

# NEWS BULLETIN

Vol. 9, No. 2



May, 1985

## Health Unit Strike Enters Second Month "In Style"

Canada Post  
Troisième classe  
Permit  
No. 3800  
Edmonton

Suite 760  
Principal Plaza  
10303 - Jasper Avenue  
Edmonton, Alberta  
T5J 3N6



More than 200 UNA Members and supporters — including many of the striking Health Unit and VON Members — marched on the Alberta Legislature April 30 to mark the end of their first month on strike.

Singing songs and chanting slogans, the nurses, supported by a group of "Dandelions" (members of the Political Action Committee of Construction Trades) and other Unionists, marched past the offices of the Health Unit Association of Alberta on their way to the Legislature.

At the steps of the Legislature they

deposited an effigy of Social Services and Community Health Minister Neil Webber — his head buried in the sand. The enthusiastic rally heard speeches by Negotiations Chairwoman Wendy Gregorwich (see full text of speech page 2), UNA President Margaret Ethier and other speakers including Opposition Leader Ray Martin.

Martin pledged the support of himself and NDP colleague Jim Gurnett to press the government for improved funding to Health Units in order to permit them to make a reasonable wage offer to the striking nurses.

Martin also criticized the provincial government's spending priorities, using the example of the new hospital in Hardisty where the outdoor planters cost more than the annual Home Care Budget for the entire County of Flagstaff.

Despite an invitation to attend, Webber refused to address the rally. In fact, he did not respond to the Union's written invitation.

The rally was serenaded by Members of UNA Local -53 (Calgary VON) who have been on strike since April 22.

Many of the picket signs brought by striking Health Unit nurses to the demonstration reflected the Union's bargaining demands and the anger of nurses at government statements that their services are not valuable. Some picket signs read: "Lice Aren't Nice", "Nurses Wages for Nurses Work", and "Prevention is Cheaper Than Cure."



Wendy Gregorwich, Chairwoman  
Health Unit Negotiating Committee

## Calgary VON on Strike



by Michael Mearns

U.N.A. Local -53 representing nurses employed by the Victorian Order of Nurses, Calgary Branch went on strike on April 22, 1985. The strike was endorsed by 85% of employees voting. 96% of eligible voters cast ballots. The main issues in the dispute are: wages, hours of work, scheduling provisions and vacations. Current salaries and conditions for V.O.N. employees lag far behind their R.N. counterparts in hospitals. The refusal of the employer to address these matters has led to the strike. Any picketing support by Calgary U.N.A. Locals is appreciated.

# Health Unit Negotiating Committee Chairwoman Addresses Rally

by Wendy Gregorwich

We are here today to deliver a message to the people in this building who are responsible for health care to Albertans. It took some time and a lot of effort, but 10,000 hospital nurses showed them that nurses are worth it. Now we have to show them that health unit nurses are worth it, too.



Barb Olsen, President, Wetoka Health Unit

We are the front line of health care. We go into people's homes, to where they really live, to do our jobs. Our tools are our heads, our hands and our hearts. We work without the resources of an insti-

tution to help make decisions that affect peoples' lives.

The Alberta government says the emphasis in health care must be on prevention. So who provides the preventive services — the teaching and the immunizations?

The Alberta government says we must get our senior citizens out of institutions and back in their homes and families. So who does the Home Care and AADL programs to accomplish these goals?

We don't do open heart surgery, but we can help prevent a heart attack with teaching and supervision. We don't deliver babies, but we can teach a new mom how to properly care for her child. We don't cure cancer, but we can prevent polio. We can't stop death, but maybe we can make it a little easier with our palliative care. Yes, we have a role to play and it is an important one.

But now we are told that we aren't really nurses because we don't work nights. We are told to be glad we have a job. We are told to take our two bits and shut up and go home. Well we won't take their two bit offer and we won't shut up and we won't go home be-

cause we are worth more. We are *worth* real nurses wages because we *are* real nurses.

Sure — we could go to work in a hospital for nursing wages. (In fact, many of us have done just that.) But that isn't going to help our clients. Who replaces us if we leave for a better paying job? Health unit nursing is too important to be left to underqualified, underexperienced, underpaid people. Why should any nurse take a \$5000/year drop in wages to work for a health unit? Why



Barb Dickson, President, Leduc-Strathcona Health Unit



Health Unit Negotiating Committee

should any nurse take a degree in community health nursing if she can make more money in a hospital or private enterprise? Already health units are having difficulty filling jobs in some areas. We are told at the negotiating table that we can't have casual staff to replace us when we are ill, because of the difficulty they have in recruiting staff. In the past four years our real wages have dropped at least 12%. It would be understandable if there was an excess of nurses in Alberta — but there isn't. It would be understandable if the demand for our work has decreased — but it hasn't. It would even be understandable if there was no more money for health care — but there are 300 million dollars for new buildings for health care.

So why should we continue to subsidize the system? We have rent to pay, groceries to

buy and bills to pay just like any government minister.

We know we are worth it and if we have to stay on strike to prove it, so be it. We will strike for as long as it takes. We owe it to ourselves and to the public.



Arlene Rude, President, Minburn-Vermilion Health Unit

So come on Mr. Webber. Get your head out of the sand. Use some of the money we save the hospital system each day and pay us the wages we deserve. The free ride is over. We know we are worth it too!

## Health Unit Strike Firm



Preparing for the march.

Despite claims by the Health Unit Association and Social Services Minister Neil Webber that massive numbers of nurses have returned to work, UNA's strike at eight Alberta Health Units remains strong as it entered its second month.

Of the more than 220 nurses employed at Health Units affected by the strike, only 22 were working at the end of April. Of these, some were non-UNA Members who had worked from the beginning of the strike.

Commenting on the Health Unit Association allegations, UNA Executive Director,

Simon Renouf, said; "With 90% of the Bargaining Unit on strike, it is impossible for the Health Units to claim that the strike is eroding. The strike is very firm, and the indications we are getting from our Members is that they intend to stay on strike until a just settlement is achieved."

The Union is continuing to demand parity with hospital rates at the RN level, the introduction of the 5-5-4 work week, full recognition of previous experience, and the continuation of certain contract entitlements which the Health Units have sought to delete.

When you and your family needed us...



HEALTH UNIT NURSES WERE THERE!

We care for your infant with colic; your preschooler with speech difficulties; your school age child with hearing problems; your adolescent with questions about growing up; you as an expectant parent; your aunt with arthritis; and your aging parent with cancer. The nursing care we provide in the home, school and community prevents expensive hospital stays and keeps families together. Our immunization program stops outbreaks of communicable illnesses.



We believe people want to stay in their communities when they are ill.

We want qualified nurses to stay in our communities to provide a good preventive health care service.

We're on strike because the Health Unit Boards refuse to pay fair wages to keep us here.

Fairness is nursing wages for nursing work.



UNITED NURSES OF ALBERTA

Now, we need your support!

Support us by contacting the Chairperson of the Health Unit Board and your MLA.  
A message from the nurses of your Local Health Unit.

# LETTERS

Letters to the editor must be signed, but name may be withheld upon request.

## Support for Eatons Workers Appreciated

Please forward my sincere thanks to the Executive and members of the United Nurses of Alberta for their support of the striking Eatons' employees.

These are not happy times for anyone who works for a living, but times are even worse for people who don't enjoy the benefits and protection of a union with a collective agreement. Employees of the T. Eaton Company are just some of the thousands of working people who are victimized by the actions of their employers in this difficult economic climate.

The Eatons employees have gone on strike for a first contract over issues that are

not only basic to unions but are also basic to their self respect as working people. A fair system of promotion, the chance for a pension beyond the grinding poverty of older women in Canada and the right to choose to belong to a union are only some of the issues that have caused these people to stand up and be counted.

Again, my thanks on their behalf for your help and I know together we can win!

Fraternally,  
Kerry Woollard  
Representative  
Alberta and Northwest  
Territories  
Canadian Labour Congress

## A Nurse Speaks Out

I am becoming increasingly concerned and frustrated and disillusioned with what should be our rights as nurses to be compensated for the work we do and keep up with the cost of living.

Health Unit Nurses provide services to the public; many are taken for granted like immunizing our children and checking our babies for healthy growth, screening school children for hearing

skills and training of the patient's needs or problems. They also carry out many of the procedures and treatments the doctors indicate. When patients are put in that hospital it is only through the nurse that they get their needs met between doctors' visits and often it is the nurse that supplies doctors with the information needed to assist the health care team in putting the puzzle together to



and sight problems at the schools and thus reducing the workload at the doctor's office. They provide home care to patients who need nursing care but can be at home with their families. They work closely with doctors and provide cancer patients the ability — with their care — to be at home amongst their loved ones to die. They counsel new mothers and teach prenatal classes. This is only a tip of the iceberg of services they offer.

Hospital Nurses offer acute care to those who need hospital services. They are the ones to see first the progress or deterioration of a patient's condition. They are the ones to alert the doctors or others of the health care team through their observational

make people well.

When a patient leaves the hospital and is put on Home Care it reduces considerably the government's costs of Health Care.

Nurses work very hard to make the public feel secure in the knowledge that while in hospital or on a home care regime, they are receiving the best possible care with their best interests in mind.

Over the past two years, both the Health Units and Hospital Nurses have accepted a no wage increase (with Hospital Nurses getting 45 cents per hour in their second year).

Nurses are reminded daily of the importance of the Hospital or Health Unit budget, to watch the supplies that are

*Continued on back page*

## EXECUTIVE DIRECTOR'S REPORT

# Misplaced Priorities in Alberta's Health Care System

In Alberta, our provincial ministers of Hospitals and Medical Care and Social Services and Community Health, Dave Russell and Neil Webber, spend 3.6 billion dollars of our money each year.

Yet, we have a health care system with gaping holes, gross inequalities and eroding standards. The valuable home care program has been restricted to the point of strangulation; there are increasing shortages of hospital nurses; and there is no provincial ambulance system or even standards.

With billions of dollars in taxpayers funds being spent, can we say the sole problem is not enough money? I don't think so.

The key problem with Alberta's health care system is *not* inadequate funding; it is misplaced priorities. The pattern of growth in our hospital system is a glaring example.

Hospital boards seem to face no government imposed limits on the size and extravagance of new hospitals. In the current fiscal year our provincial government is spending more than 300 million dollars building or renovating 103 hospitals plus providing their equipment, furniture and greenery. Are these hospitals needed when our population is declining? Some aging facilities do need replacing, and there is a shortage of extended care beds, but we already have an *oversupply* of acute care hospital beds in parts of Alberta.

Why are these hospitals being built? It is not for job creation. Improving the quality of housing for Albertans would create many times more construction jobs for the same investment. Hospitals are being built because local politicians view a shiny new hospital as a one-way ticket to the legislature. They

love to be there to cut the ribbon or unveil the plaque. But at night or on the weekend when the hospital is short staffed and the politicians are far away, it is the patients and nurses who see the effects of poor health care planning, misplaced priorities, and inadequate operating budgets.

A first class provincially operated ambulance system for Alberta — something we desperately need — would cost about the same as a new 10 bed hospital.

An expanded and improved home care system would cost about the same.

Full provincial funding for Edmonton's palliative care system would cost a fraction of that amount.

Dave Russell and Neil Webber will go on making political decisions about health care spending priorities. It is up to all of us to make them understand just how wrong their present priorities are.



Simon Renouf

# Union Centre Credit Union Arranges To Help Striking Nurses

Dear Members,

By means of a series of conversations with Allan Nessel, Chief Executive officer, the Union Centre Credit Union has agreed to be as helpful as possible to our striking members. If the need arises for a striking nurse to secure a loan as a result of being on strike, she can go to the Union Centre Credit Union.

Nessel has written letters to various Credit Unions throughout the Province informing them of our strike and encouraging the branches to extend credit to our members wherever possible. If the small credit unions find it impossible to extend credit to an individual, Nessel's letter also requests that said Credit Union fill out an application on behalf of UCCU in Edmonton. This has the effect of making it possible for an individual to apply to the UCCU Edmonton for a loan without leaving her outlying town. The UCCU Edmonton would then consider the loan on the applicant's own merit giving every possible consideration re the strike action. UNA would be approached for guarantee only if the UCCU found an applicant unable to qualify for a loan on her own merit.

U.N.A. of course has a policy regarding "Monies during a strike or Lockout" (pg. 36 of UNA Policies and Procedures - General)

U.N.A. will not grant personal loans from Provincial funds but will guarantee loans up to a maximum of \$500 taken out by members who are unable to qualify for themselves.

U.N.A. has also provided



M.T. Caughlin

striking Locals and Districts with grants from the Emergency fund to help defray the costs of "strike related expenses".

Strikes are definitely expensive propositions for everyone involved. I hope these measures make it easier for our nurses. Certainly the objective is to secure a collective agreement that makes all the anxiety and hardship worthwhile.

Yours in Solidarity

M.T. Caughlin  
Sec.-Treasurer, U.N.A.

Allan Nessel has written to the following Credit Unions requesting that they provide financial assistance to U.N.A. members out on strike:

UCCU Calgary Branch  
Battle River Credit Union  
Border Credit Union  
Edmonton Savings Credit Union  
Parkland Savings Credit Union  
Ponoka Savings Credit Union  
Provincial Employees  
St. Paul Savings Credit Union  
St. Vital De Beaumont Svgs  
Vermilion Svgs Credit Union

**Call UNA Office  
from outside  
Edmonton**

**Call  
1-800-252-9394**

**NEXT  
NEWSBULLETIN  
PUBLISHING  
DEADLINES**

Deadline for receiving articles, letters, pictures for publication in the next Newsbulletin is June 3, 1985. Send to: The Editor, Newsbulletin, Suite 760, Principal Plaza, 10303 - Jasper Avenue, Edmonton Alberta, T5J 3N6

# FIGHTBACK

UNA defends  
the contract

## Local 33: A P.R.C. Success Story

by David Thomson

Following a Medicus assessment and recommendation, the P.I.C.U. at the Royal Alexandra Hospital was to be merged with Unit 45 for staffing purposes. Staff from each unit was to be trained to work in the other area. One unit supervisor was to be responsible for the combined units and to rotate the R.N. staff through both units. Medicus stated that Unit 45 was understaffed by 2.88 F.T.E.'s and P.I.C.U. was overstaffed by 5.43 F.T.E.'s, based on current occupancy levels.

The changes resulted in several resignations or transfers from the units and a significant decline in the quality of care on P.I.C.U. Staff on each unit had been happy and they did not want to be rotated to a unit for which they had not applied to work.

To complicate matters further, the Medicus recommendations were based on a patient count which was the lowest in a couple of years. The result was that the staffing recommendations including the deletion of several positions were based on unrealistic data. Shortages followed. Staff stress increased and the number of resignations and transfers also increased. Overtime started to become almost routine for the few remaining experienced staff.

The P.R.C. process was begun. Initially there was some resistance by the hospital in acknowledging there was a problem. The issue of P.I.C.U. staffing was advanced through the steps provided in the contract. No satisfactory resolution of the problem was reached.

Following the third P.R.C. meeting which did nothing to improve the situation, application was made to make a presentation to the Board of Trustees. Mr. E.L. Casey, the Executive Director, replied July 17, 1984 requesting a time extension until September 24 to meet with the Board as that was the regular Board meeting. In addition he requested that an additional meeting "to again discuss the problem with Mr. Juzwiskin, the administrator and Mrs. Coward, the Director of Nursing." As part of the Local's documentation for the presentation to the Board, a two page questionnaire was given to each nurse on the units affected. The reaction of the Director of Nursing to this was one of hostility. The nurses responded by returning most of the questionnaires and completing them with very constructive comments. The

questionnaires did provide a very clear picture of an unsatisfactory situation.

The Committee did decide to share the results with the Administrator in spite of the adverse reaction of the nursing administration.

On July 20, three days after the response from Mr. Casey, all fourth floor nursing staff received a memo from administration requesting a meeting in order to "develop a mechanism by which we can jointly resolve the problems before us." At last the problem was acknowledged and something was being done. The meeting was held August 16. The P.R. committee was disappointed. The entire staffing situation was reviewed and the problems identified but no plan was developed to resolve the problem.

The P.R. Committee let the request to appear before the Board stand.

On August 22 a second meeting was arranged to "discuss a number of recommendations to address the staffing concerns raised at our meeting of August 16." This meeting was again for all staff of the fourth floor.

This meeting offered several long term solutions to some of the problems but it was not until one of the Local's representatives on the P.R.C. asked for a 15 minute recess to speak to the staff nurses present that the meeting began to accomplish what was needed. Several suggestions for immediate initiatives were made. The staff was looking for short term goals. A request to keep day staff numbers up to provide experienced staff was agreed to. Four group leaders with P.I.C.U. experience were to be hired. Staff were to be "buddied" rather than floated to I.C.U. New staff would be allowed onto I.C.U. and N.I.C.U. as observers during codes if they were not busy on their own unit. On-call procedures were to be improved.

The P.R. committee was encouraged by these steps but wanted to see the results of the recommendations.

A third meeting was scheduled for September 19. This meeting provided a definite schedule for implementation of the recommendations. A medical-legal workshop for the staff was to be held the next day. A schedule for re-opening the beds which had been closed because of staff shortages was provided. A revised 4-week orientation program for new staff to the unit was presented. Improved and more frequent communication meetings were scheduled.

Evaluations of the changes were to be circulated to the staff and the results compiled and made available to the committee by mid-October. A medical workshop by the doctors in charge of the unit was arranged for September 27. A critical care float pool was

considered and may be established in the spring of 1985.

A fourth meeting on November 20 reviewed the progress of the steps implemented following the last meeting. The hospital had followed through satisfactorily on most items and others were still to follow. On the basis of the action taken, and from positive staff feedback, the P.R. Committee acknowledged that the problem was resolved.

From the experience of the committee there are some lessons to be learned. First, document the problem thoroughly. Secondly, if it is a problem, go with it. Don't be deterred or sidetracked. Keep going until the problem is resolved. Very little was done until the issues were to go to the Board. Thirdly, keep your options open. The committee retained the option of going to the Board until it was satisfied that the problem was resolved. Fourthly, give administration a reasonable opportunity to resolve the issue but don't allow stalling. If they have been given the opportunity to resolve the problem and haven't, they will have to give the answers for the lack of action. Finally, keep in close contact with those having the problem in order to see if progress towards a solution is being made and also to determine when the problem is resolved.

## UNA'S NEWEST LOCAL

by Wendy Danson

UNA welcomes its newest local, Local #149, the nurses from the Whitecourt & Fox Creek General Hospital District #97. There are approximately 25 nurses: 18 at the hospital in Whitecourt, 7 at the hospital in Fox Creek. An application for certification was made on behalf of the Local on March 6, 1985. Although the nurses in Whitecourt previously had their own Staff Nurse Association, the members were interested in a more formal relationship with their employer and chose to do this through the United Nurses of Alberta. We look forward to the active participation of Local #149, under the presidency of Cheryl James, and welcome all the members to become involved in the activities of the UNA.

*Feedback  
of Fightback*  
Send any comments  
on Fightback to:  
Editorial Committee  
c/o Provincial office

## Court Rules Compulsory Retirement at Age 65 for Hospital Nurses Not Legal

by David Thomson

U.N.A. Local #17 and Executive Board Member Hazel Paish won an important case for all members concerning compulsory retirement at age 65.

In February of 1984, Paish, a nurse at the High Prairie General Hospital, was notified that she would be retired upon reaching her 65th birthday in May, 1984. A grievance was filed claiming a violation of Article 6: No Discrimination and Article 4: Management Rights. Article 6 provides that there is to be no discrimination on the basis of age, amongst other things, and Article 4 allows termination only for just cause.

The grievance was heard at an arbitration hearing on September 14, 1984. Both U.N.A. and the Hospital agreed that the only reason Paish was terminated was because she had reached age 65. Her nursing ability was never in question.

In a very surprising decision issued November 5, 1984 by a majority of the Board chaired by Mr. Colin Taylor, Paish's forced retirement was upheld. The award stated:

*"To strike down the Hospital's retirement policy would lead to the unsatisfactory result of required the Hospital to prove that an elderly employee was no longer competent to perform his or her job. Difficult and lengthy arbitration is the likely consequence of this which is not conducive to harmonious industrial relations."*

A very thorough decent was submitted by UNA's nominee to this arbitration board, Carol Wodak. She disagreed with the majority's interpretation of the words "age" and "discrimination". Wodak maintained that these words, when undefined in the collective agreement, should be given their literal meaning and not restricted as the majority elected to do. She

## Staff Changes

### New Education/Publications Officer

Congratulations to Chris Rawson, ERO, who has been



Chris Rawson

appointed to fill the vacancy of Education/Publications Officer.

Chris will be assuming the duties of E/PO upon her return from maternity leave this October. In the interim, Wendy Danson will be acting in this position.

Gail Dalgleish, former E/PO resigned from UNA on April 26, 1985.

P.S. Congratulations also go to Chris Rawson on the birth of her baby, a healthy 8 lb 3 oz son!

### New Employment Relations Officers



Barb Surdykowski

Two temporary employees have recently been hired to fill the vacancies created by the Maternity LOAs of Chris Rawson and Marilyn Vavasseur. Nao Fernando has been hired for a six month period to work out of the Edmonton Office. He has a labour relations background of many years, most recently working for CUPE and as a UNA



Nao Fernando

nominee on arbitration boards.

Barb Surdykowski, RN from the Edmonton General, has been hired for a four month period in the Calgary Office. A stranger to few, Barb has been an NCD representative on the Executive Board and was the Chairwoman of the 1984-85 Hospitals Negotiating Committee.

stated:

"-- that the retirement policy in question does not violate the Individual Rights Protection Act is an obvious observation, but to go further and suggest that this observation somehow justifies an interpretation of Article 6:01 to mean that there must be no discrimination within the identified group rather than against the identified group leads to the absurd conclusion that an employer is entitled to discriminate against the very groups the article obviously seeks to protect."

and further

"To suggest, as the majority has done, that the collective agreement permits discrimination as long as employees with the particular characteristics are discriminated against equally, flies in the face of a current thought that has flowed consistently since the inception of the recognition of human rights..."

U.N.A. appealed the ruling of the majority award. The appeal was heard by Mr. Justice J.B. Dea on February



Hazel Paish

15, 1985. UNA's position was that the award was patently unreasonable among other things.

The judgement of the Court of Queen's Bench, received a month later, agreed. Justice Dea concluded that the majority interpretation of Articles 4 and 6 was "an outrageous one". "The effect of such an interpretation is to render the references to age in Article 6 nugatory." Thus, the arbitration award was quashed.

Hazel Paish has received full reinstatement in her former position at the High Prairie General Hospital.

This case has received a great deal of attention and U.N.A. has received many enquiries about it. All U.N.A. members should be proud of and thankful to Paish for clearly pursuing her belief that U.N.A. members have the right to choose their own retirement date!

## Mayerthorpe, Signs First Collective Agreement

The nurses at the Mayerthorpe General Hospital have just negotiated and signed their first collective agreement with the United Nurses of Alberta and their Hospital.

The eight nurses at the Hospital joined UNA December, 1984, organizing a new Local #145.

We welcome this new Local to UNA under the presidency of Brenda Boon!

# Board Synopsis — March

by Simon Renouf

The report of UNA's Patient Classification Research Committee, the adoption of a timeline for the development of Employee Assistance Programs, and a policy on non-bargaining Unit work were the highlights of UNA's Executive Board Meeting held March 5th through 8th, 1985.

The Patient Classification Research Committee, which was formed in 1984 to study the impact of Patient Classification Systems on UNA Members, had retained Dr. Marie Campbell of Carleton University as a consultant to assist it in its work. The Committee's report identified further areas for analysis of legal issues, recommended articles on this subject for future issues of the UNA News Bulletin, and proposed certain areas of concern be addressed by the AARN.

The Membership Services Committee recommended endorsement by UNA of the report on Employee Assistance Programs by UNA ERO Trudy Richardson. The Board adopted a timeline for the implementation of Employee Assistance Programs at UNA Locals. Part of this timeline requires the development of a negotiating proposal for the 1985 round of hospital bargaining with the object of committing the hospitals and the Alberta Hospital Association to the objective of establishing Employee Assistance Programs.

On a recommendation from the Steering Committee the Executive Board established a policy on non-bargaining Unit work. The policy reads: "UNA Members shall not perform any duties which have traditionally been done by Members of CUPE or other bargaining groups unless ordered directly to do so." It was brought to the Board's attention by the Steering Committee that UNA Members were doing work traditionally done by a CUPE Member in the CSR Department of one hospital. The

CUPE Member worked part-time and believed that traditional work would be given if nurses were not performing that work.

Since previous UNA Hospital Bargaining Proposals have proposed that nurses not be required to do non-nursing duties, and since concerns had been expressed by UNA Members and brought forward in relation to the Professional Responsibility Committee that hospitals should be retaining staff to do work that is not required to be done by nurses, the Board expressed the view that it is not appropriate for UNA Members to perform non-nursing duties when it would permit them to gain more working days.

In other developments, the Executive Board responded to the direction from the 1984 Annual Meeting to donate \$1,000.00 to the Grant Notley Memorial Fund at the University of Alberta. The

Board also established a new disciplinary procedure for Members accused of violating the constitution, and restated UNA's support for the striking Eaton's workers. The Board also established the time and location of the 1986 Annual Meeting which will be held in Edmonton, October 28-30, 1985.

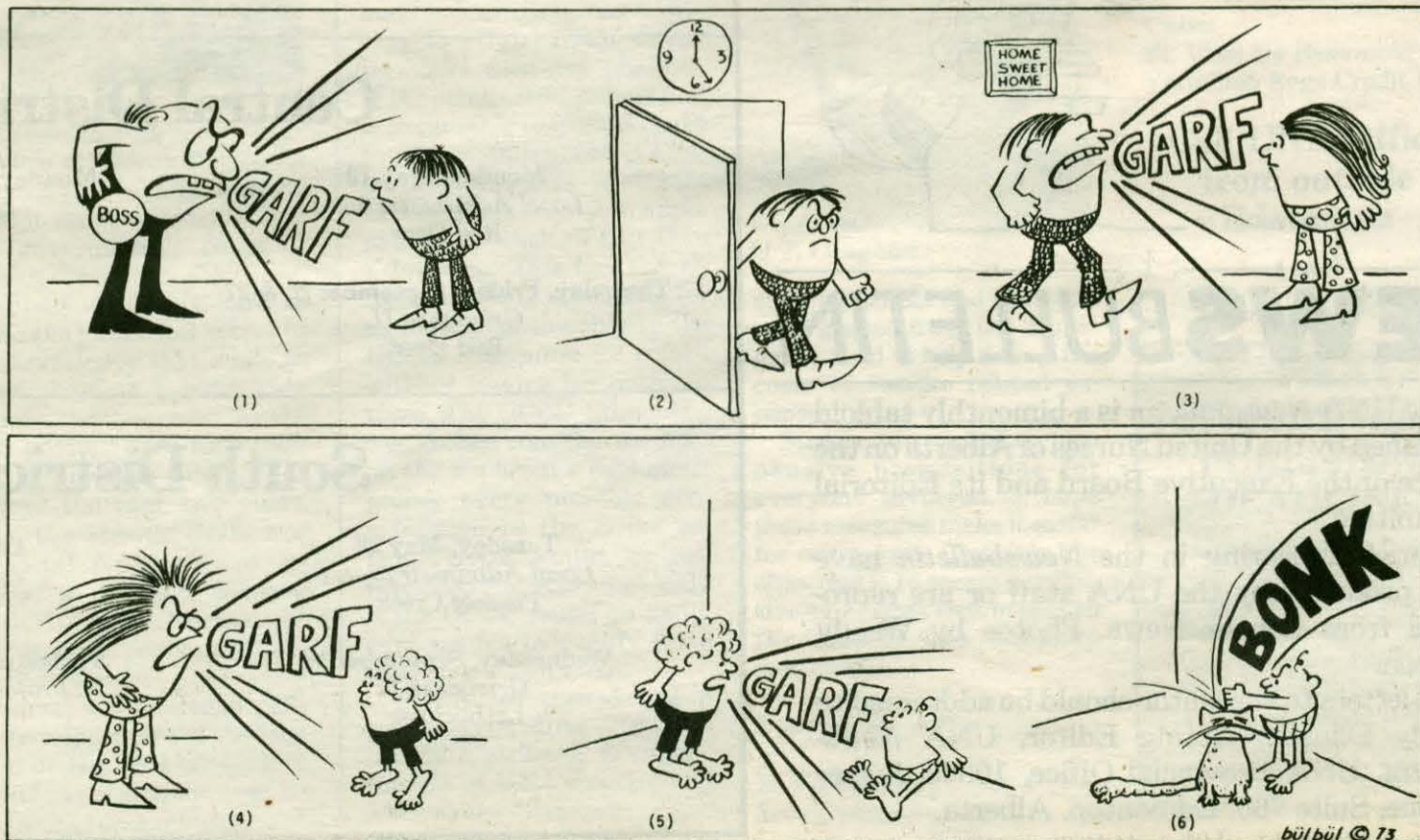
## In Memoriam:

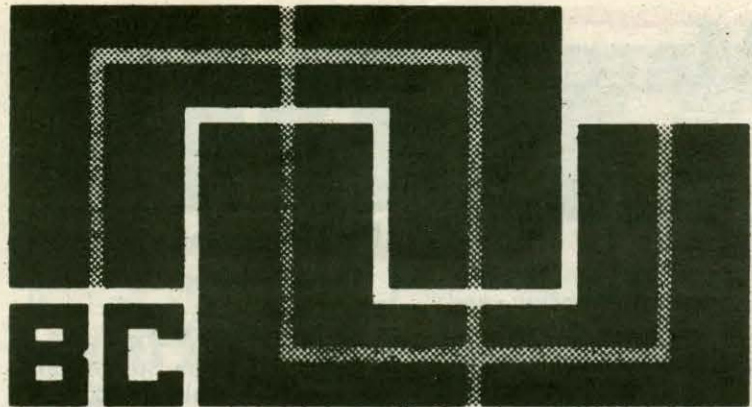
Deepest Sympathy is expressed to the family and friends of Anne Marie Fister, a graduate of the Edmonton General Hospital in 1970. She passed away suddenly April 19, 1985. Anne will be sadly missed by all her friends at Local #11, United Nurses of Alberta, Misericordia Hospital.

Calling UNA Office  
From outside  
Edmonton  
Call 1-800-252-9394

## BENEFIT DINNER/DANCE

for  
Striking Health Unit Members  
SATURDAY, MAY 25, 1985  
GOLDEN GARTER -  
NORTHLANDS, EDMONTON  
GUEST SPEAKER  
MADELEINE PARENT  
TICKETS: \$25/person  
AVAILABLE AT UNA OFFICE  
Sponsored by North Central District

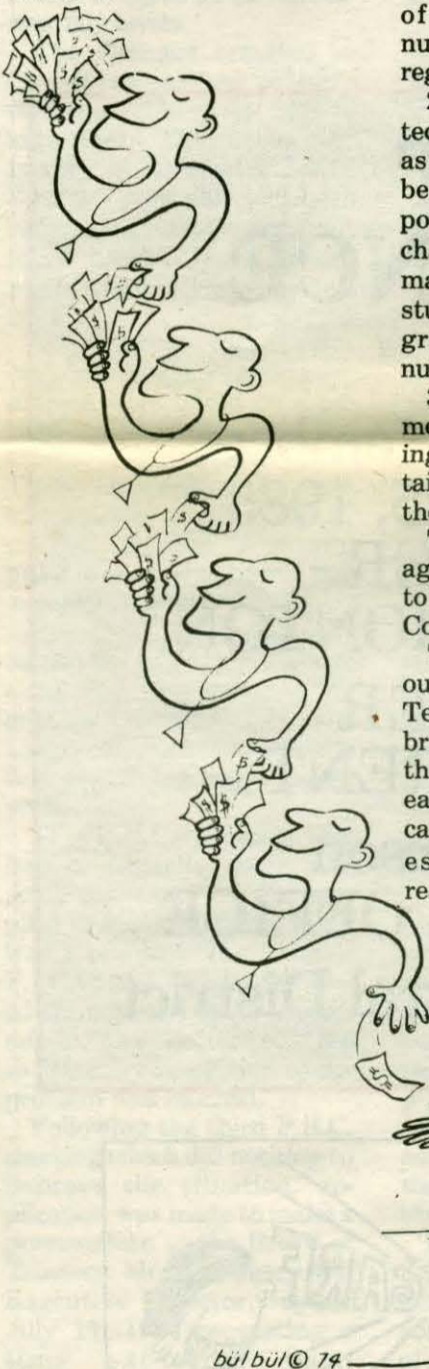




# B.C. LONG TERM CARE NURSES APPROVE NEW CONTRACT

Nurses at 12 long term care facilities have ratified a series of separate collective agreements achieved after seven weeks of rotating strikes that ended in late February.

No figures were released on voting by the 120 nurses, who finished two weeks of province-wide balloting on March 7.



The dozen agreements all have two year terms, retro-active to 1984 and expiring on various dates in 1986. Besides other contract improvements, they address the nurses' three strike issues.

1. The agreements provide wage parity with nurses in other long term care facilities and in general hospitals. This means hourly starting rates of \$12.85 for registered nurses and \$12.21 for non-registered graduate nurses.

2. Graduate nurses are protected from discrimination, as nurse registration will not be a pre-condition for job postings and temporary in-charge positions. A union-management committee will study related questions like graduates becoming head nurses.

3. Nurses won a management commitment that existing fixed shifts will be maintained at least for the term of the contract.

The 12 new collective agreements are still subject to review by Compensation Commissioner Ed Peak.

The nurses had been without contracts since last year. Ten months of negotiations broke down in December, and the rotating strikes began early this January. In all cases, the nurses maintained essential services for residents of the facilities.

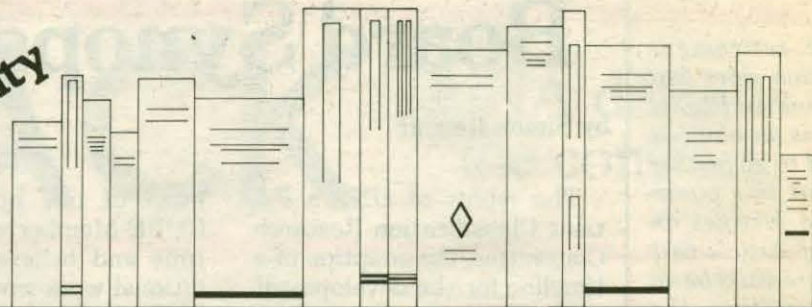
## NEWSBULLETIN

The UNA *Newsbulletin* is a bimonthly tabloid published by the United Nurses of Alberta on the advice of the Executive Board and its Editorial Committee.

Stories appearing in the *Newsbulletin* have been produced by the UNA staff or are reproduced from Labour News. Photos by Wendy Danson.

All letters to the editor should be addressed to Wendy Danson, Acting Editor, UNA *Newsbulletin*, UNA Provincial Office, 10303 Jasper Avenue, Suite 760, Edmonton, Alberta.

Off to UNiversity



## Learning is worth it!



### District Workshops '85

Education is a UNA priority. Several courses have already been held in 1985 and more are to come. Consult the schedule below to determine which workshops you wish to attend in your district, then contact your Local President who will have the necessary registration and funding information.

**PLEASE NOTE:** You must be registered in a workshop at least three (3) weeks in advance of the date of the Workshop. As most Workshops fill up quickly, register as soon as possible.

If you want to take a Level II course, don't forget that you must have already taken the pre-requisite course at Level I. All Level I Workshops are one day; Level IIs are 2 days.

#### North District

Tuesday, May 28  
*Local Administration I*  
Grande Prairie

Wednesday, Thursday, May 29 & 30  
*Grievance II*  
Grande Prairie

Wednesday, July 3  
*Assertiveness*  
McLennan

Thursday, July 4  
*Professional Responsibility I*  
McLennan

Wednesday, Thursday, Sept. 18 & 19  
*Professional Responsibility II*  
Grande Prairie

#### North Central District

Thursday, May 16  
*Ward Rep*  
Fort McMurray

Thursday, Friday, May 23 & 24  
*Professional Responsibility II*  
Edmonton

Friday, May 31  
*Local Administration I*  
Edmonton

Wednesday, June 19  
*Health & Safety I*  
Edmonton

Wednesday, June 26  
*Grievance I*  
Edmonton

Thursday, Friday, August 29 & 30  
*Local Administration II*  
Edmonton

Tuesday, September 10  
*Media*  
Edmonton

Friday, September 20  
*Grievance I*  
Edmonton

Monday, September 30  
*Assertiveness*  
Edmonton

Wednesday, Thursday, October 9 & 10  
*Grievance II*  
Edmonton

#### Central District

Monday, May 13  
*Local Administration I*  
Red Deer

Monday, Tuesday, September 16 & 17  
*Local Administration II*  
Red Deer

Thursday, Friday, September 26 & 27  
*Grievance II*  
Red Deer

#### South District

Tuesday, May 28  
*Local Administration I*  
Pincher Creek

Tuesday, September 17  
*Ward Rep*  
Lethbridge

Wednesday, September 18  
*Grievance I*  
Lethbridge

Tuesday, Wednesday, October 1 & 2  
*Professional Responsibility II*  
Lethbridge

Continued on back page

# ASK THE PARLIAMENTARIAN

You are invited to telephone or mail your questions to:

Flodia F. Belter  
(Registered Procedural  
Parliamentarian)  
9728 - 82 Avenue  
Edmonton, Alberta  
T6E 1Y5  
Telephone 439-5703  
439-1327

*Where there is no law, but every man does what is right in his own eyes, there is the least of real liberty.*

—Henry M. Robert

**Glossary Method:** Future Articles and subjects to be listed in Alphabetical Order.

**ACCEPT, ADOPT, AGREE:** distinction among. Common and Dangerous errors.

1. When a committee report has been presented to the organization it is said to have been "Received" after it has been read. A motion to receive is unnecessary and meaningless, since the report has already been received. Another error — less common but dangerous — is to move, after the report has been read (or even before reading), that it be "accepted", when the actual intent is that of the mistaken motion to receive, as explained. If a motion "to accept" made under these circumstances is adopted and is given proper interpretation, it implies that the assembly has endorsed the complete report. If either the work or the report is not acceptable, the motion "to accept" should be defeated since its passage makes the organization responsible for it.

2. When the report contains only information of facts for the assembly, it is only proper that the chair states (by general consent), that the report will be placed on file (no action is required).

3. When a report contains recommendations, the reporting member usually makes the recommendations "to adopt" at the conclusion of the presentation. No second is required in these cases, since the motion is made on behalf of the board or committee.

4. Organized societies may require principal officers to make a report of the year's work at the annual meeting. Motions to adopt or implement any recommendations should be made from the floor by a member other than the reporting officer. The motion to "adopt" is the same as "agree to". If carried, the assembly accepts responsibility.

**MOTIONS:** Introduction of: Types and purposes of motions.

1. **Main Motion** — brings a question before the assembly for consideration.

2. **Subsidiary Motions** — are for the purpose of modifying or disposing of the Main Motion under discussion.

3. **Privileged Motions** — have no connection with the Main Motion, but are of such importance as to demand immediate consideration.

4. **Incidental Motions** — are those miscellaneous motions which cannot be placed in any of the three groups listed above.

Future articles will demystify the bewildering puzzle of numerous motions. We shall present motions as tools useful to the practical machinery for the transaction of business in meetings of a deliberative assembly.

## Questions and Answers

**Q. What is the definition of the terms "Chair" and "Chairperson"?**

**A.** The "Chair" is the term generally used to designate the presiding officer, regardless of the official title, when referring to the acts as presiding officer. One is said to be "in the chair" when presiding, regardless of whether sitting or standing. The "Chairperson" means the person "in the chair", that is, the one presiding. The presiding officer of a committee is always called the chairperson. The chairperson of a board is often called the president of the board.

**Q. What control does the "Seconder" of a motion have after a motion is stated by the chair?**

**A.** A second merely implies that the seconder agrees that the motion should come before the meeting, and not that she necessarily favors the motion. A member may second a motion because she would like to see the assembly go on record as rejecting the proposal, if she believes a vote on the motion would have such a result. Once the chair has stated the motion, the motion then is the property of the assembly, and no longer the property of the mover of the motion. The seconder actually has no control at any time. The mover of a motion may courteously request cooperation of the seconder, if a withdrawal or change is about to take place. The requirement of a second is for the chair's guidance before placing it before the assembly. The purpose is to prevent time from being consumed by the assembly's having to dispose of a motion that only one person wants to see introduced. A motion under discussion on the floor, without being seconded, does not render the motion out of order since the members permitted the business to go forward.

**Q. What is "General Consent"?**

**A.** Instead of taking formal votes on a question to which it is apparent no one objects, much time can be saved by the chairperson saying, for instance, "Are there any corrections to the minutes? There being none, the minutes stand approved as read (or if corrected, as corrected)". It is useless to make a motion and take a vote on such a case. Sometimes a request is made for general consent to take up a question out of its proper order, or to do something that is not exactly according to the rules. The chair inquires whether there is any objection, and if none is made says, "There being no objection" etc. and proceeds to entertain the proposed business, the same as if the rules had been suspended for that purpose by a formal action and vote. Clerical errors should usually be corrected by general consent.

## POSITION VACANCY U.N.A. PROVINCIAL OFFICE EMPLOYMENT RELATIONS OFFICER

### 1. Skills, Ability and Training

(a) While the classification of Employment Relations Officer does not require a university degree, formal post secondary education in one or more of the following areas is desirable: (i) humanities, (ii) social sciences [especially economics, political science, or law], (iii) nursing, (iv) management studies.

(b) Secondary school graduation is essential.

(c) Incumbent should have excellent written and oral communication skills.

(d) Incumbent should be generally familiar with Canadian labour law and in particular conversant with the provisions of the Alberta Labour Act.

(e) Skill in negotiating and grievance handling is desirable at the entry level, essential after one year.

### 2. Personal Qualifications

(a) The incumbent should display tact, maturity, good judgement, and the ability to empathize with people from a variety of social and cultural backgrounds.

(b) The incumbent should be committed to the principles of co-operation and trade unionism, and should be familiar with topical issues within the Canadian trade union movement.

(c) The incumbent must be prepared to work irregular hours on an occasional basis and to travel throughout Alberta.

(d) The incumbent must possess a valid Alberta driver's license.

### 3. Duties

Under the general supervision of the Executive Director the Employment Relations Officer:

(a) provides a full range of union services (with, in a number of cases, the exception of contract negotiation) to assigned U.N.A. locals and their members. In particular, the Employment Relations Officer will:

- prepare or assist in the preparation of proposals for collective agreement negotiations;
- present or assist in the presentation of proposals to locals;
- participate in the planning and preparation necessary before the commencement of collective bargaining;
- act on behalf of specific locals as collective bargaining spokesperson at the bargaining table;
- prepare or assist in the preparation of briefs for presentation to Conciliation Boards, Conciliation Commissioners or Interest Arbitration Boards;
- participate in ratification and strike meetings;
- assist locals and members in filing grievances;
- participate in the appointment of nominees to Arbitration Boards;
- prepare and present the union case before Arbitration Boards as assigned;
- interpret collective agreements to members, locals and employers;
- counsel members in matters outside the collective agreement;
- attend the meetings of assigned locals;

(b) co-ordinate or participate in organizing campaigns;

(c) contribute to and participate in the organizing and delivery of the union's education program;

(d) contribute material for publication in the U.N.A. news bulletin;

(e) contribute to the planning activities of the union by recommending to the Executive Director objectives and plans within his or her own area of responsibility;

(f) may perform other duties as assigned by the Executive Director.

### 4. Location

U.N.A. Provincial Office, Edmonton.

### 5. Compensation

In accordance with current U.N.A./E.R.O.U. Collective Agreement including a starting salary of \$19.15 per hour (\$34,969 per year), increasing to \$22.84 per hour (\$41,711 per year) after one (1) year of service; leased car; four (4) week vacation; and excellent fringe benefits.

### 6. Application

Apply in writing to Executive Director, United Nurses of Alberta, #760, Principal Plaza, 10303 Jasper Avenue, Edmonton, Alberta, T5J 3N6

### 7. Deadline

Applications must be received by May 24, 1985.

## North Central District Report

Spring has finally sprung! I'd say it's about time. To get our 1985 Spring off with a bang, our Health Units have gone on strike. This isn't an easy task as we all very well know, but a task that must be undertaken. These nurses take on a lot of responsibility and are not being compensated for it. For goodness sake, we're told, that a NURSE is a NURSE: then why don't they have parity with hospital nurses. Let's get out there and give them all the support we can; whether it be picketing, financial, or offering your services, ie. babysitting. Remember, **STRENGTH** comes in **NUMBERS**.

N.C.D. has had several successful workshops and have more booked.

May 1, Contract Development

May 23-24, PRC Level II  
May 31, Local Adm. Level I  
June 19, Health & Safety I  
June 26, Grievance I  
August 29-30, Local Admin. II  
As one can see, PRC is



Tannis Bakke

had 3 PRC Level I and 2 PRC Level II's booked to date. Information has been sent out. To prevent disappointment, get those Unaversity applica-

definitely in demand as we've had 3 PRC Level I and 2 PRC Level II's booked to date. Information has been sent out. To prevent disappointment, get those Unaversity application forms filled in, and sent in by the required deadlines.

NCD wishes to congratulate Barbara Surdykowski as our elected member to sit on the Hospital Negotiating Committee. Also a welcome to Bev Dick as she has been elected as the alternate to the Negotiating Committee. The next N.C.D. meeting is May 2, 1985 at Prov. Off. Next Executive Board Meeting is June 11-14, 1985.

In Solidarity

Tanis Bakke  
North Central District

## Letters cont'd

used and not to call in extra staff or replace staff unless absolutely necessary. Nurses, being the conscientious people they are, helped them achieve the surplus budgets about which they are now boasting.

It is insulting to be told by the Alberta Hospital Association that Nurses aren't worth it! I would like to see them deal with the "bloody" work, the families of a dying child, or a medical emergency to name only a very few.

Health Unit Nurses used to get a meal paid if they were out on their rounds to their patients — this could be 200 miles away, but the Health Unit Boards saw this as a way of cutting the budget and they took this away. (What businessman doesn't get a meal allowance while out on business?) They are expected to use their own cars to visit patients but the Health Unit Board won't pay them a decent car allowance to even maintain those cars, or fund the extra insurance that is mandatory by law to operate these vehicles. They are expected, in some cases, to work in isolated areas and now the Health Unit Association of Alberta wants to cut the isolation pay. And the crowning insult — an offer of 25 cents per hour over two years!

The Governments have admitted that money is not a problem, that the money is

available. They have even proven that by how they spend some of that money. For example, special imported sand and million dollar biffies for the Kananaskis Golf Course. 300 million dollars to build new hospitals and millions of dollars to put plants in them to make patients feel they are in hotels instead of hospitals which is okay as long as they will let go of the purse strings to pay the nurses to work in this setting.

We have felt a great responsibility to the welfare of our patients. These same patients or future patients would be wise to support the Nursing Profession in its quest for reasonable remuneration and working conditions to ensure that nurses are still around to look after them.

Nursing is perceived as a "helping" profession. We in our jobs do help people — our patients. That helping hand extends to helping the hospitals and Health Units to keep their budgets in line and then further we help the government appear to keep their Health Care budget low by keeping our wages low. We are a caring group. After all that is what we do best. But we are fast coming to the realization that our caring nature is being taken advantage of. We are in a thriving industry and that industry makes money. Management is forever creating new jobs in

their echelon and looking for ways to increase their wages, if only to change their names from administrators to presidents, Head Nurses to Unit Co-ordinators. We are told we can't make more because we aren't worth it!

We are being told that we are lucky to have a job in these times of economic recession when there are many who have no jobs. First of all we really have little control over the economy. In the good years — the oil boom, those industries connected to it, including construction and real estate, thrived on it and made profits beyond all expectations. Those people made a lot of money and worried little about those like us who were way behind the average Canadian wage. Now the tables have turned somewhat. I make no apology because I happen to work in an industry that is booming. After all — even the government recognizes that to get brownie points (votes) from their constituents all they have to do is build a new hospital. What the government and the voters must realize is that a building does not a hospital make. The government expects to fill these buildings with 5000 nurses over the next three to five years. But I put the question to you — what will attract all these nurses (and doctors for that matter) if they do not offer reasonable wages, wages that keep up with even the basic cost of living? In fact, at times it is an alluring thought to nurses to work elsewhere for far less the responsibility and as much or better pay.

I once worked for a larger hospital in Ontario before we

moved to Alberta. The administration there happened to have been extraordinary — the exception instead of the rule. The administration catered to their employees. They always kept their "ear to the wall" and made sure that the wages were at least the same or slightly higher than other hospitals. The benefit package ten years ago was better than what Alberta nurses have now. The administration knew all the staff by name and made a point of visiting every unit every week, just to say hello and commend us for the work we were doing. Let me tell you — we were made to feel important. We were paid well and were commended. That combination resulted in high productivity, high morale and a desire to make that hospital the best.



Jane L. Zinken

After moving here, all I see is an increasing low morale among staff and a constant battle on our part to prove we are valuable. When the Alberta Hospital Association and Health Unit Association of Alberta say it in words — nurses aren't worth it and show it in actions of offering no wage increase, benefit take-

aways and insulting, ridiculously low increases, it hurts. Management keeps growing in numbers and spending their hours trying to see how they can constantly get out of paying nurses what they do deserve and making the work place an increasingly aggravating place to work.

Florence Nightingale had the first nurses' strike and recognized the importance and necessity to pay nurses well for their contribution to society. This may come as quite a shock to those who only think of Florence as a benevolent subservient the government thinks we *should* be.

How long must nurses be used and abused? Alberta will lose many nurses both in hospitals and health units because there is no incentive to entice these well-educated and skilled people. Why should they continue to upgrade their education to be offered the same or less wages as in less skilled jobs?

There are four ways of making nurses happy:

1. Pay them well.
2. Tell them they are doing well when they do.
3. Work with them to improve patient care and safety.
4. Stop taking up their valuable time with constant administrative problems and let them do the work they were hired for — caring for patients.

In short, nurses are an important and valuable asset to society. Recognize it and treat them as such!

Sincerely,

Jane Zinken  
Central District Rep.

## THE UNA EXECUTIVE

### Executive Board

#### PRESIDENT

Ms. Margaret Ethier  
H - 467-4475  
W - 425-1025

#### VICE-PRESIDENT

Ms. Barbara Diepold  
H - 826-5276  
W - 826-3311

#### SECRETARY-TREASURER

Ms. M.T. Caughlin  
H - 262-3455  
W - 268-9625

#### NORTH DISTRICT

Ms. Hazel Paish  
H - 539-7234  
Ms. Karin Pederson\*  
H - 338-2265  
W - 332-1155

#### NORTH CENTRAL DISTRICT

Ms. Heather Molloy  
H - 456-3082  
W - 477-4897 (B)

Ms. Tanis Bakke\*  
H - 458-7869  
W - 484-8811 (E. 242)

Ms. Gina Stanley  
H - 349-2373  
W - 349-3301

Ms. Gerry Cook  
H - 487-4228  
W - 484-8811 (E. 301)

Ms. Carmelita Soliman  
H - 487-3812  
W - 482-849

Ms. Lena Clarke  
H - 421-0955  
W - 474-5441

\*District Chairperson

#### CENTRAL DISTRICT

Ms. Sandra Rentz  
H - 346-4412  
W - 343-4949

Ms. Jane Zinken\*  
H - 342-7070  
W - 343-4930

#### SOUTH CENTRAL DISTRICT

Ms. Valerie Neish  
W - 270-1381

Ms. Laurie Coates  
H - 251-3565  
W - 228-8135

Mr. Glen Fraser  
H - 262-4322  
W - 228-8123

Ms. Joan Jenkins\*  
H - 269-4862  
W - 268-9482

Ms. Karen Nelson  
H - 652-7568  
W - 652-2321

Ms. Dale Fior  
H - 238-0810  
W - 266-7231 (7E)

#### SOUTH DISTRICT

Mr. Erwin Epp\*  
H - 381-6938  
W - 327-4531 (E. 282)

Ms. Darlene Wallace  
H - 627-3499  
W - 627-3333

### Prov. Office

Suite 760  
Principal Plaza  
10303 Jasper Ave.  
Edmonton, Alta.  
T5J 3N7  
425-1025

Simon Renouf  
Executive Director

David F. Thomson  
Employment  
Relations Officer

Wendy Danson  
Employment  
Relations Officer;  
Acting Education/  
Publications Officer

Trudy Richardson  
Employment  
Relations Officer

Chris Rawson  
Education/  
Publications Officer

### Calgary Office

206, 609-14 St. N.W.  
Calgary, Alberta  
T2N 2A1  
283-4777

Michael J. Mearns  
Employment  
Relations Officer

Marilyn Vavasour  
Employment  
Relations Officer

Continued  
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## South Central District

Wednesday, June 5  
Ward Rep, Local 121  
Calgary

Wednesday, September 4  
Professional Responsibility I  
Calgary

Wednesday, Thursday, September 25 & 26  
Local Administration II  
Calgary

Wednesday, October 2  
Assertiveness  
Calgary

Tuesday, Wednesday, November 5 & 6  
Grievance II  
Calgary

Wednesday, June 26  
Local Administration I  
Calgary

Thursday, September 5  
Grievance I  
Calgary

Wednesday, Thursday, Sept. 25 & 26  
Health & Safety II  
Calgary

Monday, Tuesday, October 28 & 29  
Professional Responsibility II  
Calgary

## North Central District Elects New Representative

Congratulations to Lena Clarke, Local #118, who was elected at the May 2, 1985 North Central District Meeting to replace Barbara Surdykowski (see Staff Changes). Lena Clarke is the past-president of Local #118, Edmonton Rural and Auxiliary Hospital and Nursing Home District #24. She has been an active and vocal member of UNA and no doubt will continue in that role on the NCD.