaves the practice of law to take up the challenge of the judiciary. UNA is ever grateful for Sheila's hard work and guidance and extends best wishes in her new role as judge of Alberta's Court of Queen's Bench.

### Heather Smith and David Harrigan

On November 28, UNA was shocked with the news that Heather Smith and David Harrigan had been involved in an automobile collision enroute to Edmonton from a District meeting in Camrose. Both sustained serious injuries and were hospitalized. David was flown by air ambulance to the Royal Alexandra Hospital and Heather was taken by ground ambulance to the University of Alberta Hospital. David was

initially listed as critical and underwent extensive emergency surgery. Both suffered multiple fractures.

UNA offices fielded calls from concerned members and colleagues in Alberta and from across Canada. By year's end Heather was recuperating at home and David had been moved to the Glenrose Rehabilitation Hospital.

### **Heather Molloy**

UNA members were saddened to hear of the passing away of Heather Molloy on December 19. Heather had been a long-time Executive Board member and was provincial Secretary-Treasurer for a number of years. UNA extended its sympathy to Heather's family.

## **2002**

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### **Organizing**

In 2002, UNA organized a new Local at Shepherd's Care Foundation in Edmonton — Local #219. UNA charged the Employer with bad faith actions vis à vis organizing and was successful. Unfortunately when UNA began bargaining for a first Collective Agreement, the Employer tabled rollbacks and maintained that position through all rounds of bargaining in 2002. The year ended without a first Collective Agreement and with UNA laying charges of bad faith bargaining at the Labour Relations Board — charges to be heard in early 2003.

In 2002, UNA organized nurses at Age Care Ltd. in Medicine Hat — UNA Local #220. This Employer operates the Valleyview Nursing Home where these nurses work. A first Collective Agreement was negotiated which expires March 31, 2003.

UNA also organized the nurses at Extendicare, Athabasca — UNA Local #224 and nurses at Medicine Hat, Good Samaritan — UNA Local #223.

### **Bargaining**

By the terms of UNA's provincial Collective Agreements, effective January 1, 2002, many UNA Employers were to institute a supplementary pension benefit — an up-to 2 percent RRSP contribution. Different Employers set up different plans, and UNA requested details of each Employers' implementation strategy. UNA responded to the Employers' strategies in order to ensure compliant application. A new Memorandum of Agreement between UNA and the Provincial Health Authorities of Alberta (PHAA) resolved non-compliance problems and the outstanding grievances on this matter.

On January 16, 2002, UNA members ratified the Letter of Understanding on Education Allowances.



Nearly 200 southern Alberta citizens showed their concerns about deep cuts in the Chinook Health Region in Lethbridge on July 16, 2002.



Canadian Federation of Nurses Unions  
Caucus Canadian Labour Council  
Convention in Vancouver in June 2002.

The new UNA Local #215 at Extendicare, Viking, ratified their first Collective Agreement with the same salary rates, premiums and language as the other six UNA Extendicare Collective Agreements.

The 2003 round of provincial bargaining began in April 2002 with a bargaining survey. Locals formulated and approved their proposed in-going demands and sent them into Provincial Office by June 3, 2002.

The provincial Negotiating Committee was elected and began work with an orientation workshop in June and a work-week in July. The process of reviewing and consolidating Local demands concluded with the Negotiating Committee's recommendations being sent to all Locals and being presented to the September 17th, 18th & 19th, 2002 Demand-Setting Meeting. A full package of demands was approved at the Demand-Setting Meeting and was ratified in a province-wide vote on December 4, 2002.

In 2002, UNA was in negotiations for a first Collective Agreement for UNA Local #224, Extendicare in Athabasca and for nurses in UNA Local #223, Medicine Hat Good Samaritan. UNA also continued bargaining for UNA Local #29 #219 at Shepherd's Care in Millwoods.

UNA negotiated a first Collective Agreement for nurses at Valleyview Nursing Home, Local #220 in Medicine Hat. This first contract is proving to be one of the more difficult rounds of bargaining due to the Employer's entrenched positions.

## Labour Relations

### Grievances, Arbitrations, Mediations and Hearings

In 2002, UNA Locals and staff continued the on-going challenge of monitoring the application of UNA Collective Agreements. This activity resulted in UNA filing one thousand four hundred and thirty (1430) grievances of which six hundred and forty-one (641) were advanced to arbitration.

Mediation settled some of these grievances and thirty-one (31) proceeded to arbitration hearings with Labour Relations staff as counsel for twenty-seven (27) arbitration hearings. UNA Labour Relations staff were nominees on thirty-one (31) arbitration boards. Twenty-four (24) arbitration awards were received in 2002.

UNA Staff continued to provide union representation for UNA duespayers and Locals in such venues as:

- AARN/RPNAA hearings (23 hearings)
- WCB hearings/appeals (12 hearings)
- Employment Standard appeals
- Alberta Labour Relations Board hearings and determinations
- Employment Insurance appeals
- Insurance company appeals
- Human Rights challenges
- LAPP hearings



UNA contributes to the research costs of  
Ellen Billay RN, MN, Health Services Educator  
at Westview Health Centre Stony Plain.

## Province-Wide Grievances

UNA continued to pursue province-wide grievances:

### Retention and recruitment

UNA withdrew almost all retention and recruitment grievances. The 2001-2003 Collective Agreement stipulated that hiring incentives must be negotiated through the Union. The 2002 budget cuts to Regional Health Authorities' resulted in most recruitment and retention programs being withdrawn. Future incentives must be negotiated with the Union.

### 80 percent direct payment

These 2001 "all" grievances began to be heard at arbitration hearings in 2002. The question before arbitrators was: "does all mean all"? vis à vis "all physician or dentist prescribed medications". UNA was successful — the arbitrators struck down the Employers' interpretation that "all" meant "all drugs on the approved drug list". Other "all" grievances will proceed to arbitration in 2003.

### Reimbursement

UNA resolved over seventy (70) grievances on who is eligible for the \$100 reimbursement of professional fees. A nurse is eligible if she works 40 percent of full-time hours and these hours include sick leave, leaves of absence of 30 days or less, WCB and vacation.

### Supplementary RRSP

UNA filed grievances challenging the various Employers' implementation of the 2 percent supplementary RRSP. Some Employers imposed arbitrary deadlines thereby restricting access to the RRSP and limiting the amounts of monies paid by the Employers. No such restrictions are contained in the Collective Agreements that provide for such a supplementary RRSP. UNA settled these grievances positively.

### In-charge facility premium

The provincial facilities' Collective Agreement provides a premium for RNs/RPNs left in charge of an entire facility when there is no manager "readily available". UNA lost two (2) arbitration rulings with the arbitrators finding that phone availability is sufficient to meet the criteria of "readily available".

New SPOTLIGHT posters were developed highlighting interpretation for specific provisions in UNA Collective Agreements. These new posters are available for posting on units/offices and can be accessed through UNA\*Net.

UNA filed a number of grievances when managers denied or cancelled vacations. This occurred in Calgary Locals at the time of the G8 Summit meeting of world leaders. It also occurred in many small rural worksites.

UNA also filed grievances in Regions where layoffs occurred and the Employers refused to offer severance packages.



UNA Vice-President Bev Dick represented Alberta's nurses at the Canadian Premier's conference in Victoria. In front of the Canadian map are Maxine Armstrong (BCNU), Maureen Brouin (SUN) and Bev Dick (UNA).



Long-time UNA member Donna Clark was celebrated with a special retirement dinner hosted by Local #1. Donna was UNA's first Vice-President from 1978 to 1983.



UNA celebrated its 25th birthday and developed a theme for their anniversary "Strength in Unity".

## Alberta Labour Relations Board

The Alberta Labour Relations Board (ALRB) announced in January 2002, that it intended to make major changes in how health care unions would be structured. Included in the proposed changes were:

- region-wide/Employer-wide certificates
- separate bargaining units for acute care, community, long-term care, mental health and cancer treatment
- all-Employee bargaining units
- new definition of nursing bargaining units — in which bargaining unit would LPN's most properly belong?

In response to the ALRB proposals, UNA struck an ad hoc "Structural Review Committee" to examine options and make recommendations to the UNA Executive Board. The SRC examined the ALRB and recommended the following positions to the June 2002 UNA Executive Board meeting:

- that UNA create new composite Locals if Employers apply for region-wide or Employer-wide certificates
- that UNA apply for all-Employee units when organizing in sectors outside acute care, community and long-term care
- that UNA encourage UNA representation for LPN's

These positions were approved by the UNA Executive Board and referred to the 2002 UNA Annual General Meeting in October for debate and decision. All three motions were passed by the AGM.

The Structural Review Committee also made recommendations to the UNA Provincial Negotiating Committee regarding the ALRB proposals. These proposed UNA positions were presented to the 2002 Demand-Setting meeting. Bargaining proposals were adopted to reflect possible ALRB proposed changes.

## Regional Health Authorities

In 2002, cutbacks in funding and budget deficits continued to plague many of Alberta's Regional Health Authorities.

The Chinook Health Region in southern Alberta was particularly hard hit by budget cuts. In October, UNA Locals in Chinook ran a series of newspaper ads to alert the citizens of Chinook to what the cuts would mean in reduced services. The Region's business plan included 144 layoffs of full-time health provider jobs (later increased to 173); the closure of whole hospitals; and the reduction of long-term care beds.

Nurses in Keeweenaw Lakes Region were also hit with \$1.7 million in cuts. These cuts included the possible reduction of programs and the closure of facilities. High Prairie was particularly hard hit and the UNA Local spoke out publicly through the media and at a citizens' rally aimed at stopping the closure of the acute care hospital in High Prairie. The rally drew a crowd of over 1000.

In 2002, Health & Wellness Minister, Gary Mar, announced the dissolution of the WestView Regional Health Authority and the incorporation of that geographic area into other RHA's. However, throughout 2002, WestView continued to function as a separate regional health authority. It is slated to disappear in 2003.

On December 19, 2002, Health and Wellness released maps for the new Regional Health Authorities which would take effect April 1, 2003. The seventeen (17) original RHA's were re-configured and into nine Regions.

This constant re-organization of boundaries and budgets and program delivery and management put tremendous stress on all health care providers and on users of the system. The new RHA configuration will cause labour relations and administrative chaos in the coming years.

## Long Term Care

In 2001, UNA won a court injunction at St. Michael's in Lethbridge, to stop the layoffs of (six) 6 full-time RN positions and the replacement of RNs with LPNs. In early 2002, UNA represented these nurses at an arbitration hearing lasting over 15 days and the award from this hearing is expected in early 2003. Meanwhile the Employer at St. Michael's appealed the injunction and the Court of Appeal heard the case in December 2002. The panel of judges unanimously rejected the Employer's appeal.

Chinook Health Region announced severe budget cuts and one of the hardest hit areas was long term care. Chinook Region "leads the field" in designing new ways to reduce services to seniors and in creating new ways to extract monies from this vulnerable population. The Chinook Region and the Good Samaritan Society introduced the concept of "assisted living", and 31 long term care beds in Pincher Creek hospital were closed on October 10 and the patients transferred to "assisted living" accommodations where they were given the choice of "buying" an extra bath; "purchasing" meals every day; and "shopping" for other basic services once fully-paid. These residents no longer received RN care because seven (7) RNs, eight (8) LPNs and eleven (11) PCAs were laid off when the "assisted living" plan became operational.

In July, Southern Alberta citizens showed their concerns about Chinook's deep cuts across the Region — 200 citizens rallied at the Chinook Regional Health Authority's offices in Lethbridge. Announced cuts would result in more than 200 health care provider layoffs and the closure of more than 30 acute care beds. A rally also took place in Fort McLeod and drew nearly 300 people. And another rally took place in Pincher Creek.

Crossroads Regional Health Authority also announced budget cuts resulting in the reduction of 21 full-time positions.

In 2002, the Alberta Chapter of the Consumers' Association of Canada published an investigative report entitled "Eldercare — On the



Nurses are respected voices in health care and speak out at public debates to strengthen Medicare.



UNA member Gwyneth Foster-Newell listens intently to Bev Dick, UNA 1st Vice-President as she addresses the WTO rally in Edmonton on the subject of the WTO and Health Care.



Managers at the Tofield Health Centre were using the "scream test" to demonstrate to staff that working in the facility's outpatient/ER department was safe and they could call for help if trouble broke out.



UNA Vice Presidents Bev Dick and Jane Sustrik join Alex Grimaldi and Jack McMorran at the Edmonton District Labour Council's Annual Golf Tournament September 7, 2002.



Linda Silas, former President of the New Brunswick Nurses Union, tells the UNA AGM that the Canadian Nursing Advisory Committee (CNAC) report outlines common sense solutions for nursing crisis.



UNA delegate Wendy Bishop President of UNA Local #58, Three Hills Health Care Centre attends AGM 2002.



Local #23 President Jan Frith tells the story how health care cuts impact Pincher Creek.

Auction Block” written by Wendy Armstrong. She did a careful examination of the Alberta government’s long range plan for seniors. Public monies for long term care have been severely cut and the government is encouraging private business to fill the void. The result is the huge increase in “assisted living” facilities, an idea imported from the U.S. Instead of comprehensive, quality care, seniors are now faced with an array of “unbundled” services, many of which must be purchased. Monthly fees in “assisted living” settings can add up to over \$4000 — in comparison to a total monthly bill of around \$1000 per resident in a public or not-for-profit long term care facility.

UNA grieved the layoffs of three of the nine nurses at Bethany Care, Cochrane. These layoffs left the 78-bed long term care facility with only one RN on for each shift.

Six nurses at the Olds Health Care Centre — part of the David Thompson RHA — received layoff notices when the Region decided to close eleven (11) long term care beds. The Region was reported to be planning to move the patients to a privately-run seniors’ lodge that provides no nursing care. Protests and signed petitions sparked angry letters to the editor in local newspapers.

## Alberta Association of Registered Nurses

The AARN announced a move to a Baccalaureate entry to practice in 2005. Questions remained on whether nurses graduating with diplomas in other provinces or countries would be eligible to practice in Alberta. The Canadian Federation of Nurses’ Unions, reflecting upon the entry to practice discussion across Canada, drafted a policy which stated: “The path that is taken to become an RN is not important but whether or not he/she has passed national exams”.

The 2000-2001 Annual Report released by the AARN showed that 25,153 nurses were registered in 2001 with 1,249 nurses registered for the first time. The numbers also showed many more nurses moving to Alberta from other provinces.



Friends Of Medicare rally May 14, 2002 in Edmonton.

The Provincial Council of the AARN decided to withdraw its documents on guidelines for RN delegation and supervision of client care; on working with LPNs; and on determining the appropriate category of care provider. The AARN explained this withdrawal saying that under the new Health Professions Act no such terms as “delegation” and “supervision” are used. Each of the 28 health care disciplines is autonomous under the new Act and comes under its own scope of practice and is not supervised by any other profession, claimed the AARN. The AARN said that Employers are responsible for ensuring the competency of the caregivers they hire.

In 2002, the new Health Professions Act Regulations were being drafted by the different health care professional bodies.



UNA members expressed shock and sadness at the sudden loss of Uriel Johnson from Local #45 in Bashaw.

## Pensions

With the strong salary increases in the current UNA Collective Agreements, pension benefits for retiring nurses also went up. Local Authorities Pension Plan (LAPP) uses the highest five-year average earnings in calculating the pension amount. Working an additional year at the new wage rates increased the monthly benefits by as much as \$200 a month.

The LAPP announced that both the Employer and Employee contribution rates were going up by 0.5 percent on January 1, 2003. The 2001 and 2002 disappointing results in financial markets and low interest rates have erased the LAPP’s surplus previously used to keep rates down. Higher contributions in 2003 will help ensure that LAPP benefits are sustainable in future years.

## Annual General Meeting

Over 550 UNA members and staff attended the 2002 AGM held October 22-24, 2002 in Edmonton

The 2002 Annual General Meeting celebrated the 25th anniversary of UNA. Delegates enjoyed a chuckle, and some reminiscing during a presentation of UNA’s history. Some of the presenters and some of the delegates and observers were nurses who were there in 1977 and in all of the ensuing years of UNA history. “Strength in Unity” was the theme and t-shirts and pins celebrating 25 years were distributed.

The delegates to the 2002 UNA Annual General Meeting made some historic decisions based upon recommendations from the Structural Review Committee and the UNA Executive Board. These decisions included responses to the Alberta Labour Relations board proposed changes to the structure of health care unions:

- UNA will create composite Locals if Employers apply for region-wide/Employer-wide certificates
- UNA will apply for “all-Employee units” where required by the ALRB e.g. private clinics
- UNA will encourage LPN’s to seek UNA representation



UNA’s Southern Alberta Regional Office got a new facility on Kensington Road. Joanne Rhodes and Bernadette Scott from Local #95 help the SARO staff celebrate their “new digs”.

Linda Silas, former president of the New Brunswick Nurses' Union, and a member of the Canadian Nursing Advisory Committee (CNAC) presented highlights of the CNAC report released in August, 2002. Silas was on the Committee as a nominee of the Canadian Federation of Nurses' Unions and as such played a valuable role in the development of recommendations which included:

- the need to prepare and hire more registered nurses
- the need to reduce high levels of stress experienced by nurses
- the need to reduce high levels of sick leave usage
- the need to increase the number of front line managers
- the need to expand nursing enrollment
- the need to provide nursing scholarship funding
- the need for long-term, multi-year funding in the nursing workforce

Lillian Bayne, an executive assistant to Roy Romanow, spoke to the nurses at the UNA Annual General Meeting regarding the process of the Romanow Commission. She stated that "Canadians care passionately about their health care system" and they told the Commission that they are prepared to work to maintain medicare. Canadians said they want to see improvements in the system. Bayne outlined a number of current deficiencies detailed to the Commission and indicated that the federal government must play an important role in protecting a seamless national health care system. Bayne said we could all look forward to the Romanow's prescription for change.

The 2002 UNA Annual General Meeting also heard a memorable presentation from Jon Shearer, a sleep researcher whose knowledge of the effects of shiftwork was impressive. "Shiftwork is dangerous" said Shearer and went on to outline a society's responsibility to address the needs of shiftworkers. "If an economy is based on one third of its workers regularly working shift, that society and the employers who benefit, must assume responsibility for shift work problems including contractual provisions to reduce negative effects". Shearer said that legal litigation against shiftworkers and their employers is acting as a spur to change in the U.S. and is probably an up-coming reality in Canada. Shearer offered his website as a resource for data on the effects of shiftwork. [www.jonshearer.com](http://www.jonshearer.com)

A new UNA orientation video was shown to the AGM and will be available in early 2003.



Nurses at the UNA Annual General Meeting overwhelmingly endorsed the Executive Board motion to encourage Licensed Practical Nurses (LPNs) to join UNA.



Over 200 UNA activists took in the Labour School and rolled up their sleeves to learn more about issues and solutions in nursing.



Melodie Chenevert "Queen of Nursing" having fun with serious issues at UNA Labour School in May 2002.



At UNA's Labour School in May, 2002, Leah Curtin, Editor-in-chief of the journal Nursing Management gave an encouraging talk about the future of the profession and overcoming the shortage of RNs.

## Education

**In 2002, 86 workshops were offered to 1703 participants.**

The basic provincially-funded workshops included:

- How to Run a Local
- Professional Responsibility
- Occupational Health & Safety
- Grievance
- Ward/Office Rep

UNA staff also taught workshops at the Alberta Federation of Labour (AFL) Labour School held in Jasper in the weeks of November 25-29, 2002 and December 2-6, 2002.

On May 13-15, 2002, UNA organized a Labour School at Mount Royal College in Calgary. Keynote speakers were Melodie Chenevert who inspired nurses to forge ahead with new creativity and innovation; and Leah Curtin who gave an encouraging presentation about the future of nursing and about overcoming the shortage of RN's. A number of facilitators presented important information to workshop participants and shared their experiences and learnings on such topics as retirement planning; privatization of health care; the duty to accommodate; job search skills; occupational health and safety; and media skills.

The UNA Executive Board voted to offer three \$750 scholarships to help nursing students in their first year of nursing.



Melodie Chenevert popped one of her outlandish hats on the head of Labour School organizer Trudy Richardson, UNA Education Officer.

## Occupational Health and Safety

In 2002, considerable Employer effort was put into dealing with the implementation of “disability management” or “attendance management” programs across the province. These programs are purportedly designed to keep nurses at work and to reduce the use of sick time. However, the result has been the systematic harassment of sick nurses by Employers that refuse to approve leave for illnesses well-documented by physicians. Nurses also report repeated phone calls to their homes while they are sick. UNA informed members of their rights to sick leave, to privacy of their health information, and to union representation if they are contacted regarding one of these programs.

Workload issues continued during 2002. Nursing shortages were so severe that some Employers resorted to the regular use of mandatory overtime just to cover scheduled vacations. This is clearly in violation of contract language that binds Employers to work toward minimizing the use of mandatory overtime. As a result, many grievances were filed to attempt to resolve the problem. Ironically, in the face of such shortages, there have been more applicants than spaces in nursing programs around the province, largely due to the cuts in the mid-90’s that reduced the spaces available to educate nurses. Grant MacEwan Community College reported 1400 applicants for 275 seats in the RN transfer program and Mount Royal Community College reported 601 qualified applicants with only 280 spots available.

Abuse and harassment have continued to threaten nurses working nights and weekends, particularly in smaller Locals. Members from the Sturgeon Hospital and from Tofield both made presentations to their respective regional boards to protest the lack of security on the units. The Tofield nurses even resorted to the “scream test” to show how poor communication could be on the unit. With one person screaming down the hall, the others would listen at different spots around the unit. In many places, the screaming could not be heard, clearly demonstrating the level of risk to a nurse under threat. While much has been said about measures that could be taken to ensure the safety of nurses, to date, Employers continue to resist positive changes.

One of the worst threats to nurses this year was a shooting in mid-June at Edmonton Grey Nuns’ Hospital. During the course of a conversation in the admitting area, a man pulled out a flare gun and shot a security guard in the face. The guard was treated and released, but the incident underscored the validity of ongoing attempts to increase safety measures in emergency rooms and throughout hospitals.

These types of threats were highlighted during the April 28 Day of Mourning for Injured Workers. Nurses have one of the highest rates of injury and illness on the job of any occupational group in Canada.

## Communications

### Messaging Campaign

Leading up to the 2003 round of provincial bargaining, UNA ran a multifaceted public messaging campaign in 2002. Designed to remind Albertans of the importance of registered nursing, the advertising included television spots, radio spots and bus side placards.

For Nurses' Week in May, radio ads talked about the important role of nursing: "When your family needs health care, Alberta's 20,000 registered nurses are here to be sure it's safe, quality care". The spots went on to encourage people to participate in the Romanow Commission public hearings.

An integrated "Care that makes a difference" messaging campaign began over the summer months with placards on bus sides in all the major cities in the province. In September and October the "Care that makes a difference" message was included in 10 second television spots. The slogan and message ran province-wide on the CKUA Radio network during November and in print ads in rural newspapers.

### NewsBulletin and Publications

The NewsBulletin continued as a major vehicle of communication to members and over the year highlighted the major nation-wide debates on the future of Medicare and the national Romanow Commission. The biweekly UNA Stat provided more current information on UNA activities and nursing issues. A new UNA introductory pamphlet for Local orientations and for general public information was also completed. Collective Agreement Summaries for new hires were also produced.

### New UNA Video

UNA members took starring roles in a new video providing general information about UNA. In short interviews, members from all over the province discussed their experiences of UNA, and the services the Union provides. This 15-minute video entitled "Caring for others, Caring for ourselves", also provided a short historical view of UNA and background on some of UNA's important positions on striking and bargaining. The video closed with Alberta singer Maria Dunn performing part of her song specially written for the 25th Anniversary AGM.

### Chinook Initiative

South District decided it would be useful to mount a small media campaign to keep attention on the cuts in the Chinook Regional Health Authority. The Chinook Locals, with provincial office support, ran three newspaper ads over a three week period and had a news conference in Lethbridge, criticizing the Chinook Health Region for listening more to budget restrictions from Edmonton than to the needs of the citizens of their Region.



Reminding Albertans about the importance of registered nursing care, UNA produced a video "Care that makes a Difference" and launched a public awareness campaign.



UNA Vice-President Bev Dick spoke out for medicare at a nurses' news conference in Vancouver.



CFNU members joined together at the Premiers' Conference in Vancouver to rally support for Medicare.



Maude Barlow of the Council of Canadians went on a fifteen-city cross-Canada tour to talk about the health care debate. Her new book "Profit is Not the Cure" talks about eroding medicare in Canada.

## Computerization

- The Systems Department moved to expanded space during the last quarter of 2001. The increased space for servers and workbenches was well used in 2002. There is a classroom in this new area that was used for computer workshops and demonstrations. Systems staff designed and wired the network and telephone services to provide for future expansion and flexibility.
- The Southern Alberta Regional Office moved into new office space in September of 2002. Administrative staff workstations were upgraded at the time of the move and workstations added to the offices. The network was designed and wired to accommodate future needs and includes support for wireless connectivity.
- A major upgrade to UNA's Finance Management software was installed in the summer of 2002. Further installations and enhancement of the reporting functions were added.
- The design and development of the databases that are used for administration and membership services continued. Some of the largest Locals have been working with Systems staff on a database that is used to manage Local membership information. The system allows for all membership information to be submitted to the Provincial office through the UNA\*Net. The long-term goal is to have a centralized system that can be updated from anywhere without the need to transfer files.
- Many upgrades to Local systems were completed, adding the ability to solve many technical support problems via telephone or internet from provincial office.
- Well over 600 members used UNA\*Net to communicate with other Locals, Labour Relations staff and Provincial Office administration, as well as with Employers. Slightly more than 10,000 e-mail messages were processed each week.
- A new operating system for the Macintosh was released during 2002. It provided a very stable Unix based system. The installation will begin on office workstations early in 2003 and expand to Local Computers when resources are available.

## Health Care Reform

### The future of Medicare ... the hot political topic of 2002

In 2002 the future of Medicare was the number one political topic in the country. In Alberta, the provincial government was rushing to implement the recommendations from the Mazankowski report. Alberta wanted to get started on its plan before the final report came in from the federal government's Commission on the Future of Health Care, by former Saskatchewan Premier, Roy Romanow

## The Mazankowski plan for privatization

The Mazankowski plan, apparently custom-written to Premier Ralph Klein's health privatization agenda, was completely endorsed by the provincial government. Health and Wellness Minister, Gary Mar, struck several committees to make plans for implementation. UNA, Friends of Medicare and others criticized the Mazankowski plan as a blueprint for the commercialization of our healthcare system. Mr. Mazankowski himself came under attack. A former deputy prime minister under Brian Mulroney, Mazankowski was a director of the Great West Life Insurance company out of Winnipeg. Great West, one of the country's largest insurance corporations, offered private health insurance plans to "supplement" Medicare. Mazankowski was charged, in a Calgary Herald editorial among other places, with being in a significant conflict of interest.

The premise behind the Mazankowski plan, outlined in a TV address by Premier Klein himself, was that Medicare spending was out of control and unsustainable. More contributions from individuals (user fees or "medical savings accounts"); health businesses making profits on the delivery health services; and even private insurance, were some of the options suggested by Mazankowski

UNA supported the Friends of Medicare in a campaign to debunk "the big lie" that public health care is unaffordable. Friends of Medicare warned Albertans that private health insurance could be an expensive part of their future. In TV ads, Friends of Medicare asked whether Albertans want their health dollars going to profits for private health care corporations or to front-line health services.

## Romanow's drive to build a national consensus on health care

Public health care advocates pinned their hopes on Roy Romanow whose commission held public hearings on Medicare right across the country. UNA President Heather Smith and Second Vice-President Jane Sustrik presented to the Commission hearing in Calgary. "The last decade in this province has been one of instability in Alberta's health system. We believe it has been a crisis manufactured by a provincial government that has little interest in the success of public health care... our public delivery system has been hobbled," Heather Smith told Romanow.

In Edmonton, Friends of Medicare chairperson Christine Burdett told Romanow: "We are tired of hearing our governments tell us that Medicare is unsustainable, based not on facts but on political ideology....The evidence is clear - private for-profit health care will not improve Medicare but will make things worse - what we need, in fact, is less for-profit delivery".



Giving Alberta the "full Mazankowski" and why it threatens the future of public health care was the theme of a rally during the Premier's Conference in Vancouver.



Friends of Medicare gave Romanow a "Keep Medicare Well" card signed by hundreds of people.



Christine Burdett, Friends of Medicare and Commissioner Roy Romanow following public events April 30 and May 14 at Commission hearings across the country.



Friends of Medicare chairperson, Christine Burdett attended the Premiers' Conference in Vancouver.



2nd Vice-President Jane Sustrik and President Heather Smith made UNA's case to the Romanow Health Care Commission.



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.

## Romanow report says Canadians want renewed Medicare

Besides making broad policy recommendations on the future of medicare, Commissioner Romanow made detailed recommendations on improving the health system. He suggested strengthening the Canada Health Act and two new national health structures, a Canadian Health Covenant and a Health Council.

Romanow proposed that we “*modernize the Canada Health Act by expanding coverage and renewing its principles*” including adding Home Care and coverage of MRIs and diagnostics and Workers Compensation health coverage.

Renewed federal funding, stable and growing as the economy grows and as needs grow, should be separately administered with clear cash transfers. Romanow proposed that increases in federal funding should be used to “buy change” and be tied to some particular reforms, including: Primary Care Reform; Rural and Remote Access; and a Catastrophic Drug plan.

Romanow also pointed out there was no evidence of advantages with for-profit delivery of health services and that Canadians oppose moves in that direction. However, he stopped short of drawing a clear line on privatization.

## Kirby Senate Commission

It was the year for reports on Medicare and the Canadian Senate delivered one from a committee chaired by Senator Michael Kirby. Senator Kirby’s credibility in drafting a report was also challenged. Critics pointed out that as a director of a major health corporation, Extendicare, he also was in a conflict of interest. The Kirby report, although used by some privatization exponents as a foil for Romanow, proved to be of less significance.

## HRC: Alberta’s first for-profit hospital

In September, Gary Mar approved the operation of the Health Resource Centre (HRC), the for-profit hospital that Bill 11 set the legal framework for. HRC was allowed to charge for surgical procedures (largely joint replacements) and its main customer was the province’s Workers’ Compensation Board.

“HRC will be using the services of surgeons, specialists and registered nurses who are all in desperately short supply in our public system,” said Friends of Medicare’s Christine Burdett. “A parallel, for-profit medical industry will seriously undermine the services we depend upon with public medicare.”

## Medicare Trees

Thousands of Albertans, including nurses, inscribed messages or their names on to the copper leaves for the symbolic Medicare Trees. Friends of Medicare launched the province-wide participation in a large public sculptural representation of the importance of universal public health care to Albertans.

## Political Action

### AFL Affiliation

On January 16, 2002, UNA members voted to join the Alberta Federation of Labour (AFL) and the Local and District Labour Councils.

### National Medicare Day

On May 15, 2002, National Medicare Day, over 200 UNA nurses were at the UNA Labour School in Calgary and used the noon hour to board buses and join CUPE and AFL representatives outside the Health Resources Centre (HRC), Alberta's first for-profit hospital. In addressing the demonstrators Heather Smith said: "This facility will be the beginning of a new private health industry that is building up to make money off the illness and misfortune of Albertans". The nurses then strung red plastic "crime scene" tape with the words: "Yes to National Medicare" along the front of the HRC site.



UNA Vice President Jane Sustrik took on the duties of camp director (and camp nurse) at the AFL Kids Camp in August.



Nurses gathered at the "scene of the crime" -- HRC -- for National Medicare Day, May 15, 2002.



UNA showed support for the 22,000 Alberta teachers on strike, attending the Edmonton area rally at the Legislation February 7, 2002.



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.



UNA President Heather Smith and Vice President Jane Sustrik present a cheque of support to the UFCW workers on strike at the Shaw.

## Shaw Workers

In May, 2002, the Shaw Convention Centre (Edmonton) employees went on strike for a first Collective Agreement. They were not seeking a salary increase but wanted to have a union and a contract to protect them from harassment and discrimination and unfair treatment. One outstanding issue was the recognition of full-time work. Shaw management continued to classify many of the employees as part-time and denied them benefits even after many years of employment.

Over the summer the Labour Relations Board ruled that the Shaw Employers were guilty of unfair labour practices but even that did not force Shaw back to the bargaining table with United Food and Commercial Workers (UFCW). UFCW then took the fight to City Hall — City Council is the only shareholder in Economic Development Edmonton which manages the conference centre.

UNA pulled three (3) major bookings from the Shaw Centre as did other unions.

In September, during the UNA provincial Demand-Setting meeting, delegates and observers hit the bricks in front of City Hall in support of striking workers. Inside City Hall, councillors voted to give Shaw management an extra \$1.9 million to continue its attempts to break the strike.

By November, with no settlement achieved, UFCW called a rally to support picket lines during pre-Grey Cup activities in the Centre. Instead of a demonstration the rally turned into a victory celebration when word reached the lines that a settlement had been reached.

## Friends of Medicare

UNA continued to work closely with Friends of Medicare to oppose the privatization of Canada's health care system. On October 13, Friends of Medicare spokesperson, Christine Burdett, officially launched the Medicare Trees campaign. Albertans were invited to inscribe their name or message on a copper leaf to be attached to beautiful metal sculpture of Medicare Trees. Heather Smith brought leaves and branches to the UNA Annual General Meeting in October and invited all UNA Locals to take them home and have their members, families, and friends "sign a leaf".

## Labour Code Review

In the summer of 2002, the government launched a MLA Committee to determine the need to review Alberta's Labour Relations Code. The deadline for submissions was September 15, 2002.

UNA provided feedback which stated that making strikes illegal for health care workers has actually resulted in more strikes, not fewer. If Employers are not faced with a strike option, they seem to feel little pressure to actually bargain for new contracts. UNA supported the AFL's position recommending the removal of the blanket restrictions on the right-to-strike for public sector workers. The AFL also called on

the government to bring in first contract arbitration when no agreement can be reached thus avoiding another prolonged strike like that experienced by the Shaw workers in Edmonton.

### Protection for Persons in Care Act

Since the Protection for Persons in Care Act (PPCA) was proclaimed in January 1998, there have been numerous complaints about its implementation and about the flaws in its construction. In January, 2002, the Minister of Community Development announced that a review of the Act would be done by a newly-struck Protection for Persons in Care Legislative Review Committee chaired by Brayce Jacobs (MLA Cardston-Taber-Warner). UNA gathered evidence about the problems encountered regarding the PPCA and asked nurses who had experienced unfair treatment, long delays or harassment to record their experiences. In addition to citing these first-hand accounts, UNA made a comprehensive written submission which included a recommendation that would respect the rights of the accused in the same way as the rights of the complainant and a further recommendation that would take into account the difference between the professional actions of nurses which may cause pain and discomfort and an intentional act of abuse. UNA further recommended that all the rules of natural justice be applied to the process of the investigation, the hearing and the resultant action.



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

### Value of Registered Nurses

A number of very credible research studies were published in 2002 — all of which identified the unmistakable value of having registered nurses delivering health care services. One study of surgical units actually demonstrated that “each additional patient per nurse was associated with a 7 percent increase in the likelihood of dying within 30 days of admission...” In 2003, UNA will produce a popularized kit summarizing these research studies.



UNA Vice President Bev Dick joined other representatives from the Canadian Federation of Nurses Unions at the Canadian Premier's conference in Victoria.



Nurses and health workers on both Canada's East (NSNU) and West coast (BCNU) went directly up against their provincial governments' power to make repressive laws during tough rounds of collective bargaining. Alberta nurses showed solidarity with Nova Scotia and BC health Employees.



Union presidents line up at CFNU Rally: Debbie Forward (NLNU), Debra McPherson (BCNU), Barb Wahl (ONA), Maureen Hancharyk (MNU), Rosalee Longmoore (SUN) joined by Pauline Worsfold.



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UNA Vice President Bev Dick joined other nurses to celebrate National Nurses Week May 6-12, 2002.



Liz Froland, President of Local #185 and nurses at Hardisty held a special celebration to recognize National Nursing Week.

## Nurses' Unions

### Canadian Federation of Nurses' Unions

In 2002, the CFNU Board and education staff from the affiliates began work to ensure an exciting learning experience for all nurses who attend the Biennium in St. John's Newfoundland in June, 2003.

In June, CFNU members presented Premier Gordon Campbell with the "Health Care Demolition Award" for his drastic series of cuts to health care services including cuts of 3,000 long term care beds; cuts to cancer treatment, mammography and children's dentistry; cuts to pharmacare coverage; and cuts to staffing levels — 600 BCNU nurses were on layoff. The BC government rammed through Bill 29 which helped privatize health care and stripped BC nurses of contractual rights. Alberta nurses have every reason to watch legislated settlements in British Columbia and in Nova Scotia.

### National Nursing Week was held May 6-12, 2002

This national week is celebrated each year to recognize the contributions of Canada's RNs, and to commemorate the birth of Florence Nightingale on May 12th. The 2002 theme was: "Nurses Always There for You: Caring for Families".

UNA chose National Nursing Week to put special messages on Alberta radio stations. The 30-second advertising spots emphasized the importance and caring of registered nurses.

In August, the Canadian Nursing Advisory Committee (CNAC) released its final report containing 51 recommendations on how governments should address the nursing shortage.



Chinook citizens oppose deep cuts and layoffs at the Health Authority's offices in Lethbridge on July 16th.



At UNA's AGM 2002, nurses vote to keep UNA strong - "Strength in Unity".



UNA's 2003 provincial Negotiating Committee met in July to review all the proposals and make their recommendations to the DSM.

## Bargaining

The UNA Negotiating Committee called a special meeting of all local presidents on April 11 to discuss the employers bargaining tactics. The presidents voted to stay in negotiations and ruled out job action as a strategy. “We got strong direction from the presidents that they do not want any threat of a strike,” UNA President Heather Smith said to the news media.

“If the health regions get the government to be the big bully and put in a contract by law, it is the worst possible attack on free collective bargaining,” Smith said. “Rather than playing into the health regions plan for a crisis and government intervention, we think nurses, and the health system, will be better served by staying in negotiations and working out a new agreement.”

Bill 27, a new labour relations law, came into effect in the newly redrawn health regions on April 1 and entirely changed the ground rules for negotiations between the employer and the union. On March 27, UNA's negotiating team brought forward a new proposal that outlined how the new Bill 27-mandated regional collective agreements could work.

The Negotiating Committee amended nearly every article and withdrew a number of earlier proposals.

“We want to negotiate reasonable working terms for the regional contracts. Negotiations at the provincial level offer us the smoothest, most efficient way to do this,” said Smith. “The alternative of region-by-region contract selection votes, negotiations and possible arbitrations would be very disruptive, lengthy and an inefficient use of all our resources.”



UNA Director of Labour Relations David Harrigan shakes the hand of employer negotiator Cory Galway following the signing of the 2003 collective agreement.



UNA members picket outside the Labour Relations Board.

## Negotiations entirely different from 2001

The provincial contract negotiations could not possibly have been more different from the previous round of bargaining in 2001, according to UNA Labour Relations Director David Harrigan.

In 2001, the health regions came forward with a plan for quick talks that would help them attract the Registered Nurses they needed. In 2003, the regional employers began with rollback proposals for nearly every article in the agreements, and then quickly launched an intensive and expensive media campaign.

“It’s a shocking change,” said Harrigan. “After all, the shortage has certainly not ended. The employers still need to hold on to every working nurse they can. You would never know it from the changes they proposed. What signals does this send to new nurse graduates who are contemplating leaving the province to work?”

The health regions continued to demand major rollbacks and appeared determined to provoke a crisis at the main bargaining table in provincial contract negotiations. “The employers have persisted with proposals that they are well aware are unacceptable to nurses,” said UNA President Heather Smith. “All the indications are they want to force nurses into a crisis and then call in the government to legislate their last offer as the contract,” she said.



UNA President Heather Smith speaks at a rally protesting Bill 27 outside the Legislature



UNA first-vice president Bev Dick speaks to the media at a press conference about Bill 27.

## Romanow Now! Campaign puts pressure on minister of health

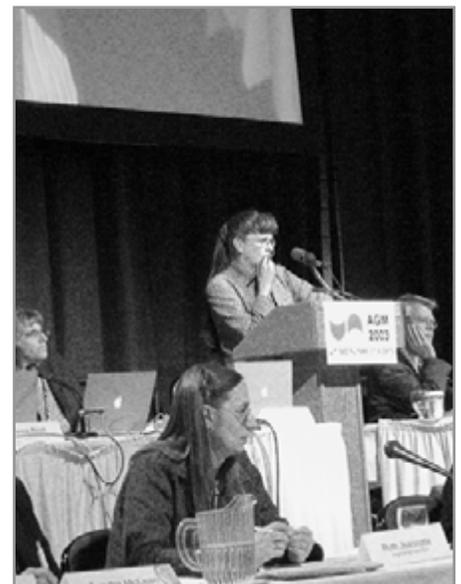
With lawn signs and canvassing all throughout federal health minister Anne McLellan's Edmonton-West riding, Friends of Medicare (FOM) put public pressure on the Edmonton Member of Parliament. FOM opened a campaign office in the riding, distributed leaflets, and had hundreds of volunteers calling McLellan's constituents. More than 6,000 postcards were mailed to residents in the riding.

A poll done during the campaign showed 69 percent of Edmonton-West residents said they wanted the federal government to ensure that tax dollars are not spent on services provided by for-profit companies.

## Nurses join task force to Mexico

The Alberta Federation of Labour organized a two-week tour of Mexico for twelve Alberta unionists as a follow-up to similar delegations that went when the North American Free Trade Agreement came into effect. Along with Executive Board members Tom Kinney and Alan Besecker, UNA sent Ann Broughton from Local 1 in Calgary and Linda Robertson from Local 2 in Red Deer.

The nurses on the tour took a particular interest in Mexico's struggling public health system.



Heather Smith at the 2003 UNA AGM.

## 2004

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### Judge rules LRB impartiality not tainted

UNA and the Communications Energy and Paperworkers Union (CEP) took the Alberta Labour Relations Board to court over concerns there was “a reasonable apprehension of bias.” A Freedom of Information and Privacy (FOIP) request reveals that the provincial government and the LRB had communicated extensively about Bill 27, legislation related to the reorganization of bargaining units. Because the government and its health regions were often present at the LRB as employers asking the Board to rule impartially on labour questions, the unions said it was inappropriate for the government to possibly be influencing the Board and its decisions on Bill 27 questions.

“We are very concerned that the LRB not be unduly influenced by government – particularly in matters like Bill 27 where the government is effectively the employer,” David Harrigan told the news media.

Court of Queen’s Bench Justice Jack Watson dismissed the case. He ruled that even for a quasi-judicial tribunal that must exercise impartiality, some degree of communication with the government was necessary and that the evidence did not suggest it had gone beyond what might be reasonable.

### Nurses press for Pharmacare

In July, nurses attended the annual premiers’ meeting to make the case for a national Pharmacare plan. The premiers moved forward with the idea and Pharmacare briefly becomes a major topic in national media. The nurses pointed out that Canadians’ prescription drug bills were skyrocketing, going from \$1.3 billion in 1980 to \$12.3 billion in 2001. “After a decade of downloading, the federal government should upload some health costs and it should start with public drug programs,” the Canadian Federation of Nurses Unions brief to the premiers said.



UNA members picket outside Bethany Care Centre in Camrose.



UNA members hold an information picket outside Capital Care Norwood in Edmonton.



The Provincial Bargaining Committee meets before the 2004 Reporting Meeting.

## Negotiations head into second year

The UNA Negotiating Committee was hopeful new talks with mediation assistance from mediator Andrew Sims would finally make some progress at the negotiating table with the provincial health regions.

After nearly a year in negotiations, a new round of mediation begun on January 6, 2004. In December 2002, UNA agreed to mediation with the panel of Sims, UNA's nominee Lyle Kanee and the employer nominee Bill Armstrong. UNA made it clear at the time that while the union agreed to mediation with the panel, it would not participate in actual compulsory arbitration. UNA members voted again at the October 2003 Annual General Meeting to maintain the long-standing policy rejecting compulsory arbitration.

“Our members have made it very clear that compulsory arbitration is *not* an option,” said UNA President Heather Smith. “Our goal is a negotiated agreement that gives nurses a say in safe conditions, an agreement that nurses vote on.”

Mobility of nurses between sites continued to be a sticking point but talks also covered seniority, promotions & transfers, layoff & recall. A March 31 deadline for a settlement had been set and talks continued through January and February. By mid-March no settlement was in sight and, after some initial baulking by the employer on March 16 the mediation panel jointly requested that Minister of Human Resources and Employment Clint Dunford extend the deadline.

On March 30, the UNA Negotiating Committee called both a special presidents' meeting on April 19, and a full provincial Reporting Meeting for May 31. At the presidents' meeting the committee reviewed the outstanding issues in mobility and all other areas to get feedback and direction from the UNA locals.

Talks came down to the deadline and by May 24 and UNA President Heather Smith reported there was no settlement. But talks continued

and by May 29, the Sims Panel unanimously brought forward recommendations for a settlement. The Negotiating Committee recommended acceptance and the settlement is approved at the reporting meeting and at the subsequent June 8 provincial ratification vote.

The recommendations eliminated all roll-backs the employer had proposed and introduced limited mobility in a new Article 44, that could not force a single nurse to relocate.

The recommendations effectively adapted the UNA agreement to the new region-wide bargaining units that were imposed by Bill 27. This meant a nurse laid-off anywhere in a health region would have the option of recalling to any other location in the region. One of the necessary changes was to harmonize all Locals to seniority by date-of-hire, although some locals, like the Local at the University of Alberta Hospital had calculated seniority in hours worked.

The recommendations for a three-year agreement, a significant change that nurses were perhaps more ready to accept because the negotiations had taken nearly a year-and-a-half to complete. In the normal cycle of a two-year agreement the union would have had to begin the next round with a demand-setting just months after ratifying the contract.

The new contract included base salary increases of 3.5 percent, 3 percent and 3 percent in each of the three years and improved transportation costs. It also managed to remove many of the host of Local conditions and put most nurses in the province under the same terms.

Throughout the process the UNA Negotiating Committee was also negotiating with other employers involved in the round of provincial bargaining. Talks were held at the same time as the Good Samaritan Society and dates were set with the Alberta Cancer Board and the Continuing Care Employers' Bargaining Association (CCEBA). Other employers in the round were Bethany Care Cochrane and the Millwoods Shepherd's Care Society.



Members participate in a UNA local run computer workshop.



In 2004, UNA launched a billboard advertising campaign to protect Registered Nursing jobs at the Youville Nursing Home in St. Albert.

## Long-term care employers drag out talks

Although most of the other provincial-round employers reached settlements quickly the Continuing Care Employers Bargaining Association (CCEBA) dragged its feet on a settlement. Although 140 facilities that provide long-term care had settled their terms, the 15 facilities with about 500 nurses could not come to an agreement. UNA charged the group with failing to negotiate in good faith at the Labour Relations Board. UNA said they were failing to provide financial information to substantiate their claim they could not afford the same settlement.

UNA launched a billboard campaign charging specific nursing homes with wanting to “eliminate Registered nursing care.” Finally, by November, the employers accepted mediator David Jones’ recommendations for a settlement.

UNA was not happy with the delay. “These nurses have waited over five months since their colleagues had their new agreement settled,” said UNA President Heather Smith. “In the end we have what is substantially the same agreement.”

## UNA uses telephone broadcasts for quick messages to members

“This is Heather Smith calling with news about your contract.” For the first time UNA used telephone messaging broadcasts to communicate to members. The UNA President recorded a short message to be broadcast and in a matter of hours it was delivered across the province.



Director of Labour Relations David Harrigan speaks to members at the 2004 Special Presidents meeting.

## Nurses behind bars?

During the tense round of UNA negotiations, the Alberta Federation of Labour launched a poster campaign called “Nurses behind bars?” to show support. The poster responded to remarks made just before Christmas 2003 by Premier Ralph Klein, who publicly promised to jail nurses if they undertook illegal strike action. The headline and story published by the Edmonton Journal and also carried by the Calgary Herald drew an outraged response from Albertans. Phone calls of support poured into UNA offices and a flurry of letters to the editor condemned the premier for threatening nurses. While some people offered to go to jail in place of nurses, many other letters dealt directly with the issues in negotiations.

## New Occupational Health and Safety Code

The Alberta government released a new Occupational Health and Safety Code in November 2003 that came into effect in April 2004. The new Code was a major reworking and compilation of workplace safety requirements in the province. The new Code received good reviews for compiling and updating the province’s safety at work standards.

A specific section on workplace violence was added for the first time. The section on violence, as well as most of the new Code, included requirements for employers to conduct assessments of hazards and implement measures to eliminate and control worksite violence.

Some of the new Code language on workplace violence could have been taken directly from UNA policies, for example employers were required to communicate their organization’s policy and procedures related to workplace violence and investigate all reports of violence. The Code required employers to look at prevention as the best measure, but also to have a plan for intervention.



Students at the 2004 UNA Labour School.

## 2005

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### The Health Professions Act makes changes in CARNA and CRPNA names and processes

On November 30, 2005, the regulation of Registered Nurses and Registered Psychiatric Nurses under the Health Professions Act (1999) came into effect; bringing the largest group of health-care professionals in the province under the Act and changing the name of the regulatory body for registered nurses to the College and Association of Registered Nurses of Alberta (CARNA). For Registered Psychiatric Nurses the professional organization was renamed the College of Registered Psychiatric Nurses of Alberta (CRPNA). Similar changes in procedure applied to both of the “new” colleges.

The new Act required nurses to demonstrate their continuing competence activities but did little to change other aspects of nursing practice. It did however change several aspects of CARNA’s disciplinary role including making all disciplinary hearings open to the public.

### Long-Term Care

Cuts in the province’s long-term care services continued with “conversions” to the lower standard assisted living. In February, Bethany Group in Camrose laid off a third of its Registered Nursing staff. UNA pointed out that many of the laid-off nurses were being called back in on casual shifts because the staff drop was just untenable.

### Auditor General Report

Nurses from Extendicare Lethbridge, nursing students and other supporters held an overnight vigil outside Chinook Health Region’s offices on Friday, October 21, 2005. Nurses, other Extendicare employees and Friends of Medicare representatives protested the planned closing of Extendicare Lethbridge and the end of nursing home care at St. Michaels Health Centre.

“This will be the end of almost all full-service nursing home beds in the city,” said Dolly Deringer, President of the UNA local at Extendicare. “Chinook Health Region is moving fast to completely close the full-service nursing home beds in Lethbridge. With plans like this, it is no wonder we have a crisis in care in the province.”

### Annual General Meeting

When the provincial government unilaterally imposed bargaining units of all of each health regions’ nursing employees, UNA’s structure of one local for each facility or community bargaining unit became outmoded. In 2005, the Board began deliberations on how UNA should



UNA President Heather Smith visits a health care worksite.

adapt to the new reality and hired consultant David Fairey to survey locals and prepare a report with recommendations.

Delegates at the AGM considered some of Fairey's recommendations on adapting the organization's structure. Among other things, Fairey recommended UNA set up "divisions" of all the locals of nurses employed by each health region.

Fairey also recommended new minimum sizes of locals, 25 members in rural settings and 100 in cities. The recommendations were discussed at the meeting, but final decisions would be taken after consultation over the next year.

He also suggested that the UNA provincial organization hold the individual bargaining certificates. Delegates agreed to hold a special meeting to consider this constitutional change that had missed the regular deadline.

## The "Third Way"

Nurses were very surprised to hear Premier Ralph Klein re-launch his old idea about turning more of the public health system over to for-profit business in his speech in Calgary.



Delegates vote on motions at the 2004 UNA annual general meeting.

“This isn’t so much a ‘Third Way’ as it is a third try at privatization,” said UNA First Vice-President Bev Dick. “But Premier Klein has absolutely no mandate from voters to make any significant changes. He refused to talk about his plans during the election and promised he would only make changes if there was a consensus. Now he’s saying it’s time to get on with it.”

## Evidence shows public health care better

UNA co-sponsored a major Friends of Medicare conference, “Weighing the Evidence” as a counterpoint to a provincial government symposium. The large government symposium on health policy was apparently geared to selling the “Third Way” of health privatization.

Both the “Evidence” conference and the government symposium were held in Calgary at the beginning of May. The “Evidence” conference brought in experts from across Canada and other countries who showed how experiments in privatization in health care have been failures wherever they’ve been tried - and that public health care remains the best alternative. The consensus of an even larger panel of experts at the government symposium was about the same and Health Minister Iris Evans, in her closing remarks, had to conclude that private was not the best solution.

All the evidence however, did not stop the Conservative government from proceeding with its program and it proceeded to hire one of the biggest global insurance corporations to plan the move back to private health insurance.

“The government is hiring AON, one of the world’s largest insurance corporations, to help them sell Albertans something we do NOT want,” Heather Smith told the media.

Over 40 percent of Albertans “strongly oppose” the Alberta government’s proposals to move to more private insurance coverage of health care services, according to a survey of Albertans commissioned by UNA.

Fully 78 percent of Albertans agreed that “private insurance companies are more concerned about making profits than about paying for the medical services people need.”

## Supreme Court releases “Chaouilli decision”

On June 9, the Supreme Court of Canada found that Quebec’s ban on private insurance for insured health services violated the Quebec Charter of Human Rights and Freedoms.

The ruling was a victory for the advocates of privatization and two-tiered health care, and Alberta Premier Ralph Klein and other for-profit advocates seized on the opportunity presented by the narrow decision about Quebec. Public health advocates condemned the decision and pointed out it had no legal bearing on either the Canada Health Act or any other provincial health care insurance plan other than Quebec.

## UNA pushes Holy Cross to release business documents and match provincial benefits for nurses

UNA asked the Alberta Labour Relations Board to require the Holy Cross Long-Term Care facility in Calgary to release its financial documents.

In negotiations for a first contract with its Registered Nurses, the Holy Cross owners said they can't pay shift premiums, or many of the other standard provisions that almost all other nurses in the province receive.

## UNA and Alberta's Health Regions agree to one-year contract extension with 3 percent wage increase

In an unprecedented agreement, the UNA, Alberta's health regions and several other health employers voted to extend the collective agreement for one year. In a May 4 provincial ratification ballot, 95 percent of nurses voted in favour of a one-year contract extension with a 3 percent salary increase. The extension, in effect from April 1, 2006, to March 31, 2007, provided the salary increase but otherwise left the collective agreements unchanged.

"Stabilizing and improving work settings is increasingly important to the retention of nurses in Alberta," Heather Smith said. "This extension gives both parties an opportunity to address workplace issues, such as workload, and occupational health and safety."

Beyond the provincial agreement, several other locals and employers also agreed to the three-year extension including Capital Care, St.



UNA Secretary-Treasurer Karen Craik (left) with volunteers at the Calgary District Labour Council annual barbeque.

Michael's Lethbridge, St. Michael's Edmonton, St Joseph's Edmonton, Youville Home St. Albert, Bethany Care Society (Calgary and Cochrane), Alberta Cancer Board, Bethany Group and Rosehaven Care Centre (Camrose), Millwoods Shepherds Care, and CareWest Colonel Belcher. The Good Samaritan Society, which operated a number of long-term care facilities, did not agree to the extension until later.

## **Auditor General slams lack of standards and nurses in long-term care**

“We are most concerned that the facilities did not meet the care standards for providing medication to residents, maintaining medical records, particularly the application and recording of physical and chemical restraints, and developing, implementing and monitoring resident care plans.”

The quote from Auditor General Fred Dunn's report on long-term care summed up many of the problems in Alberta's long-term care system. It would take Registered Nurses to provide the care that Fred Dunn said was seriously missing in long-term care facilities, UNA President Heather Smith told news media. “Inadequate overall staffing, and particularly a lack of professional nurses, leads to the kind of grievous oversights in the care of the vulnerable residents that we have heard so much about.”

UNA also pointed out that conditions have worsened in the long-term care sector, more and more nurses were being laid off as nursing homes are converted to assisted living who “supposedly do not need any on-site nursing at all.”

The Auditor General had investigated the situation in long-term care after receiving a complaint from Friends of Medicare and several allied groups.

A flurry of media coverage of inadequate staffing and standards in long-term care began in April when activist Lynda Jonson presented a 4,800 signature petition from residents and their families on inadequate care to the Legislature. That brought a speedy response from Premier Ralph Klein saying the province budget would put an additional \$10 million into long-term care.

The Alberta Long-Term Care Association went on the offensive saying that inadequate funding resulted in skeleton level staffing in long-term care.

Later in the year a three-MLA Task Force looking into the crisis in the province's long-term care reported that more money had to go into hiring nursing staff.

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

## Occupational Health and Safety

Replacing latex gloves with substitutes made from other compounds was the principal recommendation the Sturgeon Community Hospital nurses made in an Occupational Health and Safety presentation to the Capital Health Region Board.

Registered Nurse Jopy Haagsma explained: “The introduction of universal precautions in response to HIV and Hepatitis B in the mid-1980’s has resulted in a vastly increased amount of exposure to latex within the health care worker population. With an ageing population of nurses exposed to latex for the last 20 some years, we are beginning to see the effects of many years of exposure to latex.

The local conducted a survey of 172 employees at the Sturgeon Health Centre to determine how many people in their worksite could be developing sensitivity. Fully 31 percent of the people reported a history of eczema or other rashes on their hands. Another 18 percent reported respiratory symptoms and 9 percent reported hives. The Local’s results were within the ranges usually reported in other health care workplaces in Canada and internationally.

## “Tell Us Where It Hurts” - mapping nurses’ injuries

On March 16, UNA Local 79 at the Grey Nuns Community Hospital in Edmonton held a “body mapping” exercise that gave nurses a chance to show “where it hurts.” One hundred and seventy-one nurses (over 60 percent of the nurses on shift) took a few minutes out of their day to place sticker dots on large body outlines, maps, to show where they had been injured or where they hurt at the end of their shift.

The completed body maps showed back and shoulder injury/pain was reported in 22 of 23 areas of the hospital (95.7 percent), followed closely by neck injury/pain on 21 of 23 areas (91.3 percent) and foot injury/pain on 18 of 23 areas (78.3 percent). Knee and wrist injury/pain and gastrointestinal symptoms were reported in nearly 2/3 of all areas (65.2 percent).

A total of 129 dots were placed on the head - 11.6 percent of all reported injuries or symptoms. While some participants specified headache, insomnia, and stress/anxiety as a concern, the majority of dots were unspecified (89 percent). The unspecified head dots most likely refer to stress-related symptoms.

## Professional Responsibility Committees

Nurses from Alberta Hospital Edmonton (AHE), Local 183 were frustrated with the Capital Health Board’s response to their January PRC presentation. The Board called for a two-part plan to gather more information. The first part, a patient acuity measurement tool would to gather more information on the nurses concerns, which have been

extensively documented for over five years. Nurses were discouraged to learn that management at AHE will review key information with PRC, a process they had been through several times over five years.



UNA President Heather Smith accepts the Bread & Roses Award at the CFNU biennial convention in 2005.

## CFNU: the national nursing scene

Canadian Federation of Nurses' Unions President Linda Silas presented UNA's Heather Smith with the Bread and Roses Award at the CFNU Biennium in Regina. The award is for a nurse who has contributed greatly to unionized nursing in Canada. "She's a model for every woman in Canada, not only for nurses," Linda Silas said. "There's not one national or international [nurses'] meeting that I have been to where they haven't heard about Heather Smith and the United Nurses of Alberta." UNA's former transitional officer and University of Alberta recovery room nurse, Pauline Worsfold was re-elected CFNU Secretary Treasurer at the Biennium.

## National report released on nursing shortage

The "Phase One" report a study on the nursing shortage in Canada talked about the effect of working conditions on nursing in Canada.

The report, "Building the Future: an integrated strategy for nursing human resources in Canada," noted that "workloads are too heavy for the number of staff resulting in undue time constraints, decreased quality of care and lack of job satisfaction. Furthermore, the detrimental

effects of poor working conditions on recruitment and retention are reportedly contributing to high rates of turnover that in turn, lead to decreased morale and further deterioration in the work environment.”



UNA members volunteer at the Edmonton & District Labour Council annual barbeque.

## Solidarity

UNA nurses were active in several solidarity actions in 2005. Nurses turned out to show support for locked-out CBC and Telus workers on several occasions. Nurses also made the trip to show their support on the picket-line at the Lakeside Packers strike in Brooks. The strike against a huge company was finally won when the Alberta government, under tremendous public pressure, imposed a first contract on the company.

## UNA starts Alberta Centennial Project

This year marked the centennial anniversary of Alberta and Saskatchewan and to mark the 100 years, UNA joined with the Saskatchewan Union of Nurses (SUN) on a special project called “100 Years of Nursing on the Prairies.” Organized nursing began in the provinces at the end of the 1800s, just a few years before the inception of the two provinces. With support from Canadian Heritage, the project began to pull together research, stories, photos and film clips documenting the history of nursing in both provinces.

## 2006

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### New Locals

Most of the new locals joining UNA in 2006 represented nurses at smaller long-term care facilities, like UNA Local 404 at Bethany Care Collegesside in Red Deer. For its first contract the nurses at Collegesside managed to negotiate the highest salary rates in UNA.

Licensed Practical Nurses and Registered Nurses were organized in the same bargaining unit (Local 213) at the Calgary Midnapore AgeCare long-term care site. Initially in bargaining, UNA proposals called for identical wages for both LPNs and RNs but that parity – which would have been a first in Alberta – could not be achieved in the final agreement.

### Political action

The Alberta government’s next run at privatizing health care, the “Third Way” was a major focus for nurses in 2006. Premier Ralph Klein used the phrase to describe a new blend of private and public health services that was not public Canadian medicare nor U.S. style care, but a “third way” modeled he said, more on European systems. Although the government kept details as vague as possible it became

clear that the “Third Way” included creating a new private, for-profit health insurance system, encouraging a parallel for-profit system, and allowing doctors to work both the public and for-profit sides, allowing foreign-owned for-profit hospitals, and violating the Canada Health Act.

UNA mobilized and worked closely with Friends of Medicare to get the Alberta government to “stop its attack on the public health care system.”

Using the symbol of an umbrella and the slogan: “Will you be covered?” nurses and citizens began regular demonstrations on the steps of the Legislature. Friends of Medicare successfully raised a significant amount of money for the campaign, including significant support from UNA and prepared a television ad showing citizens huddled under umbrellas worried that they would not have enough health insurance.

Friends of Medicare ran the ad for an initial week, immediately before to the Progressive Conservative Party convention where Klein faced a vote of confidence. Friends of Medicare protestors leafleted the Conservative meeting as well. The long-reigning Klein was surprised when the vote showed support only slightly over 50 percent. Shortly afterward he announced he would resign in the fall.

In March, UNA President Heather Smith and a UNA delegation met with Health and Wellness Minister Iris Evans who was holding consultation meetings on the “Third Way”.

Friends of Medicare delivered petitions with 23,000 signatures against the Third Way to the Legislature and was building a grassroots campaign with committees in many Alberta communities.



UNA members celebrate at the 2006 AGM banquet.



AFL President Gil McGowan speaks at the 2006 UNA AGM.

## Public opposition again stops government plans for health privatization

On April 20, Health and Wellness Minister Iris Evans announced the government was dropping its plans to proceed with the “Third Way” for private insurance and a parallel private health system. Premier Ralph Klein began the push for the “Third Way,” hiring AON, one of the world’s largest insurance corporations, to help sell Albertans on more commercial health care.

Smith noted the important role nurses played in turning back the push to privatize the health system. “Nurses were strong supporters of the campaign. We are important community leaders in protecting universal health coverage and it makes a tremendous difference,” she said.

“This is the third time in 12 years the Conservatives have tried to privatize health care,” said Friends of Medicare spokesperson Harvey Voogd. “And this is the third time they have been beaten back by the weight of the public will. Albertans made the government back down. All those phone calls and letters and petition signatures forced them to reconsider.”

## Nurses tour projects in Central America

Four UNA nurses joined a tour to Nicaragua and Honduras sponsored by CoDevelopment Canada, an international solidarity organization UNA had been supporting for four years. Two executive board members, Jane Sustrik and Heather Wayling, and two members-at-large, Donica Geddes and Erin Zalasky, represented UNA. CoDev has partners in both countries, and works especially closely with women’s organizations in Nicaragua. The nurses reported back at the UNA Annual General Meeting on the poverty they’d witnessed and the incredible resilience of the women working in factories in Nicaragua.



UNA Educator Tim Gough (second to the left), teaches UNA members at an education workshop.



Health care activists celebrate the demise of “The Third Way” with a mock funeral at the Alberta Legislature.



UNA Secretary-Treasurer Karen Craik speaks in support of striking Telecommunications Workers Union members.

## Long-Term Care

UNA members assisted with Public Interest Alberta’s “Seniors Deserve Better” campaign, which included billboards around the province. “In some cases RNs are responsible for over 100 residents in long-term care facilities. Many nurses don’t have enough time to do all the things, they feel need to be done,” Bev Dick said. “This level of commitment to our seniors in our province is disgraceful.”

## Labour Relations

UNA and the employer representatives, HBA Services, organized a province-wide round of workshops aimed at improving the effectiveness of the grievance process. The workshops brought together UNA elected representatives and staff along with employer representatives from health regions and other major health employers.

“Grievances are about resolving issues in the workplace,” UNA President Heather Smith told the large workshop of nearly 200 people that was held in the Capital Health Region.

## Presidential election at Annual General Meeting

UNA had a contested election for provincial President, as Chandra Clarke from the Grey Nuns Hospital in Edmonton put forward her nomination. Heather Smith, president since 1988, won the vote after a lively debate and question period for the candidates.

Michael Villeneuve, a researcher in residence with the Canadian Nurses Association, gave a provocative presentation about the future of nursing, highlighting that “the crisis is now” and that the shortage of



UNA members at the 2006 AFL Jasper Labour School.

nurses would not end soon. Villeneuve focused on innovative ways to adapt and meet the needs of patients.

## Tensions rise in Calgary after ER incidents

Calgary nurses were subjected to public anger after media reports about miscarriages in the middle of Emergency Department waiting rooms. There were even reports that family members were using cell phone cameras to intimidate nurses: “I’ve got your picture.”

UNA responded, pointing to the causes for delays and problems.

“There’s a problem with news coverage that focuses on these painful “symptoms” – like not enough time to provide the extra bit of human care that can be so important. You risk missing the underlying “disease”, the lack of beds, staff and resources that is the real cause,” UNA Secretary-Treasurer Karen Craik wrote in a letter to the editor.

The Calgary Health Region acknowledged the capacity problem. The region also installed closed circuit cameras at triage to protect staff and discourage abuse behaviour from patients and families.

## 2007

### Provincial negotiations make major strides in recruitment and retention

Provincial contract negotiations took some unusual twists and turns, but the result was very positive with several new and innovative retention and recruitment initiatives.

On July 12, members voted 82 percent in favour of mediator’s recommendations and a majority approved it at 98 percent of the 139 Locals. The contract raised a senior RN/RPN’s top hourly wage from



\$36.67 to \$43.30 over three years. Both top rate and start rate nurses went to the highest hourly rates in Canada.

Significant increases in shift premiums were also geared to retention of nurses and acknowledging how difficult it is to work the evening and night shifts, and how difficult it is to attract nurses to work them. The big adjustment in the premiums boosted the evening premium from \$1.75 to \$2.75. Nights more than doubled from \$2 to \$5. Weekends went from \$1.75 to \$3.25.

The agreement also set up seven new and trial “recruitment and retention” initiatives to address the shortage.



UNA's 2007 Negotiations Committee

## New recruitment and retention initiatives

The Employers and UNA also agreed to pilot and test out a number of new work initiatives, all aimed at attracting and keeping nurses.

## UNA Staff

Mike Mearns retired in February after serving UNA for nearly 30 years. Mearns, who was a Registered Nurse, set up the first Calgary office for UNA in his own basement. He was well known for his articulate and passionate advocacy for nurses and the nurses' union. Kris Farkas accepted the newly created position of Manager of Labour Relations.

## UNA helps sponsor S.O.S. Medicare 2

United Nurses of Alberta sponsored a major Canadian conference on the future of public health care. S.O.S. Medicare 2: Looking Forward brought together leading experts in what former Saskatchewan Premier Tommy Douglas referred to as the Second Phase of Medicare's

development: changing the way health services are delivered and addressing the social determinants of health.

Speaker after speaker referred to Tommy Douglas' vision for public health care at the conference held in Regina early in May. Shirley Douglas, Tommy's daughter, had always been involved with advocating for public health care and at the conference she gave out four "Spirit of Tommy Douglas Awards" that, she explained the Douglas family gives to people who have effectively advocated for medicare.

Roy Romanow and former New England Journal of Medicine editor Dr. Arnold Relman were two of the recipients, she then moved on to the award for UNA President Heather Smith.

"This is a woman – she can't do it single-handedly it took all the people in the union and all the people in Alberta that she brought together into the Alberta Health Coalition. Those people single-handedly defeated Bill 11, defeated Ralph Klein and today have some of the finest public clinics – when I went there to speak I will never forget and there is nowhere else in Canada this could happen that 10,000 people were gathered in Edmonton to fight to save health care."

"In recognition of her spirit, commitment and integrity and the pursuit of what Tommy Douglas dreamed of for this nation, universal health care, health care for all not just a privileged few. The family of Tommy Douglas salutes her determined struggle to protect a heritage that our country holds dear – courage my friends it's not too late to make a better world."

## LRB announces guidelines on independence from government

On April 3rd, the Alberta Labour Relations Board (ALRB) announced new guidelines limiting its consultation with the provincial government. It was the same day the Alberta Court of Appeal had been due to hear UNA's case about perceived bias at the ALRB.



UNA members at the Alberta Cancer Board celebrate Nurses' Week in 2007.



UNA members march down Calgary's Stephen Avenue during the 2007 AFL convention.



Hundreds of delegates packed into a conference hall to participate in the 2007 UNA Annual General Meeting.

“It is a tremendous victory,” said UNA Labour Relations Director David Harrigan. “It’s exactly what we wanted and what we said is essential for the proper functioning of the ALRB and its independence.”

The ALRB’s new guidelines guaranteed that Board officials would not participate in the drafting of legislation, and that any technical assistance provided to the government would be fully disclosed. The ALRB chair and all the vice chairs signed the guidelines, and future vice chairs would also be expected to sign them.

The unions brought the court case after freedom of information requests made by the AFL uncovered a picture of the Labour Board helping the government draft a law, Bill 27, which they knew would be used against health care workers.

## CFNU in Newfoundland

Nearly 125 UNA members travelled to St. John’s, Newfoundland for the Canadian Federation of Nurses’ Unions (CFNU) biannual convention earlier in June.

The CFNU awarded UNA Vice-President Bev Dick its highest honour with the Bread and Roses Award. More than 700 nurses at the national Biennium rose in a standing ovation for Bev at the meeting in St. John’s on June 7. An overwhelmed Bev, who had no idea the huge recognition was coming, went to the podium to valiantly make a brief thank you speech.

## UNA sponsors Rainbow Society stories on Global TV

UNA sponsored a short vignette highlighting the Rainbow Society's work with kids and their families, on Global TV Alberta stations. The short one-minute spots and even shorter 30-second spots, quickly tell the story of one child and family that has benefited from the Rainbow Society program.

## Annual General Meeting

Members cut a cake to celebrate UNA's 30th Anniversary, but they also made significant decisions on how to run their union, at the Annual General Meeting held in Edmonton in October.

Celebration was very much on everyone's mind, even of some of the guests who congratulated UNA on 30 years of success. Gil McGowan, President of the Alberta Federation of Labour said: "UNA never just goes along for the ride. When you take something on, you take a leadership role. The labour movement is better for it, and the province is better for it."

Guest speaker Maude Barlow also noted the 30th Anniversary and remarked on how well-known the union is: "UNA and your whole team is absolutely revered across Canada for having been the David that stood up to the Goliath, this government in Alberta."



Maude Barlow speaks to the 2007 UNA AGM.



UNA members at the 2007 Annual General Meeting.

## 2008

### A government announcement fell short of needed nurses

UNA said an announcement of additional nurse recruitment fell short of what is needed to stem the growing shortage.

The investment in attracting back former nurses and in facilitating the entry of "internationally educated nurses" is a small step. However, UNA said the announcements was not enough.



Honk to support nurses! UNA members rally outside Extendicare Somerset in 2008.

“Paying the costs for former RNs who want to come back to the profession and credentialing internationally educated nurses is a good step,” said UNA President Heather Smith. “But it is only a short-term baby step.”

“It’s not really accurate to say the province only needs 1,400 more nurses,” said Smith. “There are likely 1,400 job vacancies open in our health system right now, that’s just the immediate crisis.”

The union pointed out that over one-third of the province’s nurses were 50 years of age and over. The average age for nurses to retire was 55.

“If we have 10,000 nurses retiring over the next five years, we need to recruit everyone of the 1,300 new graduates each year, and even that will clearly not be enough,” Smith said

## Negotiations

UNA’s Extendicare negotiating committee and the Extendicare representatives agreed to ask for mediation after talks failed to reach an agreement.

Canadian Blood Services also continued in negotiations for renewing their contract, however Edmonton Victorian Order of Nurses signed a new agreement.

Nurses at Hardisty Long-Term Care achieved parity with many terms in the provincial agreement when the mediator’s recommendations were agreed to by the local and the employer. The members of Local 234 voted on recommendations from mediator Deborah Howes that would give them provincial salary rates. They also achieved greatly improved overtime and benefits. There are also gains in shift and weekend premiums and they also received a boost in vacation time.



UNA members at the 2008 Labour School.

## Local Authorities Pension Plan

A coalition of unions including UNA asked members and everyone involved with the Local Authorities Pension Plan (LAPP) to call their MLA and the Premier to reverse recent changes at the LAPP Board. Changes in the rules governing the LAPP Board put the pension rights of 125,000 Albertans at risk, including rights to early retirement, cost of living allowances and workers' ability to retire when their age and years of service add up to 85.

“The change in Board rules could allow government and the employers to reduce the overall benefits, and their costs, for the pension plan,” said UNA President Heather Smith. “UNA strongly supports the Labour Coalition on Pensions,” she said. “This attempt to unbalance the longstanding stability of governance must be reversed.”

## UNA's innovative retention strategies

Several innovative new options geared to promoting retention of nurses, and nurses nearing retirement, were negotiated by UNA in the new provincial Collective Agreement. The new Weekend Worker, Retirement Preparation Program, and Pilot Projects in the provincial contract were ready to roll.

The Pilot Projects include: Flexible Part-time Positions, Seasonal Part-time Positions, and Benefit-Eligible Casual Employees.

## UNA adopted a new seniority policy

For employees with the same seniority date a computer generated random draw would take place to determine the ranking – which would be permanent and would be within the bargaining unit. Any Employee importing seniority would be placed as the least senior of the employees with that same seniority date. If multiple employees are porting seniority with the same seniority date the ranking would be determined



Delegates at the 2008 UNA Annual General Meeting.

On May 15, 2008, Health and Wellness Minister Ron Liepert abruptly announced he was abolishing the Health Regions and appointing one provincial health board to run the provincial health system. It was Liepert's first major announcement, he promised more in September and by year-end.

But Liepert's overall plan was short on details. A single board for the province attracted the initial headlines from the May 15 announcement, but the full details on the single Health Region for the province did not come out until a Ministerial Order was posted on the government's website late Friday, May 22.

On November 20th, the government announced it was appointing a former drug company representative who lives in New Jersey, along with a range of private business people to run the province's Alberta Health Services Board.

"We used to have elected hospital boards. We even had elected members on the health region boards until the Conservatives stopped that," noted UNA President Heather Smith.

"Now we have an appointed board of corporate directors. There are no nurses, or front-line health workers. There aren't even any regular Albertans who are the patients in our health system. We are dismayed by the corporate appearance of this Board," she said.

The 13 appointed members included a developer, an accountant, an engineer, a stockbroker and a couple of oil and gas executives, including an Imperial Oil/Exxon Mobil Vice President. Minister Liepert also announced the appointment of Australian health care economist Dr. Stephen Duckett as President and CEO of AHS and Dr. Chris Eagle as Chief Operating Officer.



UNA President Heather Smith and newly elected MLA Rachel Notley in 2008.

## Annual General Meeting

More than 750 UNA members packed the Shaw Conference hall in Edmonton for UNA's 31st Annual General Meeting October 28-30. The nurses at the meeting took care of the usual business, electing new provincial executive board members, approving a budget and adjusting the constitution.

## 2009

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Friends of Medicare hold a press conference in 2009.

## Nursing shortage

The government finally released a sanitized version of its blueprint for health changes from the McKinsey Corporation. Although obviously cut down for public consumption, the document did have some hints about what they are considering.

The Provincial Service Optimization Review: Final Report was “leaked” by health Minister Ron Liepert himself after pressure from Liberal MLA Hugh MacDonald. In mid-December, Liepert told reporters “it’s on the website” although the government never formally released the document.

The report said the province was short 1,500 nurses and could grow to over 6,000 nurses short by 2020. It offers 14 specific proposals for “improving” Alberta’s health care system including one that specifically said: “Deepen initiatives and incentives to increase productivity.” What they are proposing is “increasing the number of work hours required to earn benefits and replacing part-time/overtime incentives with initiatives to promote full-time employment – or efforts to improve working environments.” UNA President Heather Smith told news media this would be a non-starter with nurses.

## Labour Relations Board

The Alberta Labour Relations Board turned down UNA's application for determination that Licensed Practical Nurses at five worksites should be in the direct nursing care bargaining unit with RNs.

UNA made the application on behalf of the LPNs at Millwoods Shepherd's Care Centre, the Good Samaritan Society Millwoods Assisted Living centre, the Red Deer Nursing Home, the Manville Care Centre, and the Bonnyville Health Centre.

"We will continue to pursue this on behalf of these nurses who want to join UNA," said UNA Director of Labour Relations David Harrigan. "This is a setback that the Board dismissed the application without considering the facts of the matter, but it is not the end of the process."

"The LRB did not rule on the facts of the case at all, on whether LPNs are actually doing direct nursing care," Harrigan pointed out. UNA has also applied for bargaining unit determination on behalf of LPNs at the Cross Cancer Institute, the Vermillion Health Centre and Extendicare Holyrood in Edmonton. These applications were temporarily put on hold.



UNA Second Vice-President Jane Sustrik speaks at a rally at Alberta Hospital Edmonton in 2008.

## Province-wide bargaining unit

The creation of Alberta Health Services and changes to government regulations creating a single bargaining unit made it necessary for UNA to move to single Provincial Collective Agreement.

"Because UNA has always bargained provincially, this is merely a technicality. During the last restructuring, members were required to vote on which agreement would be the "receiving agreement," but we hope that this will not be necessary this time," said UNA Labour Relations Director David Harrigan.

UNA needed to once more adapt to the change, and to decide how to administer union activities based on the single bargaining unit that runs province-wide. Other provinces have long had province-wide bargaining units. UNA entered into "transitional negotiations" to adapt the Provincial Agreement to the change to Alberta Health Services as a single employer and a single, province-wide bargaining unit.

## Obstetrical services close in Banff

Nurses at the Mineral Springs Hospital and the Banff community were very concerned when the hospital announced in mid-March it was ending its obstetrical services.

"Banff nurses have been telling me they are disappointed the obstetrical unit was closed, but at the same time, something had to give," Heather Smith noted. "The nurses are extremely concerned that low staffing levels could lead to safety problems. The shortage and strain already makes it hard to keep the staff the hospital needs," she said.



A meeting of UNA and AHS officials. Left to right: UNA Director of Labour Relations David Harrigan, UNA District Representative Holly Heffernan, AHS Chairman Ken Hughes, UNA President Heather Smith, and AHS CEO and President Stephen Duckett.

## The Wrong Way Campaign

Alberta nurses turned up the heat for the Wrong Way! campaign over the summer. In communities right across the province, nurses held rallies, lobbied their MLAs and put a great deal of public pressure on the government not to implement “more health cuts.” “We had a huge impact, you can be sure,” said Heather Smith. “We can’t stop now, because the cuts are still going on, but we started something that has a real political effect.”

## Demand Setting Meeting

Nurses across the province voted on the package of proposals approved at the UNA Demand Setting Meeting held in Edmonton, November 24-26.

The provincial Negotiating Committee brought recommendations for proposals to the DSM from the dozens of proposals submitted by members at locals all over the province. Intense discussion from over 600 members at the meeting resulted in the package that went to the members for approval.

## H1N1 Vaccinations

Nurses all across Alberta worked extra shifts and extra hours to staff the vaccination clinics and get so many people vaccinated quickly.

“Vaccination is a key way to stem the H1N1 pandemic, it’s a vital public health step that will save many lives,” said UNA President Heather Smith.

“We congratulate the nurses who worked extra hours in tough conditions and have done so much to protect so many Albertans,” said Smith.

## UNA complaint about AHS CEO

UNA was disappointed by the ruling from Alberta Health Services Ethics and Compliance Officer, Noella Inions, dismissing a UNA complaint about public statements from CEO Stephen Duckett.

“I find that this complaint is unfounded. I dismiss this complaint,” wrote Inions in her November 18 response to the complaint filed by UNA Secretary-Treasurer Karen Craik and Second Vice-President Jane Sustrik.

“Ms. Inions did not even take the time to meet or contact UNA or Jane or Karen about the complaint, which is unheard of in investigating a conduct complaint,” said UNA Labour Relations Director David Harrigan.

“It appears that Inions simply accepted statements by AHS CEO Stephen Duckett as facts, even when they are not and on two of the four matter raised, she did not actually address our complaints,” Harrigan said.

## Voluntary Exit Agreement

Nurses voted in favour of the “voluntary exit” agreement with Alberta Health Services in a province-wide ratification vote held on Monday, November 9.

“Although it was approved by a majority of members who voted, it wasn’t a huge turnout,” said UNA President Heather Smith. “We recommended acceptance of the exit agreement because it could mean money to a few nurses, but it’s not a good deal for any but those nurses who were leaving anyway.”

UNA ratification votes had to be approved by a majority of members and by a majority of Locals. In this vote, 77 percent of members voted and 80 percent of Locals voted in favour.



Delegates at the 2009 UNA AGM.



The head table at UNA's 2009 AGM.

## Alberta Hospital Edmonton

Alberta Health Services announced it was accelerating its “move to community-based mental health care” but the announcement was a poor attempt at disguising a major cut in mental health hospital bed capacity.

Details in the announcement revealed AHS planned to close several of AHE’s buildings and only the forensic unit was guaranteed to remain open.

Widespread reaction from mental health community and Edmonton mayor Stephen Mandel condemned what many see as an abandoning the care of the most seriously mentally ill who need acute hospitalization.

“It’s a reduction in the bed capacity in our system and in a crucial part of our system, the mental health part,” UNA Labour Relations Director David Harrigan said.

## 2010



UNA members rally in support of increased care for Alberta seniors.



UNA's 2010 Annual General Meeting.



UNA President Heather Smith speaks to the media at the 2010 Reporting Meeting.

## Alberta Health Act

The move to new over-arching health legislation, a new Alberta Health Act proposed by the Ministers' Advisory Committee raised several concerns for UNA.

“Alberta’s current health care laws are NOT the cause of problems in our health system,” said UNA President Heather Smith. “The shortage of doctors and nurses, the devastating reorganization and budget squeezes are causing serious problems, waits and concerns,” she said. “The health laws are NOT the problem, here.”

“Is this an attempt to remove many of the protections in our public system, under the smokescreen of some sort of legislative “clean up?” she said.

## Negotiations

UNA opened provincial contract negotiations with a one-page shortlist of key issues nurses say must be addressed to improve nursing conditions and safety. Unfortunately, the employers brought proposals for rollbacks in 34 of the 44 articles, in just about every aspect of the provincial agreement.

“Our health care system is still struggling with a nursing shortage and too few beds,” said Smith. “We want these negotiations to make progress. We want to deal with the core problems that are leaving patients waiting far too long in emergency rooms, or packed into ‘overcapacity beds’ or waiting for surgery.

## Tentative agreement

Despite a rough start to negotiations, UNA members approved a mediator’s recommendation for a tentative agreement that included a formal salary increase 0 percent in both year one and two, a 2 percent boost on the salary grid in year two as a “productivity increase



UNA vice-presidents Bev Dick and Jane Sustrik speak with MLA Raj Sherman following the Speech from the Throne.



UNA President Heather Smith celebrates Nurses Week with a group of retired nurses at Touchmark at Westwood.

allocation.” and a 4 percent increase in the third year. The deal also continued the payment of the lump sums which were established with the 2007 agreement.

“Financially, this deal keeps Alberta nurses ahead of the curve,” said UNA President Heather Smith. “It prevents Alberta nurse salaries from falling behind, which is important in attracting nurses to Alberta jobs.”

## Join Together Alberta

United Nurses of Alberta teamed up with a large number of Alberta organizations and unions to launch the Join Together Alberta campaign in January.

“What will the next Alberta look like? If we really want to strengthen both our economy and our quality of life, then we have to be prepared to invest in our people and our infrastructure. And that means making smart decisions about improving public services,” said Gil McGowan, president of the Alberta Federation of Labour.

Nurses joined in as speakers at 22 town hall events the campaign held across the province in January and February.



Bev Dick, Jane Sustrik and Heather Smith.



AFL President Gil McGowan launches the Join Together Alberta campaign.



UNA members at the 2010 Jasper Labour School.



In 2010, UNA was increasingly moving toward online registration and expense claims.

## AFL visit to Lubicon Cree community

In April representatives from the Alberta Federation of Labour travelled to northern Alberta to investigate the Lubicon Cree Human Rights issue. The story of the Lubicon Cree resurfaces every few years and is a public shame in Alberta.

Their visit coincided with the 20th Anniversary of the United Nations Human Rights Committee resolution that Canada had violated the human rights of the Lubicon Cree by failing to recognize and protect Lubicon rights to their lands, and that intensive oil and gas development had devastated the local economy and way of life

## New UNA Locals

Nurses from the AADAC, Alberta Corrections Services, Rimbey, Canadian Blood Services, and Revera Miller Crossing Edmonton joined UNA.



UNA Director of Labour Relations David Harrigan meets with new UNA members from AADAC.

# 2011

## Professional Responsibility

Nurses on the pediatric mental health unit at the Alberta Children’s Hospital in Calgary saw some big changes as a result of their hard work and commitment to their work environment and patients. They brought their concerns to the Professional Responsibility Committee and saw some real improvements.

There were changes with better-trained security, staff had personal walkie talkies, panic alarms are being installed and a special high observation room is being built, all as a result of the safety concerns raised by nurses. An overcapacity bed and another bed were closed and a new nursing staff rotation is on the way.

UNA Local 95 Vice President Jennifer Borgland said, “It’s a success story... it did take a long time...but we are seeing results.”

## UNA Education

UNA's program of educational opportunities for members expanded into new territory with programs like a "Know Your Rights" workshop, with virtual "tool kits" and with two new education officers.

Long-time Labour Relations Officer Murray Billett took on a new education portfolio, as did Irene Smith, who was previously working with UNA's Information Systems department.

## Social Media

UNA had one of the largest Facebook presences of any union in Alberta, providing nurses with an online platform to connect with other nurses, get up-to-date information about health care and nursing in the province, and learn about how UNA members are working to improve nursing daily. There were also a growing number of UNA Locals with their own Facebook pages.

## Research to Action

The innovative nurse retention and recruitment strategies in UNA's provincial Collective Agreement have been evaluated as part of the Canada-wide Research to Action initiative from the Canadian Federation of Nurses Unions, the Canadian Nurses Association and other partners.

The Transitional Graduate Nurse Recruitment Program (TGNRP), first introduced in the 2001 Agreement (about 1,450 TGNRP participants since then), is "viewed as an 'amazing' recruitment and development tool," the Alberta section of the Research to Action report said.



UNA vice-president Bev Dick (left) at a rally in support of striking Canadian Union of Postal Workers members.



UNA President Heather Smith at a rally in Edmonton.

## Intimidation of health care workers

Stories of doctors and other health workers being intimidated for speaking out about problems in the health system underpinned a call by leaders of four opposition parties for a public inquiry March 4.

“We have to know whether or not health staff or professionals were subject to intimidation, retribution or discipline or attacks on their reputation personal or professional in order to prevent them from speaking out on behalf of their patients and on behalf of effective health care in the province,” said NDP Leader Brian Mason at the joint news conference.

## Labour Coalition calls on government to look at new revenue

On February 17, a coalition of unions called on Alberta’s Auditor General to investigate why the government is failing to meet its own targets for collecting revenue from nonrenewable resource extraction.

“The province is missing out on billions of dollars in revenue that it should be collecting. If that money was being collected, then there would be no need to even consider deep and destabilizing cuts to things like health care, education and other core services,” said Gil McGowan, president of the Alberta Federation of Labour (AFL), which represents 140,000 workers.



UNA members at a rally in 2011.

## Regularization

Starting in 2011, Registered Nurses would take part in a staffing process that aimed to reduce reliance on overtime, extra shifts and casual hours. The process as called “regularization” and it came out of a Letter of Understanding that UNA negotiated in the current provincial Collective Agreement.

## UNA offices greening up

UNA “greened up” by looking at ways to reduce energy use and the overall environmental footprint. Several steps taken, including using renewable wind power from Bullfrog Power to energize our provincial meetings.

## UNA in Ottawa

UNA representatives were on hand February 8, 2011, when the Canadian Federation of Nurses Unions hosted its 13th MP Breakfast. MPs, Senators and a wide range of health and labour stakeholders came together to hear Dr. Michael Rachlis and Alberta’s Wendy Armstrong address the realities of long-term and continuing care in Canada.

## Canadian Nurses Association Expert Panel

The Canadian Nurses' Association (CNA) launched a national expert commission, to make recommendations on future of Canada's evolving health care services.

UNA President Heather Smith was named to the national expert panel, along with Senator Sharon Carstairs, former chief executive and president of the Canadian Council of Chief Executives Thomas d'Aquino, CNA President Judith Shamian and others.

Running until June 2012 the commission made policy recommendations to support the transformation of Canada's health system.

## Member survey shows shortage nurses' top concern

The shortage of nurses had been a long-standing concern in Alberta. In April, UNA conducted a survey of 1,500 nurses which showed they were still working many extra hours, extra shifts and overtime.

UNA's randomized telephone survey showed that most weeks, 75 percent of the province's nurses work over and above their scheduled hours. 64 percent of full-time nurses and 81 percent of part-time nurses reported working additional hours, and not just extra half hours.

Fully 55 percent of them were working six or more extra hours each week. Some of these hours were overtime, but many were extra shifts paid at regular rates.

## AHS hires new nurses

News that Alberta Health Services would hire 300 Registered Nurses province-wide became a major story in July.

AHS told UNA the "rapid hire" job postings are part of a recruitment campaign that aims to meet current demand as well as the anticipated future need for RNs in Alberta, as well as to address staff shortages in areas of high demand. The new hires were to be parceled into groups of 100 in Calgary, the Capital Region and in rural areas.

## AHS Payroll Centralization

Alberta Health Services formally informed employees that its new e-People Human Resources and Payroll system would be launched in October.

In a memorandum to staff, AHS said employees would receive their first pay via e-People on Oct. 19. The system, AHS boasted, would result in "self-service' functionality" for employees, 24 hours a day for those who have home computers.

## UNA supported locked-out postal workers

UNA members and representatives of many other unions were on hand June 21 in Edmonton for a lunch-hour rally to support locked-out postal workers in their struggle with Canada Post and the government of Canada for a fair collective agreement.

UNA President Heather Smith attended the rally with about 1,200 other supporters of the Canadian Union of Postal Workers and observed that Canada Post employees were “being dealt a really, really bad hand” by the Conservative government in Ottawa.

## Colonel Belcher Home

The plight of elderly residents of a Calgary seniors’ residence who faced eviction during July was another example of why public health care and private market-oriented healthcare providers are not a good mix, UNA President Heather Smith said.

Media reports in early July revealed that 29 seniors living in the assisted living wing at Carewest Colonel Belcher facility were scrambling to find new homes after Alberta Health Services and the current private owner of the suites, Chartwell Seniors Housing REIT, failed to agree on a lease renewal agreement.

“This is just another example of the government touting private-sector ‘solutions’ that turn out to be the wrong prescription for curing the ills of the health care system,” said Smith

## UNA members at six Revera sites ratify contract

More than 120 nurses represented by the UNA at six worksites in Edmonton, Calgary and Medicine Hat ratified a new three-year collective agreement with Revera Inc.

## UNA Annual General Meeting

Nurses were not chess pieces to be moved around the health care board at will, Heather Smith reminded delegates, observers and other participants in UNA’s 34th Annual General Meeting on October 25 in Edmonton.

“We enjoy tremendous respect from members of the public – and rightly so, because we speak not only for ourselves, but for the future of Canada’s and Alberta’s fair and efficient public health system,” Smith told the more than 800 people in her opening remarks at the first day of the important three-day business meeting.

“We have an opportunity, we have an obligation, to help shape the future in ways that will benefit Canadians and protect our profession,” she stated. “We are not mere bystanders!”



United Nurses of Alberta's Executive Board for 2011/2012.

## UNA Provincial Offices moves

UNA's Provincial Office staff moved in December 2011 to new space in the Devonian Building at 11150 Jasper Avenue in Edmonton's Oliver neighbourhood.

## UNA welcomes members from two First Nations health services

A historic first, UNA welcomed nurses from two First Nations health service departments in Southern Alberta into membership.

The new members were six Registered Nurses employed by the Aakom-Kiiyi Health Services of the Piikani Nation at Brocket, near Pincher Creek, and 12 RNs from the Blood Tribe Department of Health at Stand Off, near Cardston.

## 2012

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### Provincial Election

During the 2012 provincial election, UNA engaged the public and political candidates on health care issues important to nurses.

A telephone town hall, held jointly with the Health Sciences Association of Alberta, was considered a great success as more than



50,000 members of both unions from across the province were invited to join the call.

Similar to a radio broadcast, the telephone town hall gave participants an opportunity to listen and pose questions to the parties represented that evening.

Human Services Minister Dave Hancock, Liberal Leader Dr. Raj Sherman, NDP Leader Brian Mason, Wildrose MLA Heather Forsyth, and Alberta Party candidate Neil Mather answered health care related questions on behalf of their parties.

All-candidates forums in Calgary and Edmonton drew members of UNA and the general public to hear what their political candidates had to say about the future of health care.

## Day of Mourning memorial unveiled in Edmonton

UNA members marked the Day of Mourning for Workers Killed and Injured on the job by taking part in the Edmonton and District Labour Council's unveiling and dedication of the Broken Families Obelisk in Grant Notley Park on April 28.

## Alberta Federation of Labour turns 100

In 2012, the Alberta Federation of Labour celebrated its 100th birthday, a milestone that was marked by Alberta unions and other labour organizations created by our province's working people.



UNA executive officers Karen Craik, Heather Smith and Daphne Wallace at the grand opening of South Health Campus in Calgary.



UNA's Executive Board meets in 2012.

## Occupational Health and Safety

As part of UNA's commitment to ensuring healthy and safe workplaces for members, UNAs Education Department began offering a series of short "mini-workshops" on occupational health and safety topics.

## Beyond Acute Care Conference

Concerned Albertans had the opportunity to hear renowned consumer advocate and former American presidential candidate Ralph Nader, Council of Canadians National Chairperson Maude Barlow, and many other experts on the politics and policy of health care for seniors and the disabled at the Beyond Acute Care conference.

More than 500 people participated in the two-day conference, which took place on February 24 and 25 at Edmonton's Crowne Plaza Chateau Lacombe.

Beyond Acute Care: Covering Seniors and the Disabled with the Medicare Umbrella, was sponsored by several organizations, including



UNA members attending the 2012 Jasper Labour School.



UNA members support striking AUPE workers at Hardisty Nursing Home in Edmonton.

UNA, determined to protect, enhance and extend Canada's and Alberta's fair and efficient system of public administered, publicly funded and publicly operated system of Medicare.

Speaking via Skype after severe weather caused his flight from the eastern United States to be cancelled, Nader praised Canada's public health care system warned conference participants against introducing more for-profit seniors care.

## UNA supports AUPE strike

United Nurses of Alberta threw its support behind members of the Alberta Union of Provincial Employees (AUPE) who were on strike at two Edmonton-area nursing homes.

More than 100 Licensed Practical Nurses, Health Care Aides and other health care staff represented by AUPE walked off the job May 19 at the Hardisty Care Centre, a private, for-profit facility run by a B.C. company.

The UNA Executive Board voted at its May meeting to donate \$5,000 to the strikers, and UNA members joined the AUPE members on their picket line at the Edmonton long-term care facility on May 31.

## Demand Setting Meeting

Delegates to the United Nurses of Alberta's 2012 Demand-Setting Meeting gathered in Edmonton on November 27 for three days of what



David Harrigan speaks at a meeting of UNA members in 2012.



In 2012, Fred Horne became the first Health Minister to speak at a UNA AGM.



UNA members at a South District Meeting.

President Heather Smith characterized as “all business, and all about business.”

More than 400 voting delegates were at the Edmonton Expo Centre for the first step in the effort to create, as Smith put it, “a new agreement that sets the standard for nurses in this province and, I dare say, sets the standard for nurses all across this country.”

In all, more than 700 people took part in the important first step of the 2013 round of bargaining for the Provincial Collective Agreement when board members, negotiating committee members, union staff, funded observers and others were added to the voting delegates.

## Health researchers urge nurses to push back against privatization

The best strategy for ensuring fair, universal long-term care in our society is to resist the efforts by Canadian governments to encourage “privatization, commoditization and marketization” of seniors’ care, York University Health Policy Professor Tamara Daly told UNA’s AGM on Oct. 24.

“One of the things we can do is push back and say, ‘this is not working for us,’” said Daly, who along with Edmonton health care researcher Diana Gibson addressed delegates on the future on long-term care in Alberta and Canada.

Comparing seniors’ care in Canada unfavourably to the system in place in the Nordic countries, Daly argued to the applause of delegates that care for older adults in this country should be considered “a right of citizenship.”

## UNA submitted position to Alberta Health on continuing care concept

United Nurses of Alberta submitted answers in response to a three-question “concept feedback” form sent by Alberta Health to some stakeholders in the continuing care community.

UNA and other stakeholders representing health care workers were not invited to contribute to this process, although the government has since indicated it will consult health care workers on its proposals. UNA believed it was important to make members' concerns known when the union became aware of this government "Concept Paper," called "Moving Continuing Care Centres Forward."

UNA expected the government to include medical professionals' representatives and health care workers' representatives in this process and to seriously consider their vision and perspective in developing Alberta's continuing-care strategy.

## 2013

### Devonshire Care Centre Strike

When the Registered Nurses at Edmonton's Devonshire Care Centre look back at the two-week strike that started on New Year's Eve, the thing they remember most vividly is the support they received from other nurses and unions.



In 2012, UNA members at the Devonshire Care Centre in Edmonton went on strike for 15 days.

The small group of nurses at the private, for-profit nursing home knew they were doing the right thing when they joined UNA, RN Careen Matias recalled, but they expected to be lonely, cold and bored on the picket line. After all, she explained, there was a core group of only about 15 nurses at Devonshire that after a year and a half of negotiations felt they had few options left but to strike.

“There was uncertainty for us,” remembered Helen Lichtner, another of the Devonshire RNs.

In the lead-up to the strike during the holiday season, managers for Park Place Seniors Living Inc. of Vancouver, which owned the Devonshire facility, tried to make it sound as if they were willing to let the nurses strike and leave them out in the cold for two years. But the members of UNA Local 417 never wavered.

“We really needed someone we could lean on! We were really surprised when there was lots of support, from the other UNA locals and from other groups,” said Matias.

Once their steadfast reaction to the company’s hardnosed negotiating tactics were clear, company negotiators returned to the table and a tentative agreement was signed Jan. 15. The nurses ratified the agreement on Jan. 17 and have since returned to work.

The three-year agreement includes pay raises of 4 per cent in the first year, 3 percent in the second year and 3 percent in the third year.

## Provincial Bargaining

With approval of the bargaining goals set at the November 2012 Demand-Setting Meeting, United Nurses of Alberta and Alberta Health Services moved ahead toward an exchange of bargaining proposals for the 2013 round of negotiations for a new Provincial Agreement.

UNA members and their locals throughout the province voted on January 30, 2013 to give their approval to the negotiation positions established by 400 delegates at the Demand-Setting Meeting.

## Wear White Wednesdays

UNA’s Negotiating Committee asked nurses to wear traditional nursing white on Wednesdays to back their bargaining committee and show their professional pride. The committee also distributed RN, RPN and LPN pins that can be worn with a white uniform.

Hundreds of nurses took part in Wear White Wednesday information walks at health care facilities throughout the province, and many more wore white uniforms and RN or RPN pins at work.

## UNA challenges nurse layoffs

UNA President Heather Smith wrote a letter to Alberta Health Services President and CEO Chris Eagle asking for answers as to



A member of UNA Local 302N at the Cross Cancer Institute.



UNA members from across Alberta participated in Wear White Wednesday information walks in 2013.

why Registered Nurses were being laid-off at Alberta health facilities. Layoffs at acute care, long-term care and community care are a cause of concern for nurses, patients and their families.

UNA remained extremely concerned by the pace and extent of the changes that were revealed on a piecemeal basis. These changes had an impact on the working lives of UNA members and their ability to deliver safe quality health services to Albertans.



UNA Vice-President Bev Dick speaks to the media about Wear White Wednesday.

## UNA VP Bev Dick retires

UNA first vice-president Bev Dick retired after many years as a leader in the union. Dick became a local president in 1979, a district representative in late 1988 and continued in that role until 1995, when she was elected UNA vice-president.

Long-time UNA activist Jane Sustrik was acclaimed as first vice-president at that year's AGM. Daphne Wallace, a UNA district representative and neuro nurse at Calgary's Foothills Hospital, was elected UNA second vice-president, filling the vacancy created by Sustrik's move.

## Southern Alberta floods

When the floodwaters rose throughout Southern Alberta in late June, bringing a catastrophe unprecedented in the province's history, UNA members were in the thick of it, helping victims and restoring order to chaos. UNA members and staff from UNA's Southern Alberta Regional Office volunteered to help clean-up in High River.



UNA members at the 2013 CFNU Biennial Convention in Toronto.

## CFNU Convention in Toronto

More than 850 nurses from across Canada attended the four-day Canadian Federation of Nurses Unions Biennial Convention in Toronto in June 2013 – including about 180 from United Nurses of Alberta. The June 4-7 convention consisted of two days of education and two days of CFNU business focusing on the future of nursing and other important health care issues.

Featured speakers included Ontario Premier Kathleen Wynne, who opened the event, and Canada's former governor general, Michaëlle Jean. Delegates ended the meeting June 7 on a high note, by donating \$33,769 to Partners for Mental Health.

## Grande Prairie nurses win landmark workplace safety case

Nurses at Grande Prairie's Queen Elizabeth II Hospital achieved a significant victory for workplace safety in Alberta's health care system.

Represented by UNA, eight Registered Nurses and Registered Psychiatric Nurses won an important appeal to the Occupational Health and Safety Council that protects the right of health care workers to refuse to work in situations where they are placed in imminent danger.

## Proportion of Alberta RNs to population still lagged 1990 levels

Despite a higher proportion of Registered Nurses compared to other regulated nurses in Alberta's nursing workforce, the ratio of 800 employed RNs per 100,000 Albertans was still well below the ratio attained in the early 1990s, figures from the Canadian Institute for Health Information showed. In other words, Alberta had not yet recovered fully from the effects of health care spending cuts in the mid-1990s.



UNA delegates at the 2013 AFL Convention in Edmonton.

## AFL Labour School

More than 70 United Nurses of Alberta members gathered with other members of the labour movement in Jasper for the Alberta Federation of Labour Winter School held from January 14 to 20, 2013. Participants of the annual school were immersed in a wide-range of course topics, including Women in Leadership, Workers' Compensation Essentials, Generational Diversity in the Labour Movement, Labour Law and Collective Bargaining.

## Rural security concerns

UNA raised concerns about security at health care worksites in rural Alberta as a significant concern that needed to be immediately addressed by Alberta Health Services. UNA's main concerns surrounded the use of contracted private security companies at rural health worksites.

# 2014

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## Negotiations

The UNA Negotiations Committee and bargaining representatives for employers covered by the UNA Provincial Agreement agreed on May 1, 2014, to continue negotiations for a new collective agreement with the assistance of Alberta Mediation Services. The parties jointly agreed to David Jones as mediator.

On July 8, 2014, Jones made recommendations to resolve the negotiations. UNA's Negotiations Committee and the employers supported these recommendations. On July 15, a provincial Reporting Meeting was held at the Eagle Ridge Resort and Casino in Calgary. At the meeting, delegates recommended that members ratify the contract in a vote held on August 6, 2014.

UNA members overwhelmingly ratified the new agreement in a province-wide vote held on August 6. The agreement included a lump-sum payment in the first year of the agreement, and pay increases of 2 percent plus a lump sum, 2.25 percent plus a lump sum, and 3 percent in each of the following years, as well as improvements to benefits and an agreement to pursue discussions on appropriate staffing levels.

Negotiations at smaller worksites also began in 2014. On October 29, 2014, UNA members at Venta Care Centre in Edmonton voted to ratify a new collective agreement.

## UNA takes Bill 45 to Court

Alberta's *Public Sector Services Continuation Act* violated fundamental freedoms protected by the Charter of Rights and the province's ban on all public sector strikes also breaches the, United Nurses of Alberta argued in a statement of claim filed on Jan. 8, 2014 with the Alberta Court of Queen's Bench.

UNA sought a declaration from the court that because parts of the Public Sector Services Continuation Act, widely known as Bill 45, and the Alberta Labour Relations Code violated sections of the Canadian Charter of Rights and Freedoms they were of no force or effect.

The statement of claim argued portions of the Act and the blanket ban on strikes by large swaths of public employees in the Code violated the following fundamental freedoms guaranteed by the Charter to affected members and executives and officers of the union:

- Freedom of expression
- Freedom of association
- The right to liberty and security of the person
- The right not to be deprived of liberty and security of the person except in accordance with the principles of fundamental justice



UNA held negotiation and pension town hall meetings in communities across the province.

- The right to be presumed innocent until proven guilty according to law in a fair and public hearing by an impartial and independent tribunal.
- The right not to be subjected to cruel and unusual punishment

In addition, the statement of claim argued that Bill 45 violated the guarantees to individuals in the Alberta Bill of Rights of liberty, security of the person and enjoyment of property, and the right not to be deprived of them except by due process of law. The statement of claim therefore also sought a declaration by the court that these sections violated the Alberta Bill of Rights.

## Bargaining and Pension Town Hall Meetings

Hundreds of UNA members attended town hall meetings in Grande Prairie, Fort McMurray, Lethbridge, Medicine Hat, Red Deer, Calgary and Edmonton to hear updates from UNA representatives about provincial negotiations and the state of the Local Authorities Pension Plan (LAPP).

The seven meetings gave UNA members opportunities to discuss their concerns about the drastic changes to their provincial collective agreement proposed by employers and changes proposed by the provincial government that will impact the LAPP.

The labour movement mobilized against the provincial government's planned changes to the LAPP through mass protests and direct lobbying of MLAs. On March 2, 2014, more than 2,000 Albertans gathered in Edmonton's Churchill Square to protest the pension changes. Despite -30C temperatures, the protest attracted thousands of people from across the province.

UNA held "how to lobby your MLA" workshops during the early 2014 district meetings. The workshops, presented by UNA Communications staff, helped equip UNA members with the information and skills needed to write letters, phone and meet with their MLAs about the pension changes.

On May 5, 2014 the Progressive Conservative and opposition MLAs voted to send Bills 9 and 10 to the Standing Committee for Alberta's Economic Future for public hearings. Many MLAs later publicly commented that it was the pressure of regular Albertans, meeting in their constituencies, which convinced them to back away from the pension changes.

Hundreds of union members submitted presentations to the Standing Committee for Alberta's Economic Future as it held public hearings in cities across Alberta. In September, new Premier Jim Prentice announced Bills 9 and 10 would be removed from the order paper, putting the government's pension reform agenda on pause.



UNA's 2014 Negotiating Committee.



UNA members braved the cold winter weather to rally in support of retirement security and against the Alberta government's dangerous pension reforms.



UNA Local 79 held a Wear White Wednesday information walk outside the General Hospital in Edmonton.

## Wear White was the message at UNA AGM

Delegates to the United Nurses of Alberta’s 37th annual general meeting voted overwhelmingly to encourage Registered Nurses throughout Alberta to wear white.

UNA’s high-profile “Wear White Wednesdays” campaign drew favourable responses from members, patients, their families and members of the public for more than a year as RNs used traditional white nursing garments to illustrate the low numbers of RNs in the health care system.

UNA President Heather Smith told the close to 800 participants in UNA’s AGM in November 2014 that it was time to extend Wear White Wednesdays to the rest of the week.

The delegates of the 2014 AGM recommended members of UNA wear white (or a combined white top with back pants) uniform in support of the efforts to advocate for safe staffing in the workplace, said the resolution passed this afternoon by delegates. The motion recognized this would not apply to some work sites.

The Wear White Wednesday campaign was also recognized on a national level when it was awarded “Best Campaign of 2014” by the Canadian Association of Labour Media.

## Redford resigns, Prentice becomes Premier

On March 23, 2014, Alison Redford resigned as Premier of Alberta and leader of the Progressive Conservative Association. Deputy Premier Dave Hancock succeeded her as Premier and interim leader of the PC Party.

Former federal cabinet minister Jim Prentice was sworn-in as Premier on September 15, 2014, and appointed former Edmonton Mayor Stephen Mandel as Minister of Health.



UNA President Heather Smith at the 2014 UNA AGM.



UNA members in Fort McMurray celebrated Canada Day in the community’s annual parade.



Calgary UNA members gathered near the city's Peace Bridge to celebrate Nurses' Week in 2014.

## UNA launches new intro website

UNA made it easier for new nurses to learn about how their union operates and the services it provides. The website - [introduction.una.ab.ca](http://introduction.una.ab.ca) - was part of UNA's new member orientation and included easy to access information about how the union helps new members. The website outlined UNA's mission for fairness in the workplace, its role in professional advocacy, and the benefits of union membership and included an online membership form and important links that new members could use to access union services.

## New UNA Local

Registered Nurses working at the Bethany Care Society facility in the central Alberta community of Sylvan Lake became the newest members of United Nurses of Alberta. The 10 RNs employed at the long-term care centre voted to join UNA on October 24, 2014.

## Ebola

UNA worked closely with AHS and Infection Prevention and Control in response to concerns by members that they were not properly trained or equipped to deal with a potential Ebola case in Alberta.

UNA also donated \$10,000 to Canadian Federation of Nurses Union (CFNU) efforts in support of Doctors Without Borders and the RN Response Network in Western African countries impacted by an outbreak of the Ebola Virus Disease.

## Calgary Cancer Centre delayed

United Nurses of Alberta was concerned by Health Minister Stephen Mandel's comments on December 18, 2014, that low provincial revenues tied to slumping oil prices could delay construction of a planned new cancer centre for Calgary and other important health care capital projects.

The centre was desperately needed to relieve pressure on the overcrowded Tom Baker Cancer Centre, where patients experienced long waits just to see an oncologist. Overcrowding was so serious that staff had difficulty meeting their triage requirements as they faced patient volumes they have never seen before.

## 2015

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UNA members joined many Calgarians in calling for the construction of a new Cancer Centre in the city.

## UNA and AHS hold meetings to discuss Ebola

UNA representatives continued to meet frequently with Alberta Health Services and Infection Prevention and Control officials to discuss issues related to preparedness for Ebola Virus Disease.

UNA representatives raised concerns brought forward by UNA members about the protocols, signage, and proper training and equipment available for treating patients thought to be infected with Ebola.

## CFNU put patient safety first

The Canadian Federation of Nurses Unions urged nurses and other health care workers to put safety first in 2015 by making the health and safety of health care workers, patients and communities a top priority.

This included dealing with serious infectious diseases, and the CFNU released a video in January 2015 about the state of Canada's preparedness for Ebola Virus Disease with the key message that we must protect the safety of nurses who care for patients.

CFNU and provincial nurses unions worked with public health care agencies and provincial governments across Canada to ensure proper protective equipment, training and staffing were available to protect health care workers.

## Taxation

Despite concerns about low oil prices and a determination not to increase taxes, the Alberta Government did not intend to freeze public sector wages or roll back collective agreements, Health Minister Stephen Mandel told a delegation from United Nurses of Alberta on January 13.

UNA President Heather Smith, First Vice-President Jane Sustrik and Labour Relations Director David Harrigan met the health minister at his request "to discuss Alberta's financial health."

While the meeting turned out to be short on discussion of Alberta's finances, Smith said, some important messages were nevertheless conveyed. In addition to promising there would be no wage freeze for UNA members, Mandel said the care of Albertans will not be tied to the economy of the province, Smith said.

## NDP form government

With a strong health care platform, the New Democratic Party led by former UNA Labour Relations Officer Rachel Notley formed government in Alberta, defeating the 44-year old Progressive Conservative government.

Two UNA members were elected to the Legislature. Cameron Westhead was elected MLA for Banff-Cochrane and Danielle Larivee as MLA for Lesser Slave Lake.

Westhead, an operating room nurse at the Foothills Medical Centre in Calgary and a member of Local 115, was until his election the South Central District Representative on UNA's Executive Board.

Larivee, a public health nurse in Slave Lake and former president of Local 315, worked in the region for 17 years throughout which she had been an active community volunteer for such organizations as Mothers Against Drunk Driving, the Regional Wellness Advisory Committee and the Community Friendship Temporary Mat Program.

## Canada's nurses put patients first in federal election campaign

Eight provincial nurses' unions including United Nurses of Alberta registered as third-party advertisers in the expected 2015 federal



UNA President Heather Smith speaks to the media after meeting the Premier at Government House.

election as Canada's nurses get ready to stand up for the country's health care system throughout the campaign.

The eight unions were all affiliates of the Canadian Federation of Nurses Unions concerned with the federal government's plan to cut \$36 billion from Canada's public health care system over 10 years.

"The needs of health care services are increasing, especially as our population ages, yet budget cuts make it impossible to answer those needs," said CFNU President Linda Silas at the campaign's launch at the start of National Nursing Week on May 11. "We cannot wait any longer to take a stand and defend our country's health care system."

## UNA challenge prompts court to rule Labour Code's strike bans unconstitutional

A judge of the Alberta Court of Queen's Bench made a landmark ruling in a case brought by United Nurses of Alberta that sections of the Alberta Labour Relations Code banning strikes by all employees of Alberta Health Services and other "approved hospitals" are unconstitutional.

The March 31 decision by Mr. Justice Dennis Thomas was the culmination of a fight by UNA against the blanket ban on strikes in the Labour Code that dates back to the early 1980s, when the restrictions were included in laws affecting most unionized workers in Alberta. Even before the election, the Government of Alberta consented to the ruling.

The blanket ban on strikes by all hospital workers was included in the Labour Code in 1983 after strikes by Alberta nurses in 1977, 1980 and 1982.

"UNA opposed the ban on strikes in 1983 and has opposed it since then," said David Harrigan, the union's director of labour relations. "We have always argued that nurses have the right to strike with reasonable measures to guarantee essential services as part of the collective bargaining process."

## CFNU Biennial Convention in Halifax

More than one thousand nurses, including more than 200 members of the United Nurses of Alberta, marched through the streets of Halifax on June 5 to demand federal leadership on Canada's public health care system.

The march was led by the Canadian Federation of Nurses Unions on the final day of its 2015 biennial convention. Its goal: with voters across Canada heading to the polls on October 19, the national nurses' organization was calling on all federal candidates to make health care a priority in that election.



UNA members at the 2015 CFNU Biennial Convention in Halifax.

## UNA members and Revera Inc. ratify new collective agreement

Members of United Nurses of Alberta and representatives of Revera Inc. ratified a new four-year collective agreement in mid-June. UNA members at three worksites in Calgary and two in Medicine Hat are employed by the Mississauga, Ont.- based company.

## UNA ratifies new collective agreement with AgeCare Beverly Centre Lake Midnapore

A new four-year collective agreement was ratified in mid-July by members of UNA Local 406 and their employer, AgeCare at Beverly Centre Lake Midnapore in Calgary.



Celebrating Nurses' Week in Provost.



UNA members at St. Mary's Hospital in Camrose celebrate Nurses' Week.



UNA members in Blairmore celebrate Nurses' Week.



Members of the UNA Good Samaritan Society Negotiations Committee

## New contract ratified by UNA and Capital Care Edmonton

After more than a year of negotiations, a new collective agreement was ratified by members of United Nurses of Alberta Local 118 and their employer, Capital Care Edmonton.

The new contract applied to UNA members employed at the following facilities: Dickinsfield; Grandview; Laurier House; Lynwood; Norwood; Strathcona Care Centre; Choice Program Dickinsfield; Choice Program Norwood; Kipnes Centre for Veterans.



The UNA Negotiations Committee at Touchmark at Wedgewood.

## British group visits Jasper to honour Edith Cavell, raise funds for nurses in crisis

Thirty-five nurses and nursing students from the United Kingdom accompanied by family members visited Jasper in late August to celebrate the life of nurse Edith Cavell and raise money for a British charity that supports nurses and other health professionals in financial or personal crisis.

In all, about 70 members and supporters of the Cavell Nurses' Trust visited Jasper National Park from August 22 to 29, as part of the centennial commemorations of the death of Edith Cavell, who was shot by a German Army firing squad on October 12, 1915, for helping Allied soldiers escape from occupied Belgium.

On August 24, the British group laid a wreath at the base of Mount Edith Cavell, 23 kilometres south of the Jasper town site. That event was attended by representatives of United Nurses of Alberta, including President Heather Smith, First Vice-President Jane Sustrik and Second VP Daphne Wallace, which later hosted a lunch at the Jasper Park Lodge for the visitors.



UNA members at the 2015 Alberta Federation of Labour convention in Calgary.



The volunteers at the 2015 UNA Stampede BBQ in Calgary.

Jon Penhale, Operations Director of the Cavell Nurses’ Trust, said the group was “excited to be holding our first international challenge at such a fitting location. We want to recognize the bravery of Edith Cavell but more importantly we want to raise vital funds to help today’s nurses, health care assistants and midwives are facing difficult times.” The group has called for a doubling of the number of nurses in the United Kingdom.

Mount Edith Cavell was named in 1916, after the death of the British nurse became an international cause célèbre, which did no good for the German war effort. The Cavell Nurses’ Trust was established in 1917. More information on the fund-raising effort can be found on the trust’s website, cavellnursestrust.org.

## UNA pleased by province’s new approach to encouraging flu immunization

UNA supported the government of Alberta’s efforts to encourage an increase in overall immunization rates among all health care employees.

At an Edmonton influenza vaccination clinic in early November, UNA President Heather Smith, UNA First Vice-President Jane Sustrik, Alberta Health Minister Sarah Ho man and other health care leaders urged all Albertans, and especially health care workers, to get immunized.

The provincial government, which emphasized an approach that encourages immunization by focusing on education, promotion and making it easy for health care employees to get their shots, hopes to achieve an 80 percent immunization rate among health care workers this year.



In 2015, UNA made a \$10,000 donation to the Red Cross following the disastrous earthquake in Nepal.

## 2016

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### Talk of zeros misleading: UNA expected 2016 negotiations to proceed normally

Was Alberta's NDP Government heading for "an almighty dust up" with public sector unions that are its traditional supporters?

This suggestion was made in a February 10 column by Calgary Herald political columnist Don Braid, who claimed that when Health Minister Sarah Hoffman raised the idea of constraining physician pay through changes to their compensation model, that meant zero might be the new normal for public sector pay increases.

However, UNA Labour Relations Director David Harrigan told Braid zeros are unlikely when public sector agreements are negotiated.

"Ralph Klein said the nurses would have to take zero and zero," Harrigan reminded Braid. "Ed Stelmach said the nurses would have to take zero and zero. Alison Redford said we'd have to take zero and zero. And we never did."



UNA's 2016 Negotiations Committee.

### Influenza cases continue to rise across Alberta

With three new deaths, total flu-related deaths this season had risen to 10 by mid February – seven in Edmonton and three in Calgary.

Influenza activity in Alberta continued at seasonal levels in early February, with localized activity in the Edmonton area and sporadic activity elsewhere, Alberta Health Services reported.



In 2016, Rachel Notley became the first Alberta Premier to address a UNA AGM.



## CFNU report called for new approach to health human resources planning

*“We must also work toward health care policies that focus on health care workers as individuals, and nurses as professionals with full lives, and not solely as angels of mercy.” - CFNU President Linda Silas*

The Canadian Federation of Nurses Unions published a report at the end of January calling for a new approach to health human resources planning to safeguard the quality of care for patients and families.

The report – entitled Bridging the Generational Divide: Nurses United in Providing Quality Patient Care – provided persuasive evidence of the effects of ‘boom to bust’ models of nursing, with health human resource planning changing with every shift in the political landscape.

It also painted a bleak picture of a troubled workplace where front-line nurses must struggle to meet their professional obligations to provide safe, quality care, in the face of excessive workloads and overtime, high nurse-patient ratios, and management that is too often removed from front-line realities.



Delegates at the 2016 UNA AGM.

## UNA welcomes new locals in Medicine Hat and Calgary

United Nurses of Alberta was proud to welcome two new locals to our union - UNA Local 420 at Sunnyside in Medicine Hat and Local 421 at the Father Lacombe Care Centre in Calgary included Registered Nurses, Licensed Practical Nurses, Health Care Aides and other allied health workers.

These were the second and third worksites at which UNA represented employees other than RNs and Registered Psychiatric Nurses.

UNA already represented RNs, LPNs and other health care workers at AgeCare Beverly Midnapore in Calgary.

UNA also welcomed the 37 Registered Nurses employed at Extendicare's Cedars Villa long-term care facility in Calgary.

## Wainwright UNA members improve obstetrics services through PRC action

United Nurses of Alberta Local 38 at the Wainwright Health Centre reported improvements to workplace conditions following the conclusion of a successful Professional Responsibility Concern.

After filing numerous PRC forms related to a lack of consistent training, mentoring, involvement and management direction in the obstetrical program, a plan was developed to improve communication with staff, identifying charge nurse duties, outlining clear expectations for new hires and a revised schedule that ensured consistent staffing.

A working group consisting of experienced and new Registered Nurses developed a set of guidelines with roles for the orientating nurse and the mentor. The employer improved the orientation and charge nurse binder so that all nursing staff would have access to the same information.

At a follow up meeting, the local and Employer agreed that the issue was resolved based on the action plan and that it would be reviewed in early 2016 to ensure the changes were effective. The issue was reviewed and considered resolved in January 2016.

## UNA mourned Labour Relations Officer Brent Smith

UNA members and staff were shocked to learn that Labour Relations Officer Brent Smith had died suddenly while on vacation in Cuba with his family.

Smith was a Registered Psychiatric Nurse who had been a UNA Labour Relations Officer for more than 15 years, and before that was a member of the Executive Board and of his Local Executive in Camrose.

"Brent was universally well loved and appreciated," said President Heather Smith, who informed members and staff of the loss.

"On a personal level, I worked with Brent on many occasions, especially in negotiations with Extendicare, where his skill, patience, determination, caring and decency was largely what kept us together," said Heather Smith. "Brent always had a smile on his face and a good word for all. He was truly one of the good guys."



UNA vice-president Jane Sustrik speaks to the media at a press conference at the Alberta Legislature.

## Kris Farkas retires after 22 years at UNA; other staffing changes take place

Kris Farkas, United Nurses of Alberta's Manager of Labour Relations, bade farewell to the union and took her retirement after 22 years in January.

"Kris's wisdom will be missed, as will her common sense," said UNA Labour Relations Director David Harrigan. "But in addition to her thoughtfulness, she had the vision needed to keep the Labour Relations department functioning at a high level."

Farkas joined UNA in 1993, originally as a Labour Relations Officer. A member of the legal profession, she has acted as union counsel at arbitrations, labour board hearings, and professional conduct hearings before College and Association of Registered Nurses of Alberta.

Farkas was also active in negotiating collective agreements, both at the provincial table and at small nursing homes and many other union functions.

Farkas was replaced by Labour Relations Officers Jeannine Arbour and Lee Coughlan, who both had the title manager of labour relations, working out of the Southern Alberta Regional Office in Calgary and the Provincial Office in Edmonton respectively.

## Fort McMurray wildfire

As flames licked at the edge of Fort McMurray and the city's nearly 90,000 residents prepared to follow orders to leave town, Alberta Health Services staff including many UNA members successfully evacuated more than 100 patients, among them nine newborn babies and their moms, from the Northern Lights Regional Health Centre. All were brought safely to Edmonton.

The devastating fire started on May 1, and on May 3 the mandatory order to evacuate the city was issued by city officials.

Nurses, physicians, managers, and maintenance and security staff at Northern Lights swung into action, choosing to remain with the hospital's patients, even though many of them had no idea where their own family members were as the flames began to threaten the city.

## Nurses Week

Throughout May, United Nurses of Alberta and the College and Association of Registered Nurses of Alberta together marked National Nursing Week and celebrated the work done by RNs in their role as the backbone of Canada's health care system.

The month-long outdoor advertising campaign – which featured traditional billboards, digital billboards and transit shelter posters – highlighted the letters RN, "two letters that make a vital difference to



UNA Local 96 President Heather Young speaks to the media about support for nurses following the Fort McMurray wildfire.



UNA's 2016 Nurses' Week advertising campaign.



UNA's Karen Craik and Jane Sustrik mark the end of Alberta's long-standing anti-strike laws.

our care,” and directed people who saw the ads to a web microsite, YourRN.ca.

YourRN.ca provided additional information on the nursing profession and the contributions made by RNs to Canadian health care.

In addition, UNA ran its own radio advertising campaign during Nursing Week with the message that members of the union are “on your side and at your side.” Voiced by UNA President Heather Smith, that 30-second radio message played on major stations throughout the province, reminding listeners how Albertans count on UNA’s Registered Nurses and Registered Psychiatric Nurses “for expert, professional care.”

UNA also purchased advertising during the Fort McMurray forest fire that praised the first responders dealing with the impact of the fire and told the people of Fort Mac that UNA members stand with them.

## UNA’s lawyers appear before the Supreme Court of Canada

As the holiday season was fast approaching in December 2016, United Nurses of Alberta staff were not slowing down in their commitment to fight for the rights of Alberta’s Nurses.

UNA Labour Relations Officer Martin d’Entremont travelled to Ottawa on Dec. 9, 2016, to advise UNA’s lawyers about a legal case being heard by the Supreme Court of Canada. The union was granted intervenor status at the country’s top court in a case related to additions in the workplace, an issue UNA has been advocating about for many years.

Having intervenor status allowed lawyers representing UNA to speak to the Supreme Court Justices about arguments the union had previously made at the Alberta Court of Appeal.

In that previous case, UNA argued an addiction should be seen as a disability and not a condition that a nurse should be punished for by their employer or professional association



UNA vice-president Daphne Wallace, Health Minister Sarah Hoffman and Local 115 President Kevin Champagne at the annual UNA Calgary Stampede BBQ.

## 2017

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### United Nurses of Alberta exchanged proposals with AHS and other Provincial Agreement employers

Negotiating representatives of United Nurses of Alberta and the four employers covered by the Provincial Collective Agreement exchanged proposals on April 3, formally beginning the process of bargaining the union's most complex and important contract.

UNA Labour Relations Director David Harrigan, chief negotiator of the union's 13-member Provincial Collective Agreement Bargaining Committee, described the employer's opening position as "among the most reasonable, modest proposals we have seen in provincial bargaining."

He characterized the employer bargaining team and the discussions thus far as professional and respectful.

### UNA, AHS and Covenant Health reaffirm commitment to PRC process

United Nurses of Alberta, AHS and Covenant Health issued joint statements reaffirming their commitment to the Professional Responsibility Concern process already included in UNA's Provincial Collective Agreement.

"In my view, this is the most important recognition of the Professional Responsibility Concern process since we were able to embed PRC committees in our collective agreements in the 1980s," said UNA President Heather Smith.

The joint statements – directed to UNA members and AHS and Covenant Health leaders – said that progress is being made toward improving the effectiveness of the PRC process and ensuring that PRC Committees are an effective, proactive and collaborative mechanism to address patient-care issues in our workplaces.

### Alberta government stays course in 2017 budget, not attacking health care or other public services

In its third budget since it came into office in May 2015, Alberta's NDP Government stayed the course of dealing with a difficult financial situation caused by low oil prices and a resource-dependent economy by refusing to attack front-line public services including health care and education.

Finance Minister Joe Ceci's March 16 Budget Speech was a dramatic change from the strategies pursued by past Conservative governments



UNA President Heather Smith (centre) with newly elected MLAs Danielle Larivee (left) and Cameron Westhead (right).



UNA members at the 2017 AFL convention.

and the demands of the two conservative opposition parties in the Legislature.

Media coverage and both opposition parties described the budget in harshly negative terms, particularly the government's insistence it would not slash or privatize essential public services.

## United Nurses of Alberta honoured with multiculturalism award

United Nurses of Alberta was honoured with a 2017 Robinson Koilpillai Multiculturalism Award by the Canadian Multicultural Education Foundation at its annual Harmony Brunch in Edmonton on March 19.

UNA Second Vice-President Daphne Wallace was on hand to receive the award for the union's support of its broadly diverse membership and its contributions to humanitarian missions throughout the world through financial grants to members who provide volunteer medical support abroad.

The organizers also noted UNA's view that access to Canada's and Alberta's publicly funded, publicly operated health care system is an essential right of all Canadian residents regardless of their citizenship or immigration status.

## UNA and Salvation Army Agape Hospice reach agreement after two bargaining sessions

United Nurses of Alberta and the Salvation Army Agape Hospice in Calgary concluded negotiations with an agreement after only two sessions of bargaining.

The new agreement included language on leave for victims of domestic violence, the first UNA agreement to include such provisions.

The negotiations were a dramatic change from the previous, protracted round of bargaining, for the all-employee unit during which the employer had pressed hard to delete a Letter of Understanding that ensured parity for UNA members in all classifications with Alberta Health Services employees. As a result, an agreement was reached only after arbitration, rather than through a negotiated settlement.

## More than 1,200 nurses from across Canada experienced moments serious and lighthearted at CFNU Calgary Biennium

More than 1,200 nurses from across Canada were treated warm western hospitality in Calgary by United Nurses of Alberta President Heather Smith and more than 400 UNA delegates during the Canadian Federation of Nurses Unions' 2017 biennial convention, from June 5 to June 9.

The convention, as described by its participants, was by turns powerful, emotional, thought provoking, practical, hilarious and inspiring.

When the business portion of the convention opened on June 8 after two days of workshops, delegates were moved by stories of abuse, neglect, resilience, perseverance, forgiveness and triumph as the unionized nurses turned their attention to one of the lives that led to the findings of the Truth and Reconciliation Commission – and what Canadians still need to do to reconcile our relationship with our First Nations compatriots.

Delegates had the opportunity to meet and discuss true health care heroes – Canadians and other medical professionals who venture into conflict zones to save lives and bring relief.

Canadian Armed Forces Captain Stephanie Smith, a Registered Nurse, recalled her missions in Afghanistan and Haiti during the roundtable session.

“Imagine going to work and having to treat bomb victims who are also your neighbours,” she said. “This is the reality of working on the front lines in a conflict zone.”



UNA members rally at the 2017 CFNU Biennial Convention in Calgary.

Johns Hopkins University epidemiology professor Leonard Rubenstein, chair of the Safeguarding Health in Conflict Coalition, called on nurses to demand protection for hospitals in conflict zones.

“Nurses and hospitals have become tar- gets for simply doing their jobs of providing impartial care,” Dr. Rubenstein said.

“Nurses can and do lead the way. Let’s educate people on the scope and catastrophic scale of the problem of violence on health care workers.”

## CFNU honours Jane Sustrik and David Harrigan with Bread & Roses Awards

Three prominent nursing union leaders – two of them from United Nurses of Alberta – were honoured for their advocacy at the Canadian Federation of Nurses Unions’ 2017 Biennial Convention June 8 in Calgary.

Jane Sustrik, UNA First Vice-President, and David Harrigan, UNA’s Director of Labour Relations, received CFNU’s prestigious Bread & Roses Award. Saskatchewan Union of Nurses President Tracy Zambory also received the honour.

“The remarkable careers of these nurse advocates are an inspiration to us all,” CFNU President Linda Silas said during the ceremony. “We will continue to rely on them for their leadership and insights as we confront the serious challenges facing Canada’s health care system.”

Jane Sustrik’s union involvement began in 1984. In the years since, she has held many union positions with both the Staff Nurses Association and UNA. She has a record of success advancing the rights of working people, especially her col- leagues in nursing, as well as the profession of nursing. She became First VP of UNA in 2013.

David Harrigan’s successes at the bargaining table for UNA members are legendary, and throughout his career as a Registered Psychiatric Nurse, union advocate and senior UNA employee he has been a tireless



UNA Director of Labour Relations David Harrigan and First Vice-President Jane Sustrik were awarded the Bread and Roses Award at the 2017 CFNU Biennial Convention.



More than 400 Alberta Nurses participated in the 2017 CFNU convention in Calgary.

advocate for the rights of all working people. He has been UNA's labour relations director since 1989.

Four CFNU Bread & Roses Awards are given each year, two to practicing nurses and two to others who have made outstanding contributions to policy, decision-making, patient advocacy and public awareness of nursing issues.

## CFNU and member organizations make strong commitment to helping HIV-AIDS initiative in Africa

CFNU and its member organizations announced a three-year, \$135,000 annual commitment to the Stephen Lewis Foundation to combat HIV and AIDS in Africa.

The announcement, made during CFNU's Biennium Convention in Calgary, said the money would be used to assist the foundation's work with community organizations that provide support to women, orphaned children, grand- mothers and people living with HIV and AIDS in Africa.

## Notley juxtaposes Alberta policies with those of nearby conservative provinces

When Alberta NDP Premier Rachel Notley addressed nurses at CFNU's Calgary Biennium, she began by thanking them for the work they do.



UNA members at the 2017 Calgary Pride Parade.



UNA members attended the government press conference announcing the construction of a new hospital in southwest Edmonton.

“There are few things in life that are more frightening than seeing someone you love in a hospital bed,” she observed. “And there are few things in life more re-assuring than seeing the face of a smiling nurse ready to care for your loved one.”

Notley’s remarks to 1,200 nurses from across Canada at the TELUS Convention Centre then turned to today’s economic and political challenges. She juxtaposed the policies of her government with those of the two conservative governments on the Prairies.

“Look for a moment at the decisions being made by Prairie provinces, who will remain nameless, east of Alberta, where they are only making life harder for regular families, families who are already hurting,” she said.

## Changes To Labour Laws

Extended maternity leave, parental leave, compassionate leave and guaranteed job protection for long-term illness and personal family leave were among improvements included in 2017 changes to Alberta’s labour laws.

Amendments to the Employment Standards Code and Labour Relations Code included in Bill 17, the Fair and Family-friendly Workplaces Act introduced by Labour Minister Christina Gray became law in June 2017.

“This is not a cutting-edge, lead-the-country reform,” said labour lawyer Andrew Sims said at a press conference announcing the changes to the Alberta Labour Relations Code. “It is in most respects a bring-the-best-experiences-from-elsewhere to Alberta.”

A respected expert in labour law, Sims was hired by the government to conduct the review of the law governing labour relations in unionized workplaces.

Other changes include creation of a first-contract arbitration model for newly unionized employees seeking their first collective agreement and simplified union certification and decertification.



UNA members grill hamburgers and hotdogs for close to 1,000 Calgaryians at the annual UNA Stampede BBQ.