United Nurses of Alberta
News Bulletin

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Strength in Unity

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Getting informed for bargaining

Heather Smith
President, UNA

This is a particularly important Newsbulletin for every member covered by the provincial facility or community agreements, as well as many members working in long-term care facilities who share the March 31, 2003 contract expiry date.

A detachable survey is enclosed for you to identify your personal expectations for improvements in our next collective agreement. Please complete this survey and return it to your Local President. This is the most important step in our preparations for province-wide bargaining.

This Newsbulletin contains an abundance of information including how contract talks are going for our colleagues in other provinces, some comparison information about different provincial agreements and the latest on events supporting public health care and participating in the Romanow Commission.

The pewter pin enclosed with this issue pays tribute to our 25th anniversary. The Executive Board of UNA felt it was important to provide this commemorative pin in time for 2002 Nurses Week.

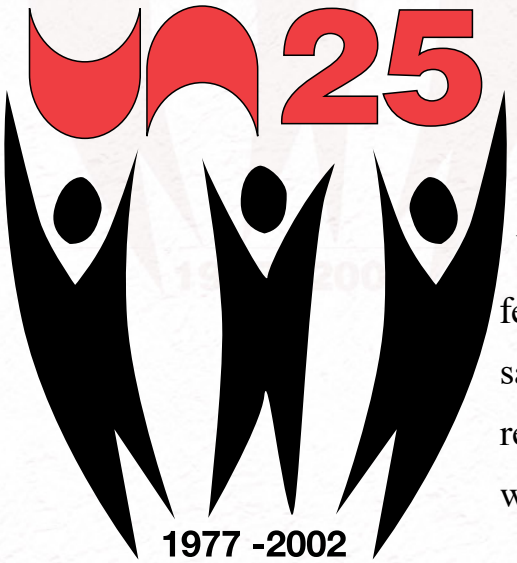
It is often difficult to believe that we have reason to celebrate when nurses struggle daily to create safe work environments where we can provide quality care. The recent provincial budget has some Regional Health Authorities threatening closures and layoffs. Some Employers are pressuring managers to violate contractual obligations on overtime. Others suggest inappropriate staff mix changes. Do politicians and appointed health authorities not understand these actions erode our efforts to stabilize our workforce? Regardless of the problems still facing us and how much more we need to accomplish, it is important for us to also take pride in our achievements. During the last 25 years, the collective will of nurses in Alberta has moved our contractual rights and entitlements 'light years' ahead. Colleagues across Canada point to Alberta as the new standard to aspire to.

Before the next Newsbulletin, much will have transpired. Roy Romanow will have visited Calgary and Edmonton (welcomed, we hope, by record turnouts of Albertans celebrating public health care). The April 28th International Day of Mourning for workers injured or killed will be honoured. May Day will be marked by public activities across Alberta. Nurses Week events will pay tribute to the value contributions nurses make in their workplaces and in their communities.

As we emerge from a prolonged cold winter, I encourage all of us to participate in whatever way possible. Complete the bargaining survey. Attend the noon time celebrations during the Romanow hearings (April 30th in Calgary or May 14th in Edmonton). Fill in the Romanow workbook at www.healthcarecommission.ca.

Our efforts today are an investment in the equality and accessibility of our health system in the future.

25 Years of Strength in Unity



UNA celebrates Anniversary

UNA is celebrating its 25th birthday this year and festivities are beginning. "The theme for our anniversary year is 25 Years of Strength in Unity, and I think it really speaks to how much nurses have accomplished by working together," says UNA President Heather Smith.

Special 25th Anniversary pins for every member to wear are included with this mailing as a first component of the celebration. UNA is also preparing a campaign to heighten public awareness of the role and importance of registered nurses. Initial advertising will come out to coincide with Nursing Week and more messaging will come out in the fall months.

Celebrations of the Anniversary will be front and centre at the provincial Annual General Meeting in October.

"Registered nurses have done a lot to change nursing in this province since we began working as a union," says Heather Smith. "There is far more recognition of the role registered nurses play in our health system and nurses are far more highly-valued than we were 25 years ago. We have all achieved this by working together."

When nurses created UNA, salaries were much lower than today. A starting nurse 25 years ago made $6.28 an hour. That was already a significant increase that came about through several years of negotiations by UNA's predecessor, the Provincial Staff Nurse Committee of the AARN. Just seven years before, in 1970, registered nurses were earning just $440 a month, or about $2.61 an hour.

Recognition of the value of registered nursing is just part of the accomplishment. UNA members, and their Locals have made considerable progress on a number of fronts. By developing strong negotiating proposals and standing solidly behind their negotiating committees, nurses have bargained substantial improvements. Professional Responsibility Committees give nurses a mechanism to use to advocate for quality nursing care and quality health care for patients, clients and residents. Nurses have insisted on improved work scheduling which helps prevent fatigue from impairing good patient care.

"Our work as a union has taken place at an historic time for women in Canada," says Heather Smith. "We have brought nursing from being an under-valued woman's job to a highly-valued profession."

Twenty-five years ago, the nurses who pushed to create UNA were involved in a highly controversial project. On May 6, 1977, 1300 nurses attended a stormy general meeting of the AARN where Gurtey Chinell, who became the first UNA President, announced that an independent bargaining organization was being formed. On June 14, the PSNC moved into new offices as the United Nurses of Alberta.

"It has been the ability of Alberta's nurses to come together, as Locals and as a provincial organization, that has given us the ability to negotiate and achieve as much as we have," says Heather Smith. UNA merged with the Staff Nurses Association in 1997 which further increased nurses' collective strength. More recently, the Calgary, East Central and David Thompson community nurses have joined so that the great majority of registered nurses in Alberta are now working together.

"We are also working with nurses from across Canada through the Canadian Federation of Nurses Unions (CFNU), and with other union groups through our affiliations with the Canadian Labour Congress and the Alberta Federation of Labour," Heather Smith notes. "We have increased our capacity to advocate for the well-being and good health care of all the people we serve. Today, that includes defending the public Medicare system as the fairest and most efficient delivery of health care of all Canadians."

UNA prepares response to Labour Relations Board recommendations

Employer-wide bargaining units would be a huge change

The Labour Relations Board (LRB) is moving forward on significant changes in labour relations in the province's health system. A recently-released LRB report makes many recommendations, including Employer-wide bargaining units.

"The LRB proposals raise many big questions for us," says President Heather Smith. "We need to decide how to respond to the proposals and how changes would affect our internal structure and our negotiating position. All Locals and members should be prepared to begin discussing these issues."

"All Locals and members should be prepared to begin discussing these issues." *-President Heather Smith*

The provincial Executive Board has set out a process and struck an ad-hoc "Structural Review Committee" (SRC) to examine the options and assist in developing a UNA response for the LRB. The Structural Review Committee will make a proposal for a UNA Local structure that would best meet the needs of members. The recommendations will be circulated to all UNA Locals for discussion and feedback.

Employer-wide bargaining units would mean that all the hospital sites under one Employer would join under one union certificate. As an example, in Calgary the Foothills, the Peter Lougheed, the Rockyview, the Alberta Childrens and the Colonel Belcher, would become one bargaining unit. Currently each UNA facility site has a separate union certificate and is a separate Local. UNA needs to decide on a Local structure to best represent members if the unified bargaining unit change goes ahead.

Most Community Locals are already region-wide. The LRB report proposes that nurses in acute care, community, long term care and mental health remain segregated with separate bargaining units for each sector.

Health Region Employers want to deal with one bargaining unit rather than several different Locals. They may see a change to one Employer-wide unit as a way to unilaterally move Employees from one site to another to address "peaks and valleys" in staffing. The Facility Agreement already has Addenda (B, O, P and Q for Caritas, and the Capital and Calgary Health Regions) that enhance portability of seniority, etc. for Employees changing jobs between bargaining units in a Region. That is much different from a single Employer, where a job could be moved from one facility to another. New provisions would be necessary to protect Employees from unilateral changes to the location of their work.

Employer-wide bargaining units would benefit Employees who currently work at more than one job at different sites with the same Employer. They are denied recognition of concurrent hours for progression on the salary grid and that would likely change.

All these questions as well as others on seniority, job postings, and work-site locations could all come up as issues in the next provincial round of negotiations.

A UNA analysis of the LRB recommendations is available in the News Conference on UNA*Net.

AARN reviews delegation guidelines

Many nurses have expressed concern that the Alberta Association of Registered Nurses (AARN) has withdrawn the Guidelines for Registered Nurses, Part 1:Delegation and Supervision of Client Care; Part 2: Working With Licensed Practical Nurses; and Part 3: Determining the Appropriate Category of Care Provider".

"The Provincial Council decided to withdraw the documents because it was getting time for them to be reviewed, all documents are reviewed every five years, we were almost at the end of that time period," says Sharon Richardson, President of the AARN. She points out that under the Health Professions Act there will be no such terms as delegation and supervision. The HPA was passed in 1999 and is set to become law as accompanying Regulations are proclaimed into law. "Each of the 28 disciplines is autonomous and comes under its own scope of practice and is not supervised by any other profession," she notes.

Richardson said that some nurses may have had some misunderstandings about their perceived responsibility. "An RN can hardly be held accountable for the quality of care delivered by another caregive that she has not hired," she says. " The Employers are responsible for ensuring the competency of caregivers they hire, whether its an RN, LPN or any other category."

Richardson highlighted the importance of the one portion of the guidelines "Part 3: Determining the Category of Care Provider" which is being revised for possible re-issue as early as this June." Richardson says this document "…was of most value to the largest number of members and especially to managers because they used it as the guide for determining appropriate categories of care providers"

RNs can delegate patient care to another professional only when it falls within that professional's scope of practice, she says.

"RNs have to know when assigning duties… what's in the 1997 guidelines

Romanow public Medicare hearings coming to Alberta

Hearings showing strong support for Medicare

The Canada-wide public hearings of the Royal Commission on the Future of Health Care kicked off in Saskatchewan, Manitoba and BC with strong statements in support of universal Medicare. Commissioner Roy Romanow said the "Citizens' Dialogue" sessions are a key part of his strategy to create a national consensus on the Medicare.

Anyone can follow the public hearings closely with detailed summaries on the Commission's website (www.healthcarecommission.ca). Some of the proceedings are also being broadcast on the Canadian Parliamentary channel, CPAC, but most are in the very early morning hours. (Vancouver hearings for example are being broadcast in Alberta at 1 am, March 15… set your VCR if you want to watch it later. The Edmonton session on May 14 is set to broadcast live, starting at 8:30 am. Check www.cpac.ca for schedules).

Have your say with the Commission Workbook

A quick way to have input to the Romanow Commission is through the "Consultation workbook" on the website. It only takes a few minutes to answer the questions and the results will no doubt be tallied up for the final report. As of late March 6608 people have filled in the report, but only 10% of them were from Alberta.

For supporters of public health care, most of the answers are pretty straightforward, but other questions are trickier.

For example, " I think Canadians who can afford to should pay more for their health care services?" This sounds like a reasonable proposition in some ways, but runs completely counter to one of the core principles of Medicare, care provided on the basis of need and urgency, not on wallets. Only very few Canadians can really afford to pay more. For most of us, paying for Medicare through taxes, and never worrying about needing services is the Canadian solution.

The questionnaire does address the role of registered nurses through a series of questions headed up with: "Please indicate how favourable or unfavourable you feel toward a team-based approach of health care delivery." Report after report has recommended this approach, even though the Workbook warns, it would mean changes like "being limited in getting a second opinion?"

Anyone not using the world-wide web can also complete the survey through the traditional paper and mail approach.

Everyone can also apply to be heard at the Commission Hearings or can make a written or electronic submission on Medicare's future.

www.healthcarecommission.ca

1-800-793-6161

Celebrate Canadian Medicare

Rally at the Romanow Commission Hearings

Calgary:
12 Noon Tuesday, April 30
Outside the Red & White Club
1833 Crowchild Trail NW

Edmonton:
12 Noon Tuesday, May 14
Hotel MacDonald

Friends of Medicare calls Keep Medicare Well celebrations

Friends of Medicare is calling on public health care supporters to welcome Commissioner Roy Romanow to Alberta with an outstanding display of support of our public health system.

Enjoy a celebration with music, flowers and a message for Roy Romanow.

Show Roy Romanow and the Commission on the Future of Health Care how much Albertans value Medicare.

For more information please call: (780) 423-4581

Health Professions Act will change delegation

that extended the LPNs' scope of practice. They need to know which LPNs are able to practice to those guidelines. And the LPN needs to tell them that, it's not up to the RN to play Sherlock Holmes," she says.

The Licensed Practical Nurse Regulation of 1997 does indicate that RNs, RPNs and physicians "may delegate practical nurse services to a Licensed Practical Nurse." The Regulation specifies:

(2) A Licensed Practical Nurse, on being delegated under subsection (4)

and within guidelines approved by the Board, may provide the following services that LPNs may:

(a) prepare and administer percutaneous medications;

(b) prepare and administer oral and subcutaneous medications if the Licensed Practical Nurse has

(i) graduated after 1995 from a program of studies referred to in section 2(1)(a), or

(ii) completed advanced training approved by the Board;

(c) assess and maintain intravenous infusions if the Licensed Practical Nurse has

(i) graduated after 1994 from a program of studies referred to in section 2(1)(a), or

(ii) completed advanced training approved by the Board.

These regulations will expire when the Health Professions Act (HPA) is proclaimed into law. The new HPA Regulations are being drafted by each of the 28 professions now, and when that process is complete that profession's regulations will be proclaimed as part of the new HPA law.

Sharon Richardson reports that the AARN, as a "stakeholder", is currently reviewing the draft LPN regulations that were prepared by the College of Licensed Practical Nurses of Alberta. The AARN will be submitting its draft RN HPA regulations to the Department of Health and Wellness soon, and all stakeholders will be reviewing the AARN's proposal.

What nurses are getting across Canada

As UNA begins the process of provincial negotiations, it is useful to look at how nurses are doing across Canada. This brief summary looks at collective agreements from other provinces and some of the provisions that benefit nurses.

Nursing negotiations across Canada

Manitoba nurses settled on a new agreement April 1, that will give them a 20% increase over two-and-a-half years. The nurses were about to start strike action, with an overtime ban, when the deal was reached.

Saskatchewan nurses have called for a strike vote on April 23 in their negotiations.

Last summer BC negotiations came to an abrupt end when the new provincial government legislated their contract unilaterally. Then the Campbell government brought in more laws that chopped away at contract provisions to give health Employers "more flexibility."

In Newfoundland, nurses are at the end of mediation and on March 25-26, NLNU Branch Presidents gathered in St. John's for a progress report.

Manitoba

Manitoba nurses are voting April 17 on ratification of a new agreement with a 20% wage increase and substantial premium increases. Policies on zero tolerance of staff abuse and a new joint committee on full-time and part-time staffing ratios were some of the major language gains. The new agreement also brings in an extra 5% increase for Northern nurses.

The tentative settlement "addresses the majority of the priorities put forward by members, the first of which was wages," said Manitoba Nurses Union Maureen Hancharyk.

Night shift premiums rise to $1.75 an hour, weekends to $1.35. The agreement has new language on guaranteed hours of work that will reduce shift cancellations and it also includes improved seniority provisions on unpaid sick leave. The deal also provides for portability of benefits for nurses moving to different jobs within the province. In a significant advance for the Manitoba Nurses Union, home care nurses will now be included in all the standard provisions of the central agreement.

On March 18th nurses delivered a strong strike mandate with an 88% strike vote. They had been through months of negotiations that cleared 29 Employer-proposed rollbacks off the table, but money offers were still low.

Saskatchewan

The Saskatchewan Union of Nurses (SUN) Negotiations Committee was "shocked and extremely disappointed" when after lengthy negotiations the Employer finally put its monetary proposal on the table: 3% in each year for three years and 1.78% of straight time payroll to be spread over three years for all other monetary proposals. At the end of March SUN was still in negotiations, but preparing to take a strike vote.

"This proposal is not the solution to retain nurses. In light of the drastic nursing shortage and the inability of Saskatchewan to retain and recruit nurses, it is incomprehensible that the 3-3-3 public sector mandate would be offered to nurses," said SUN.

Saskatchewan's nursing shortage has been worsened by a loss of staff attracted to higher salaries in Alberta. SUN is looking for parity with Alberta which would mean an increase of about 30 percent.

Newfoundland

Nurses bargaining went into conciliation (mediation) in March as the Newfoundland and Labrador Nurses' Union (NLNU) mounted a public awareness campaign called Caring is Our Cause. A 1999 strike saw nurses forced back to work by legislation and that agreement expires in June. Newfoundland nurses are the lowest paid in the country.

Ontario

In January, Ontario nurses finally reached and ratified a mediated settlement for a three-year contract that runs until March 31, 2004. It included an 11% salary increase over the three years. In 2002 the top Ontario rate will rise to $32.71, slightly higher than the top Alberta rate of $32.42.

Contract Comparison • UNA/ONA/BCNU • Effective 1 April 2002

	UNA	ONA	BCNU
Overtime Rate	2.0x basic rate of pay	1.5x basic rate of pay	1.5x basic rate of pay
Evening Shift Premium	$1.75/hr	$1.00/hr 1 April 2003: $1.10/hr	$0.70/hr
Night Shift Premium	$1.75/hr	$1.25/hr 1 April 2003: $1.35/hr	$1.75/hr
Weekend Shift Premium	$1.75/hr	$1.35/hr 1 April 2003: $1.45/hr	$1.00/hr
Super Shift Premium (23:30 - 07:30 Fri/Sat, Sat/Sun	N/A	N/A	$1.00/hr on top of other premiums.
In-Charge	$1.75/hr $2.00/hr (1 shift or longer)	$1.40/hr Group/Team Leader: $0.70/hr	$1.25/hr or $9.38/shift, depending on unit
Preceptor / Mentorship Pay	$0.65/hr	$0.60/hr	None
Education Premiums	CNA/clinical care/lactation consultant/1 year nursing course - $0.50/hr BScN $1.25/hr MA $1.50/hr PhD $1.75/hr	Only in local conditions.	CHA/CNA/BCIT/1 yr. Nursing course - $25/month Adv. Clinical Prep / Adv. Psych Dip / RN & RPN designation - $50/month BN - $100/month MN - $125/month
On Call	$3.00/hr $4.25/hr on a day of rest or Holiday	$2.50/hour $3.00/hr on Holiday 1 April 2003: $2.90/hr $3.40/hr on Holiday	$2.00/hr for the first 72 hours in a calendar month $2.50/hr over 72 hours
Call Back	3 hrs minimum at 2x pay Telephone consult min. of 30 min. at 2x	4 hrs minimum at 1.5x pay	2 hrs minimum at 1.5x pay
Vacation: Full Time	15 days (year 1) to 30 days (year 20) Supplementary vacation: 5 days at 25, 30, and 35 years.	15 days (year 1) to max of 30 days (year 23). Supplementary vacation: 5 days at year 30 and 35. 1 April 2003: 30 days at year 22	20 days (year 1) to 45 days (year 29) Supplementary vacation: 5 days at 25 years; 10 days at 30 years; 15 days at 35, 40, and 45 years.
Vacation: Regular Part-Time	6% of regular hours worked (year 1) to 12% of regular hours worked (year 20) toward paid vacation leave	% pay plus guaranteed unpaid leave at FT entitlements. Increment: 1500hrs = 1 year (1500 hrs of service = 3 weeks of unpaid leave & 6% on each cheque.	Vacation leave on pro-rata basis: (Paid hours excluding overtime ÷ 1879.2) x regular pay x yearly vacation entitlement.
Education Leave	3 Days annually at basic rate of pay.	Leave with pay for short courses, workshops, seminars, or exams at the discretion of Employer. No maximum.	1 paid day by employer for each day volunteered by employee for approved education. Maximum of 9 paid education days, cumulative from 1992.
Sick Leave: Full-Time	1.5 days/month to a maximum of 120 days	Insurance Plan - for first 15 weeks. EI for next 15 weeks. LTD after 30 weeks. Insurance Plan: 1st yr 70% pay, 2nd yr 80%, 3rd yr 90%, 4 yr + 100% pay for 15 weeks.	1.5 days/month to a maximum of 156 days
Sick Leave: Part-Time	1.5 days per month, pro-rated on regularly scheduled hours and additional shifts.	None. 13% of earnings paid in lieu of benefits, including sick leave and named holidays.	Accumulated according to formula: (Hours paid per month excluding overtime x 1.5) ÷ 156.6 to a maximum of 156 days.
Family /Special Leave	4 Days Special Leave for family illness or pressing necessity.	N/A	Special Leave bank to a maximum of 25 days accumulated at 0.5 days every 4 weeks;. 1 day for paternity; 2 days for serious illness of spouse or child; 1 day plus 1 day travel may be added to compassionate leave; 5 days for marriage
Part-Time Benefits	On the same basis as full-time employees.	13% of basic rate of pay in lieu of all benefits. May opt into benefit plan at full cost.	Medical, extended health and dental plan coverage, LTD and group life insurance premiums on the same basis as full-time employees. Other benefits available on a pro-rated basis.
Vision Care	$300 per year for eligible employees and dependents	$200 every 24 months per person.	$225 every 24 months per eligible employee or dependent
Hearing Aid	Coverage not assured under all plans. Standard PHAA plan, $300 every five years.	$300/person lifetime maximum	$600/person every four years.

Part-time and Casual provisions

Almost half of Alberta's registered nurses work part-time and provisions for part-time and casual Employees are an important part of negotiations. The 2001 provincial agreements saw part-time and casual nurses make significant gains, benefits that are NOT pro-rated to what full-timers receive.

- $100 of AARN fee reimbursement for all working 0.4 FTE or greater
- Four Special Leave days
- Vision care, including exams and $300 for lenses
- supplementary vacation at 25 and 30 years of service

Part-time and casual benefits in other agreements have many differences.

Ontario

Part time and full time have separate seniority lists

- part-time Employees receive 13 percent in lieu of sick leave, Named Holidays and benefits
- part time Employees are paid 1.5 times for working a Named Holiday,
- if a shift schedule is changed with less than 24 hours notice, the Employee recieves 1.5 times for next shift worked.
- part time Employees do not receive health benefits. They may opt in at 100% their own cost.

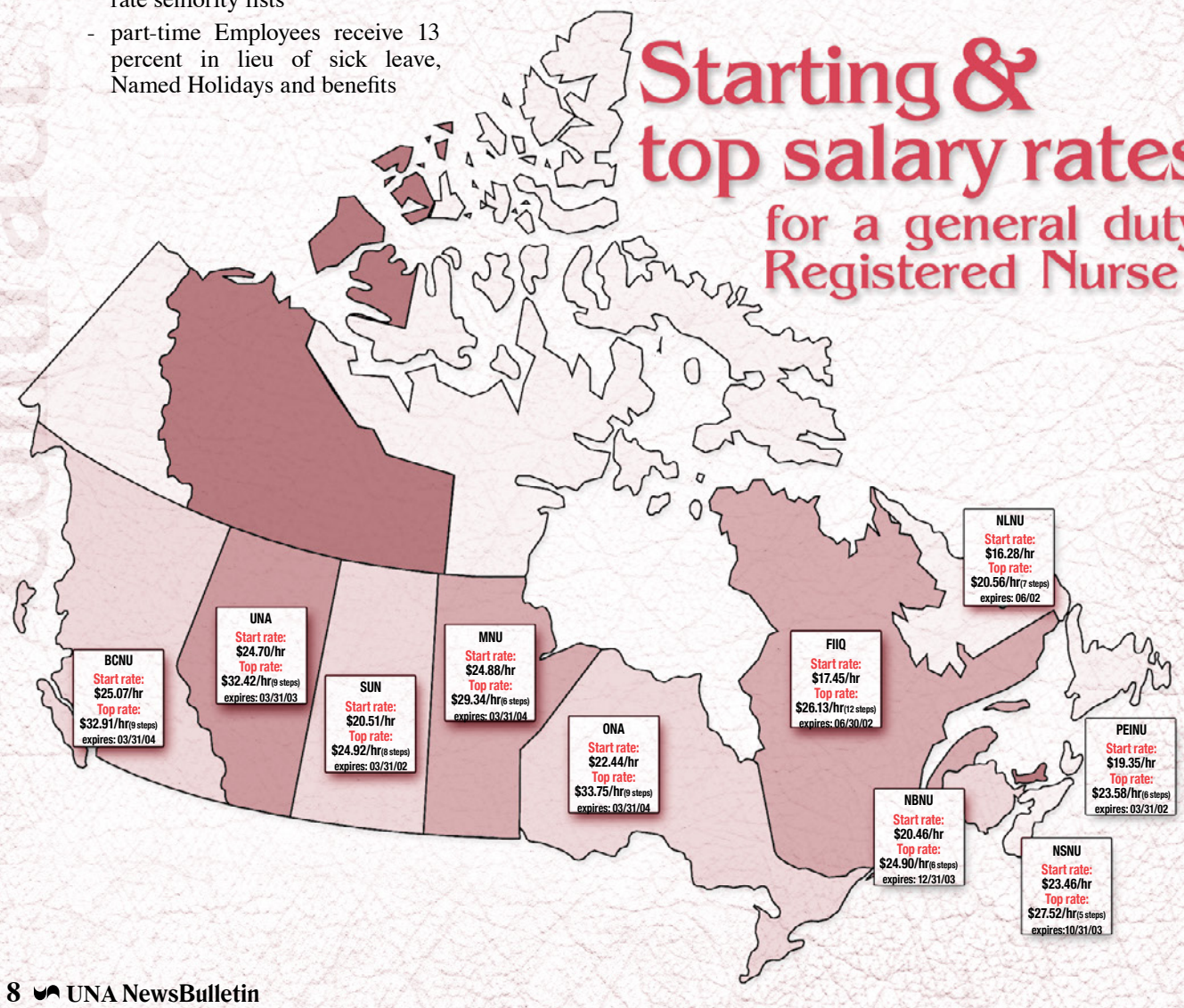
BC

- benefits are pro-rated for part-time.

Saskatchewan

- Casuals scheduled in advance receive forty-eight (48) hours. notice of cancellation of scheduled shift(s). Without notice, of cancellation of scheduled shift(s) the Employee is paid regular earnings for any shift(s) cancelled within the forty-eight (48) hour period. Casuals are not required to work more than two (2) consecutive weekends unless the Employee requests in writing.
- part-time vacation credits are accrued and paid out during the normal vacation period when requested by the Employee.
- Casuals have the option of accruing their vacation pay for pay out during a period away from work as vacation or of having vacation paid out on each cheque.
- Part-time and casual accumulate Family Leave credits on a pro rata basis to a maximum of five (5) working days [forty 40 hours].
- Employer pays full professional fees for all nurses, but only the higher fee for a nurse who may have two separate registrations
- benefits are pro-rated for part-time and casual

Starting & top salary rates for a general duty Registered Nurse



Interesting collective agreement provisions across Canada

Nurses' collective agreements across Canada have some innovative approaches to different issues. In British Columbia, for example, "troubleshooters" work at resolving grievances. In Ontario, the professional responsibility process involves a tribunal of three registered nurses. Alberta nurses can look to these agreements for new and creative solutions. What follows is a look at some of the innovative "language" of different agreements.

ONA Professional responsibility process:

If a professional responsibility complaint is not resolved, it is forwarded to an independent Assessment Committee composed of 3 registered nurses, one chosen by ONA, one chosen by the Hospital and one chosen from a panel of independent registered nurses who are well respected in the profession (who acts as chair). The Assessment Committee is empowered to investigate as necessary and make what findings as are appropriate in the circumstances.

BCNU on Contracting Out

The Employer agrees not to contract out bargaining unit work to any outside agency or individual that will result in the layoff of Employees within the bargaining unit.

*this language has been deleted though by Bill 29 rendering it illegal for any collective agreement to have "no contracting out" wording.

BCNU Industry Troubleshooter

If a grievance is not resolved at Step 3, the grievance may be referred to the Industry Troubleshooter and/or arbitration

Three individuals are listed in the Collective Agreement (or others as agreed) to act as Industry Troubleshooters. They may investigate and define the issue and make written recommendations to resolve it. This is to be completed within 5 days of the date of the receipt of the request. If the dispute is not resolved by the Troubleshooter, the grievance may be referred to arbitration.

BCNU Expedited arbitration

The Employer meets monthly to review outstanding grievances to determine which grievances may be suitable for expedited arbitration. Four arbitrators are listed as agreed and expedited arbitration dates are scheduled monthly. The process is intended to be informal, lawyers are not used to represent either party and presentations are to be concise. Prior to rendering a decision, the arbitrator may attempt to mediate the dispute. If mediation fails, or is not appropriate, the arbitrator renders a decision within 3 days. Decisions are not precedent setting.

The Collective Agreement also has a mechanism to determine "provincial grievances" or "industry-wide application dispute". There is an agreement that if there is an industry-wide interpretation issue, an arbitration is binding on all Employers and Locals.

BCNU Classification Review

The Collective Agreement has a procedure for reviewing the classification of individuals. Disputes over the appropriate classification go to arbitration. Again, a list of 2 agreeable arbitrators are listed in the Collective Agreement. The classification arbitration process is described in detail, the parties are limited to 4 hours presentation each, staff representatives are to be used, the award to be issued within 30 days of the hearing.

BCNU Change in Classification.

The Employer must give notice to the Union if there is a significant change to the job content of a position. If the Union disagrees with the classification assignment, there is a formal process for objecting and the matter goes though a Job Classification Review Procedure. The procedure is similar to Article 21.

There is also a provision for an Employee, if she or he considers that there has been a significant change to the job content of the position held, the Employee may initiate a grievance. If not resolved, the Job Classification Review Procedure is to be used.

Quebec Family Leave

Quebec hospital nurses have up to six days per year of family leave when their "presence is explicitly required" for the health, safety or education of a child. The days are taken from the sick leave bank, and the Employees are required to notify the Employer as early as possible.

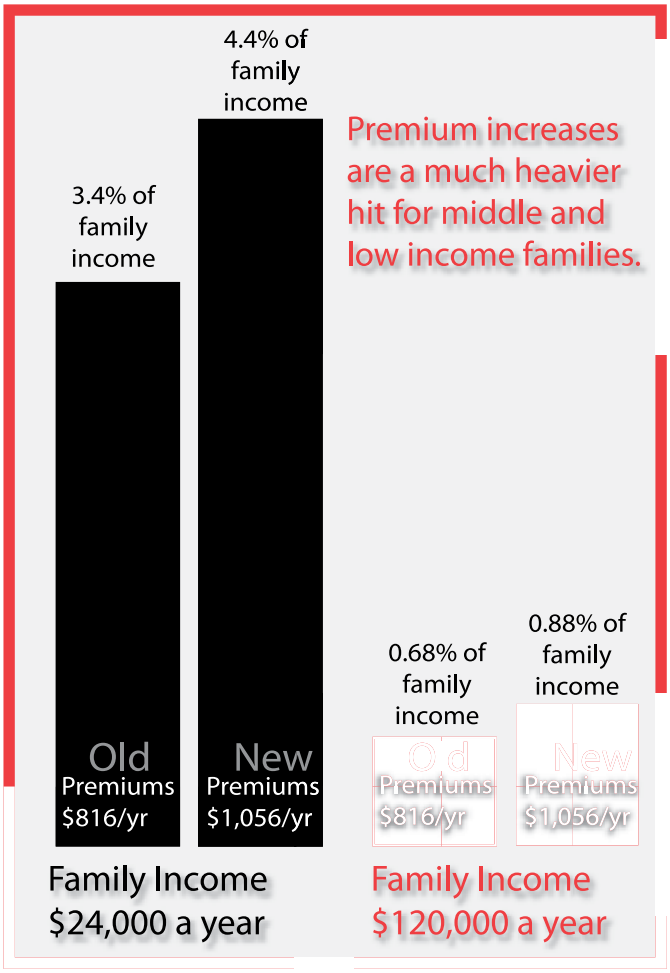
Quebec Maternity Leave

Quebec hospital nurses have access to a 20 week maternity leave and they can choose the timing of the leave, and the split pre and post delivery of this leave. Mothers of a still-born child also have the right to this leave. During the 20-week leave, Employment insurance benefits are topped up to 93 percent of regular salary and Employment Insurance "waiting periods" are covered at 93 percent. Pregnant Employees or those who are breastfeeding a baby have the right to be accommodated in a job position that is safe for the mother and the unborn or nursing child. If no accommodation is possible the Employee is given paid leave.

If health care costs are rising so much, why not increase health care premiums?

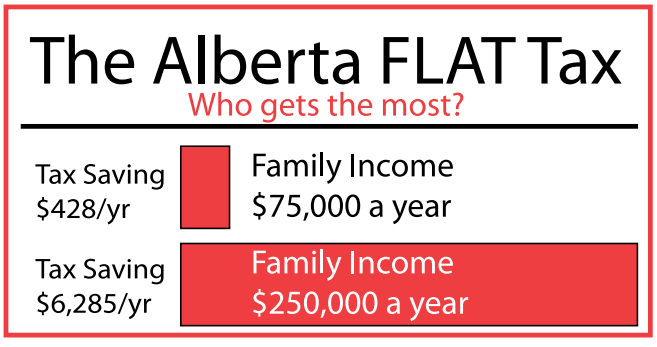
A look at how unfair health care premiums are

Health and Wellness Minister Gary Mar just squirms when opposition members try to pin him down on calling health care premiums what they really are, a tax. The government prefers to say that premiums help to pay for some of the "spiraling" costs of our health system. But everyone else, the opposition parties, the Canadian Taxpayers Federation and the Friends of Medicare all agree that the premiums are a tax, and a very unfair tax, at that.



Just look at what happens when the health premiums are boosted. For a very low-income family making $24,000 a year, the announced 30% increase takes a full one-percent of their annual family income. They really notice the jump from $816 to $1056 a year. (See graph: Premium Increases) For a well-to-do family, the increase takes just 0.2% of their income and hardly makes a difference. Health care premiums are called a "regressive tax". They cost lower income earners a good deal more in proportion to their income.

Canadian income taxes are supposed to be "progressive", that is, the more you earn the higher a rate you pay. Progressive taxation is based on the principle that higher income earners can afford to contribute more than low earners. Progressive taxation is a cornerstone of the "redistribution" of wealth in the country to help prevent disparity between wealthy and poor from becoming extreme. But since the 1980s, when the Mulroney government began cutting taxes, the tax system has been "flattened" considerably and low and middle income Canadians are shouldering an ever increasing portion of the tax. Alberta's "Flat Tax" introduced last year, put a stop to progressive income taxes in the province. The Flat Tax cut nearly one third of the province's income tax revenue, about $1.5 billion. The people who got the most money out of the Flat Tax deal are the big income earners. While people at the lowest income levels did see some reduction in taxes, the majority in the middle income range got the least back from the Flat Tax, while big earners got a big kick back. (See graph: The Alberta Flat Tax).



Health Premiums...

an important component in pushing for a privatized health system

Alberta and British Columbia are the only provinces that have premiums for health care. BC just boosted premiums by a full 50% and Alberta's increase was far lower than had been proposed in the Mazankowski Report. The Maz Report noted that premiums cover only about 10% of the total health bill, and recommended they be doubled to cover 20%. Gary Mar was quick to issue a news release clarifying that the government would not go so far. Just last year, before the provincial election, Premier Klein had been musing about abolishing the premiums altogether, a suggestion New Democrats and Liberals have touted as an actually progressive tax reform measure.

But the people pushing to privatize the health care system believe it is important Albertans keep paying a personal health care bill. When everyone is used to paying a health care charge it makes it less of a conceptual jump to paying a bill for supplementary insurance, or directly for health services. Health care premiums are a key component in changing the way people view health care costs, and making sure they see these costs as their own personal costs. The health debit card, also proposed by the Mazankowski report, would make it easy to send Albertans a statement on their personal health care costs, and would set up a system ready-made for user fees, like Medical Savings Accounts.

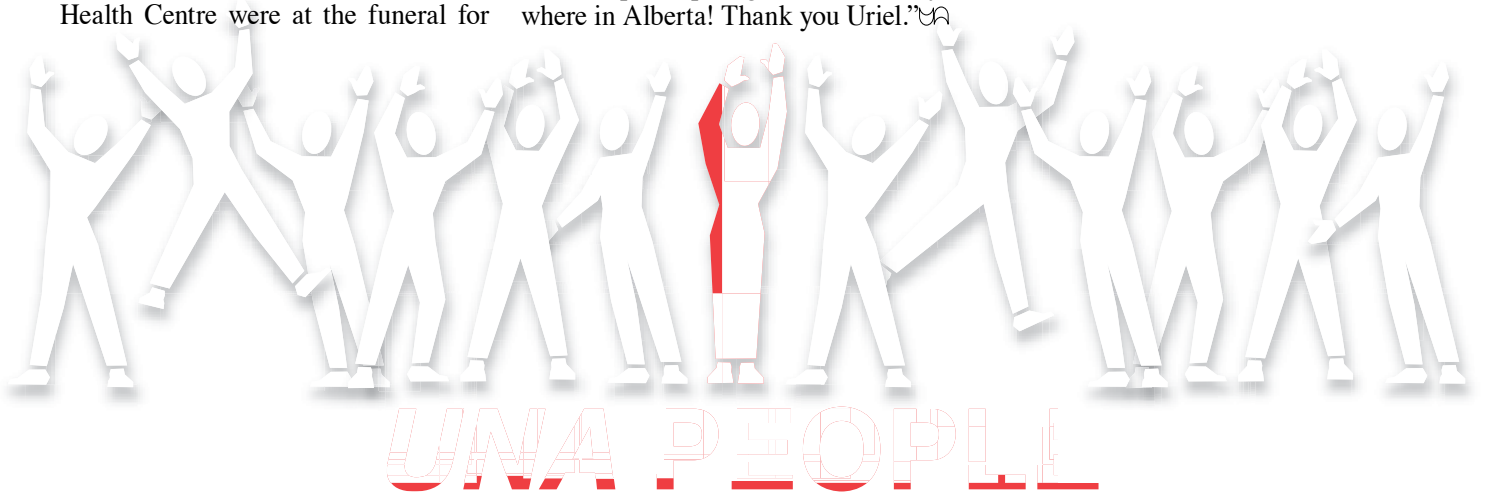
But the strength and effectiveness of Medicare is just the opposite of all this. With public Medicare, health care is a social cost, like roads or schools…a cost we all pay through our taxes, preferably progressive taxes. We all benefit and we all have the security of a public system that is there when our family needs it, whether we can afford a personal bill or not. Changing the mindset of Albertans, from health as a public social cost, to a personal expense is an important part of selling the plan for privatizing the province's health system.

In Memorium

UNA members from across the province expressed shock and sadness at the sudden loss of Uriel Johnson from Local #45 in Bashaw. Uriel was vacationing in Australia when a fatal mishap occurred.

"Uriel had served as Local President for many years providing great strength, support and leadership to the members of Bashaw," said UNA President Heather Smith. "I will cherish my memories of her wonderful laugh and lively participation in Central District meetings."

Many colleagues from the Bashaw Health Centre were at the funeral for Uriel held in Camrose on March 12. They chose Member Sharon Pipke to give their tribute to Uriel. The nurses remembered Uriel for her hard-work, support of UNA, and dedication to her family and the sporting events of her four children. "One important cause which Uriel threw heart and soul into in her typical way was the nurses' union. She was always a David in the face of Goliath when it came to defending the rights of workers. For years she actually WAS the union at the Bashaw Hospital, until finally her efforts paid off: our little Local has become one of the best participating for its size anywhere in Alberta! Thank you Uriel."



OH&S
The scream test...

"Now scream and we'll see if they can hear you down at the nursing station." 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. Eventually, a nurse listening at the station –down a hall, across a waiting room and through another short corridor – heard the hollering but only after it got really loud. That was not much reassurance for the staff who were raising concerns about working alone late at night in the isolated outpatient area. They were well aware that if there was a problem in one of the ER treatment rooms and staff down in the acute wing were in a patient room talking or working with someone, hollering might be too little, and too late, to prevent a dangerous incident or injury.

Many UNA Locals are pushing hard for security for all the staff in their facilities. At the Sturgeon Hospital in St. Albert, a violent New Year's Eve incident ended with injuries to a nurse and other staff. Catherine Barrett, the Vice President at Local #85 said the incident shook her up badly. "There were seven us trying to restrain this patient, and one of his feet got out of someone's grasp and kicked me hard in the chest. I didn't go flying, I was still holding on to the restraints." Barrett said four RCMP officers were hard pressed to take the very intoxicated man away in a police car. "I was bruised, but the worst was… my head, how I felt," says Catherine Barrett. After taking a couple of days off, her first day back she fell apart. "I started to cry and ended up going home. I couldn't believe how much it affected me."

"Finally," she says, "dealing with the incident meant taking it to PRC and getting more security for all the staff." She did press charges, filed an impact statement and the person ended up in jail.

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The Sturgeon nurses were frustrated with management's response in the Professional Responsibility Committee (PRC) process. They prepared to take the issue to the Capital Health Authority Board. When they were told a committee of the Board was ready to meet with them, they insisted on their rights under the contract for a hearing with the full Board. The managers came back and offered to increase security, with a guard on full-time nights on weekends. The Local agreed to try out the plan for six months and review its effectiveness after three months.

In Tofield, the Local #190 members want to prevent the violent scenario that had happened in St. Albert. "We haven't had any actual attack incidents recently," says Local President Jean Murray, "it's mainly been verbal. We're trying to prevent anything more serious from happening."

"If someone rings then usually that just leaves the outpatient nurse to answer at the ER door. She's working there alone and there's really no way to alert anyone else." Weekend nights are when the staff is lowest and nurses are mostly likely to end up working in one of the isolated treatment rooms.

The Local filed a ward/unit grievance and documented the closed-circuit security camera, and the alarm system in the outpatient area. Management insisted that the security provisions, and the "scream test" were adequate. So the Local took the question to the East Central Region Seven Board of Directors, and even showed them a video that illustrated the distances in the facility and the isolation of the outpatient are. The Region Board took their managers' view, security is adequate.

"We're taking it to arbitration," says UNA LRO Janice Peterson. "The Employers must make sure that the staff working nights in this small town hospital are safe and feel safe. It's an absolute bottom-line for the members in Tofield."

Who'll take extra shifts to cover for vacations?

"You girls will have to pick up some extra shifts if anyone is going to get any vacation this summer." Managers are warning nurses, particularly in small facilities, that they will not be approving summer vacation schedules unless other nurses pick up the extra shifts, and not on overtime hours.

The annual vacation squeeze is on and registered nurses, like everyone else, need time off over the summer months to spend with their families. When Employers haven't hired enough staff or casuals to cover for vacations they often resort to blackmailing other staff into working extra shifts or, they say, no one gets vacation.

But they cannot deny overtime, or negotiate no overtime, for extra shifts worked on scheduled days off ("x-days"). The advice from UNA is that nurses can pick up the extra shifts if they want to. Even if the Employer says they won't be paid at overtime, they will attract the overtime rate and UNA will grieve, and almost certainly win, the overtime rate. The Collective Agreements are clear, Employers and Employees cannot agree to forego overtime on shifts that must be paid overtime rate. If necessary group grievances can be filed to ensure that all the "x day" shifts are paid at the ovetime rate.

What happens when you work short...

"I would like to give a word of warning…If they can't replace staff now, what will happen in the summer? I'll tell you what happened to us. The next step comes when there is no one to change with, or no one who can volunteer to work. The staff "volunteer" to work short so their colleagues can get vacation, attend that wedding, funeral etc. It will be "just this once" then "just for the peak summer period" or no one will get holidays "when they want them". The next step is around September or October, when they say "you managed all summer working short with no major disasters, and we can't get nurses, so we will reduce the nursing complement on each unit." Then with the reduced complement, the same story, nurses can't get time off, or if given time off, they are replaced with an aide or not at all. We are fighting hard to reverse the situation, but we let it go way too far and our nursing levels are about half what they are in other psychiatric units in the province. If they do not have enough nurses to give people the time off to which they are entitled, and they can't get casuals because let's face it who would want those conditions, they need a permanent float team that is large enough to provide for all scheduled absences. In the short-term, if you grieve, yes people will not get the time off that they want, and there may be mandatory overtime but if you let it slide it really can get much worse. It is very important to deal with things early on." -- *Daniel Depoe*

Nursing News

Flu vaccinations... some Employers send home unvaccinated staff

Three unvaccinated nurses have been suspended without pay at Extendicare Somerset in Edmonton where Influenza A cases have been reported. UNA is grieving the "non-culpable suspensions". The unvaccinated nurses had the option of taking anti-viral Amantadine.

Employer insistence on staff vaccination against influenza is a growing controversy. Paramedics in Ontario have mounted a legal challenge against mandatory vaccination. Their union, CUPE, is taking the case to the Supreme Court.

UNA is taking a grievance to arbitration on a Chinook Health Region policy that unvaccinated Employees can be sent home without pay for two weeks in the case of an outbreak. The Chinook policy was targeted at long-term care facilities where so far this season there have been no significant flu problems and no Employees have been sent home.

UNA maintains that vaccination is a personal decision and a human rights question and Employers have no right to penalize Employees for personal health choices.

Complicating factors in the vaccination issue are the number of varieties of flu that are covered, and how long vaccinations remain effective. Vaccines cannot cover all the flu varieties, and it is possible that no staff may have vaccination protection for the particular strain involved in an outbreak. But some unvaccinated nurses could be subjected to penalities, while vaccinated nurses who have no more protection than the others would be free to continue work. Some vaccines provide protection for up to four months, but with this year's very late flu season, vaccines given last October may no longer be providing much defence.

New video and program combats staff abuse

Health Employers now have a new tool to help prevent and manage staff abuse problems. The provincial Staff Abuse: Prevention and Management Initiative Committee has provided educational kits to health Employers around the province. UNA is part of the joint Union/Employer committee that produced the educational program.

The 18-minute video and accompanying workbook are for Employers to use as part of their local staff abuse prevention and management programs. The materials focus on recognizing and preventing abuse and how to manage abuse when it occurs.

"The video portrays some true to life working situations that almost every nurse faces on a regular basis," says UNA Vice-President Bev Dick, who represents UNA on the staff abuse committee. "It should really bring home to Employers and managers how quickly an abusive situation can erupt and how painful and damaging it can be."

The educational program is for Employees, front line supervisors, line managers, union representatives, human resource and staff development personnel and physicians.

"This video and workbook kit provide important information in a very accessible way," says Bev Dick. "We hope it sensitizes managers, physicians and others to how significant the abuse problem is."

Nurses and Locals can encourage their Employers to use the program and request in-services with it for staff and managers. The Staff Abuse Committee is promoting the kit to Employers in all Regions to make it easy for them to begin or augment programs that raise awareness of abuse problems.

Nurses working in Alberta finally back at 1994 levels

The number of registered nurses working in Alberta hospitals finally recovered to 1994 levels, according to a Canadian Institute for Health Information report. But the ratio of working nurses to Alberta's overall population continued to fall. In 1994 there were 80.3 RNs for every 10,000 Albertans, but that figure has gone down every year since, and reached it's lowest level, 73.6 per 10,000, in 2000. Alberta's ratio of nurses continues to be below the Canadian average of 75.4 RNs per 10,000 people.

The Canadian Institute for Health Information tracks health workforce trends with regular reports. CIHI noted that although the number of RNs had increased slightly across Canada in 2000, Alberta's increase was the lowest.

Other report details on Alberta:

	1994	2000
RNs in Hospitals	14,471	14,652
RNs in LTC	2,227	2,150
RNs in Community	2,017	2,710
Avg Age	41.5	43.4
F/T	14,129	12,064
P/T	7,731	10,061

Ontario study shows registered nurses save lives

A study published in the Canadian Journal of Nursing Research this month finds that increasing the proportion of care provided by registered nurses would save lives.

The study, done through the Institute for Clinical Evaluative Sciences, used information from 47,000 patients discharged from 75 Ontario hospitals in 1998 and 1999. It tracked discharges of patients who had heart attack, stroke, pneumonia or septicemia. It went on to correlate 30 day mortality rates with the relative amounts of in-hospital care that had been provided by Registered Nurses, registered practical nurses (called LPNs in western Canada) and unlicensed nursing aides.

"The Ontario policy of replacing registered nurses with registered practical nurses and unlicensed nurse's aides has cost lives," says Ann Tourangeau, a University of Toronto professor and the lead researcher on the study. "If you decrease your proportion of registered nurses by 10 percent, which is what hospitals are going to be facing in the next five years, then it is likely that five more people will die per 1,000 patients," she said. "We think registered nurses are the best educated and best prepared people to care for patients. The registered nurse is continuously assessing patients and can spot complications early on or prevent complications. Some people die unnecessary deaths because of complications that nobody noticed."

British ready to pay higher taxes for public health care

Seven in ten Britons are prepared to pay higher taxes in return for better health care, according to a recent British opinion poll.

Seventy-one percent of respondents said they would be willing to pay more tax to improve the overstretched National Health Service while 25 percent said they would not.

The poll -- conducted by the ICM polling firm -- found strong support for the principle of free socialized medicine. Ninety four percent of respondents said care should be free when it was needed, while 71 percent said it was wrong to charge for access to a family doctor or hospital bed.

More than half of respondents -- 53 percent -- said a U.S.-style system of private health insurance was a bad idea. Just 18 percent felt it was good.

Revitalizing Britain's overstretched National Health Service is one of the toughest challenges facing Prime Minister Tony Blair's government. Patients complain of overcrowded hospitals, long waits for surgery and a lack of specialist doctors and nurses.

Blair's government has shied away from raising general taxes, but officials have indicated recently that they consider a tax hike the best way of raising new money for the health service.

One in 8 US health care workers lack health insurance

A study published in the American Journal of Public Health has found that one out of every 8 health care workers lacks medical insurance, far more than a decade ago. Their children now account for one in ten uninsured children in the US.

The number of health care personnel who were uninsured rose to 1.36 million in 1998, up 83.4 percent from 1988. Declining coverage rates in the growing private-sector health care workforce -and falling health employment in the public-sector, which provided health benefits to more of its workers- created the increases. The growth of for-profit medicine during the 90s, and price pressures from managed care, led many health institutions to cut workers' benefits. In effect, investors and executives gained at the expense of health personnel and their children.

"Over the past decade we've learned that for-profit hospitals and dialysis clinics have high death rates; that for-profit HMOs and nursing homes score lower on quality; and that health care fraud is epidemic. Now we learn that market medicine means not only poor care and high prices for patients, but mistreatment of health workers." said Brady Case, a medical student at Harvard and lead author of the study. "It's perverse. The health care system, squeezed by Wall Street, is consigning its own workers and their families to the ranks of the uninsured."

Dr. David Himmelstein, a study co-author in the Department of Medicine at Harvard and a co-founder of Physicians for a National Health Program, commented: "In denying care to caregivers, our health system defies the Golden Rule. And it's not only wrong, but dangerous. When a nurse with a cough or a kitchen worker with hepatitis can't afford care, patients are at risk. It's time for the U.S. to adopt a single payer national health insurance program."

Albertans get maddest with photocopiers

According to a recent Ipsos-Reid telephone poll of 1000 individuals, Albertans lead the country in the level of photocopier rage. In the survey, 51% of Albertans admitted to becoming frustrated enough to hit or kick their office photocopier, compared to 49% of Ontarians. Only 27% of Quebecers admitted to such anger. By inference, more than five million Canadian office workers have experienced the desire to damage the photocopier, while more than two million have likely struck the machine. In related news:

- Women are more likely than men to want to inflict damage on the photocopier (48% to 37%).
- Canadians walk an average of more than 40 kilometres a year to use the office photocopier and printer - 441m a week to the photocopier and 510m a week to the printer. (Courtesy Business Edge)

Celebrations

UNA's 25th Anniversary

25 years of Strength in Unity

UNA25
1977 -2002
Strength in Unity

Celebrate Canadian Medicare

At the Romanow Commission Hearings

Calgary
12 Noon Tuesday, April 30
The Red & White Club
1833 Crowchild Trail NW

Edmonton
12 Noon Tuesday, May 14
Hotel MacDonald
10065-100 St.

National Nursing Week- May 6-12

Celebrating the contribution of Nurses!

Three of Alberta's hardworking Registered Nurses

Sandi Johnson (Calgary) Tim Grahn (Edmonton) Nadine Rimmer (Fort McMurray)