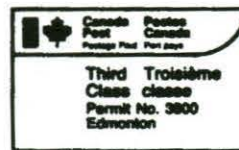


NEWS BULLETIN

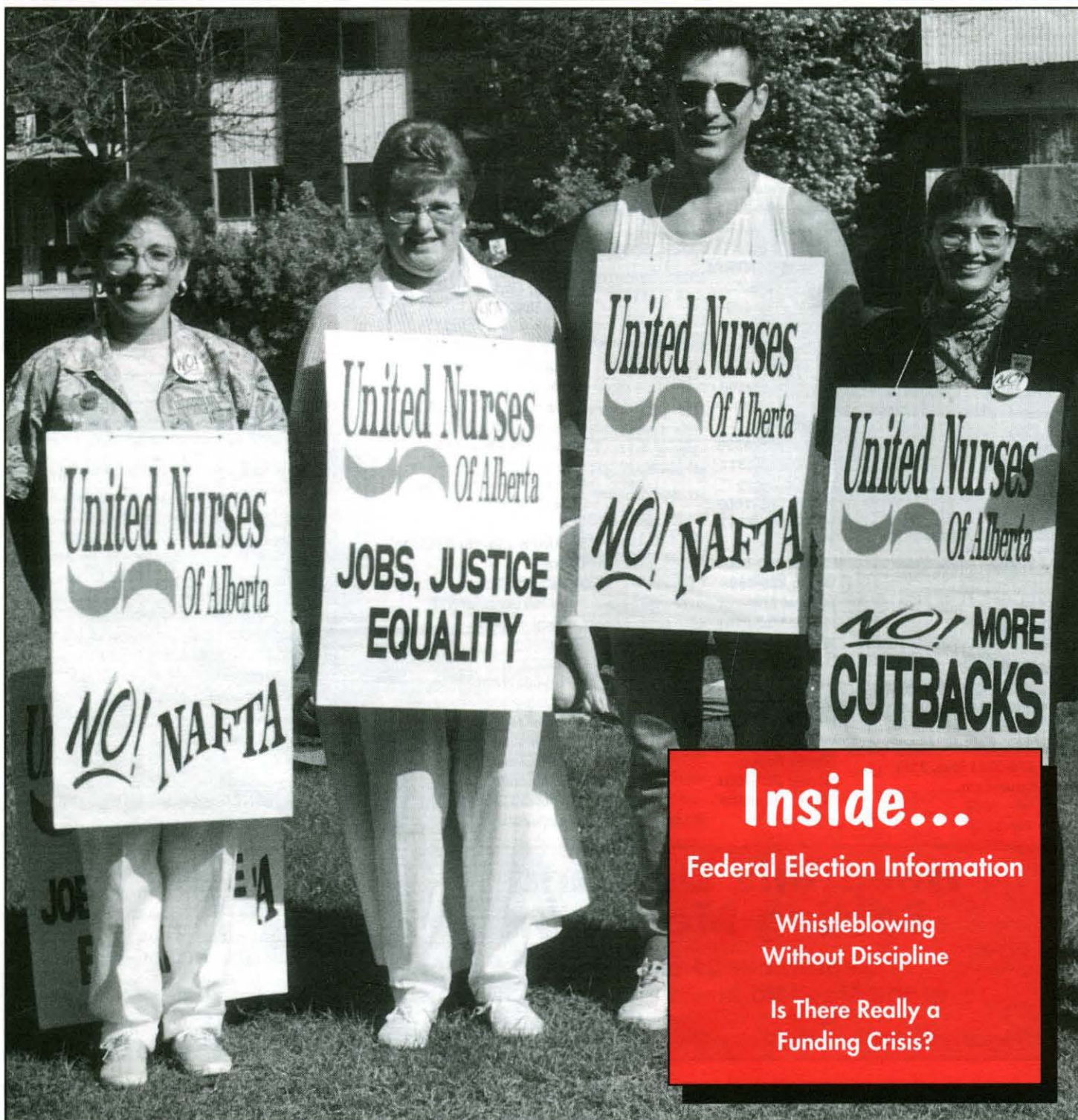
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VOLUME 17 NUMBER 4

UNITED NURSES OF ALBERTA

AUGUST 1993



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"Be a nurse. There will always be jobs for nurses." "Nursing is a career you can always fall back on after doing something else." "Being a nurse means you can travel anywhere and get a job easily." Parents, teachers, guidance counselors told us that being a nurse meant permanent job security. Of course, the supply of nurses went through a cycle - we'd have too few nurses, then too many and then too few again. But we could always count on the surplus of nurses lasting for only a year or two before employers would be searching for nurses once more. No one dreamed of the magnitude of the health care cuts and layoffs that would face nurses in the 1990s. Today nurses are becoming all too familiar with different phrases about their job security: "I am writing to advise you that you are being laid off from your position..." "The hospital is experiencing budget deficiencies and has found it necessary to eliminate positions..."

UNA has developed *Layoff and Recall - A Member's Guide* to answer the most common questions about position elimination layoff and recall. Contact your Local Executive or Provincial Office for your copy of this document.

VON Settles Contract

by Lesley Haag, LRO

The Negotiating Committee for Local #61 has reached a tentative agreement with the Victorian Order of Nurses, Edmonton Branch. Several significant improvements were made to the Collective Agreement including a recognition of temporary employees, a requirement to post temporary positions, and the provision of benefits for temporary employees. Another improvement to the contract is the reduction of hours from 1950 to 1725 required for a part-time or casual employee to advance to the next salary increment. Part-time employees working at least 1/2 time will be eligible for long term disability benefits, group insurance, Blue Cross and Alberta Blue Cross. Part-time employees are now entitled to participate in the pension plan. The uniform allowance has been increased for all employees. The agreement provides for a two year salary freeze. The previous contract expired March 31, 1992.

The 14-member Local will hold its ratification vote within the next few weeks. Many thanks to the Negotiating Committee (Tessa Merry and Joyce Rebus) for their work on behalf of the Local.

Negotiations '94 Update

Hospital Negotiating Committee members met in July to review the Local Proposals and to prepare recommendations for the Demand Setting Meeting. Locals are now in the process of reviewing the Negotiating Committee's recommendations and determining local support for each proposal. Watch the UNA bulletin board at your facility to find out when your Local meeting will be held. The Hospital Demand Setting Meeting will take place on September 21 and 22 at the Mayfield Inn in Edmonton.



Hospital Negotiating Committee members: Front Row (L to R) David Harrigan - Chief Negotiator, Marilyn Coady - Chairperson, Heather Smith - UNA President. Back Row (L to R) Terry Robertson, Sheila Bailey, Gail Tymens, Janet Hudson.

Health Unit Negotiating Committee members will be meeting on September 8 and 9 to review and make recommendations on the Health Unit Local proposals. The Health Unit Demand Setting Meeting will be held in Calgary on November 16 and 17.

IS There Really a Funding Crisis?

by Heather Smith, UNA President

Is There a Funding Crisis?

Much has been said of late about a crisis in our health care system. Politicians and bureaucrats have spread the message that we can no longer afford the kind of health care system that has become a trademark of Canadian citizenship. A common assumption is that health care costs are soaring uncontrollably.

Heather Smith, UNA President



But is there really a funding crisis?

In 1970-71 health care costs in Canada were 13.4% of government expenditures. Twenty years later, in 1990-91, they were exactly the same—13.4% of government expenditures. In real per capita amounts, all consolidated health care costs in Canada (federal and provincial) have increased by only 4.4% during the past 25 years.

It is only 21 years since Alberta entered into the national medicare scheme. Although it took almost four decades to build a national health system, it is on the precipice of being dismantled.

The Canadian system "costs" 9.5% of the gross national product, while the United States spends 12.2% of their gross national product on health care. Close to 1/3 of the American population has either no coverage or inadequate coverage. Despite this cost difference, the Canadian system is under extreme pressure to cut our costs. Both federal and provincial governments want to shift the burden of responsibility and accountability from government to individual Canadians, individual Albertans.

Politicians alarmingly proclaim that Alberta spends 30% of the Provincial budget on health care. No one asks whether this is too much or too little. The subliminal message is



that it is a horrendous and inappropriate amount. But is it too much? Are our health and well-being not worth 30% of our provincial income?

There are a number of reasons that health accounts for 30% of the provincial budget. When Alberta had financial resources in abundance, there was little concern that Alberta expended vast amounts on hospital construction, expansion and renovation. The toys of technology were purchased with little regard for cost or need.

But the days of abundance have passed. The value of oil has dropped. We are no longer rich. Alberta must decide on whether it wants to fund toys like Novatel or invest in the health of Albertans.

Unfortunately some of the cost control is beyond Alberta's influence



- it rests with the federal government. Whereas the federal government once shared equally the cost of health care, the sharing has been eroded to the point that by the year 2000 Alberta will receive virtually no federal dollars for health care or advanced education. Ottawa politicians seem to have chosen to fund helicopters over health care.

Other political decisions have increased stress on the system.

Although hospitals and other facilities receive a refund for a portion of GST costs, they are not totally exempt. Just to receive the exemption, resources (people and computers) must be dedicated to ensure exact accounting.

In 1987 and again in February of 1993, federal legislation extended and enhanced patent drug protection. As a result drug costs have climbed at a rate far in excess of the cost of living. Many questions surround the utilization of drugs in Canada. Consider that 20% of hospi-

tal admissions of the elderly are drug-related.

Information is a powerful tool in our "high tech" society. There is an increasing demand for immediate and accurate accounting and information. This has resulted in substantial investments in computer equipment and people.

There is a pressure to compete in a



global economy - many consider that someone, somewhere else has the magic solution to increase productivity and trim costs. So a variety of guru's - "specialists" and "consultants" have been enlisted at considerable cost in an attempt to find that elusive perfect answer.

We have increased costs because we refuse to move from an institutional and illness-based health care system to a more holistic and community-based model.

There are several reasons that health care costs have continued to rise in Alberta. The escalating cost of drugs and supplies; the purchase of new technology; the privatization of laboratory services; and physician utilization have significantly impacted on overall costs.

But we want to dispel a myth. The myth is that health care costs are out of control because certain workers—nurses and their unions—have forced labour costs to escalate.

While there is no dispute that labour is a major part of the health care costs, labour encompasses a lot of categories. Labour includes nurses, instructors, salaried physicians, physiotherapists, pharmacists, radiology technicians, porters, housekeepers, laundry workers, chief executive officers, directors, payroll clerks, word processors, consultants and a host of others. Nurses are only one group of employees.

In Alberta, nursing costs have not continued to climb as a percentage of operating costs. In the face of rising salaries and benefits, nursing costs have remained flat in the last decade.

There is no crisis in health care.

The crisis lies in the hearts of governments who allocate money on the basis of lobbying and political influence. We condemn the skewed priorities of politicians who cut deficits by reducing our access to health care.

We are not calling for uncontrollable increases in health care dollars. As advocates for our patients, our families and ourselves, we are calling for the wise investment of Alberta tax dollars in a health care system which promotes the well being of Alberta citizens and is firmly built on the principles of the Canada Health Act.

PRESIDENT'S MEETING

Local Presidents and Executive Board Members met on June 15 to address the specific concerns facing each Local Executive and UNA members. Sub-groups met to discuss resolutions to the problems. Participants left with a renewed sense of solidarity and up-to-date information on dealing with issues common to the Locals.



UNA, AARN and SNAA Form Common Front

By the time this *NewsBulletin* reaches you, the ad series "Nurses Aren't Part of the Problem. We're Part of the Solution." will have completed its run in Alberta's daily and weekly newspapers.

These advertisements mark the first time that United Nurses of Alberta, Staff Nurses Associations of Alberta and the Alberta Association of Registered Nurses have formed a common front to fight government cuts to health care and to raise public awareness of the role of nurses as patient and health care advocates.

We would like to thank Gail Tymens, North Central District representative, for her participation in the ad campaign.

If you have any comments about the ads, please contact your District Representative or leave a message on UNA's new Medicare Hot Line at 1-800-667-1379.



"Our seniors have worked hard to give us the lifestyle we enjoy today. They deserve to be treated with dignity and respect."

NURSE GAIL TYMENS, EDMONTON

ALBERTANS DESERVE A HEALTH CARE SYSTEM THAT PUTS THE NEEDS OF PEOPLE FIRST. As Canadians, we have the right to expect an affordable, comprehensive level of care, easy access to services and equal treatment regardless of our age, gender, income or race.

ALBERTA nurses believe there are ways of reforming the health care system without jeopardizing its quality. Random cuts are not the answer. We need a plan. Given the chance, nurses could save taxpayers' dollars by providing more community-based health services that focus on care and keeping people well.

NURSES want to help provide a superior health care system to Albertans. But government cuts that close hospital beds, reduce funding to community health services, and lay off staff are hurting a health care system that is the envy of the world.

IN government roundtable talks, nurses will be representing the needs of Albertans in health care reform. **ALBERTA NURSES INVITE YOU TO CONSIDER THE DIFFERENCE NURSES CAN MAKE.**

**NURSES AREN'T PART OF THE PROBLEM.
WE'RE PART OF THE SOLUTION.**

GAIL TYMENS

has worked as a long term care nurse for seven years. She believes that the special needs of seniors deserve more attention.

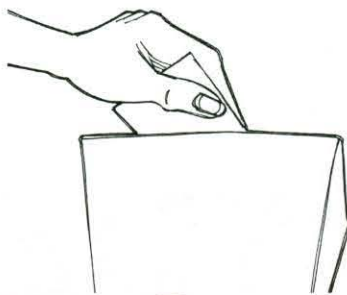
"The people we look after are physically and mentally frail. They suffer from the irreversible effects of old age. They're unable to stay in their homes and require constant care. We provide nursing care, rehabilitation and therapy all in a safe and caring atmosphere. The residents count on us for everything."

"Government cuts to long term care are forcing us to provide care with fewer and fewer nurses. My fear is that our patients will be deprived of the health care services that they have worked long and hard for. I am afraid that they will become the forgotten people."



ALBERTA ASSOCIATION OF REGISTERED NURSES 1-800-252-9392
STAFF NURSES ASSOCIATIONS OF ALBERTA (403) 439-3788
UNITED NURSES OF ALBERTA 1-800-252-9394

What's important in this election?



WHAT'S IMPORTANT in this federal election is you, and your family. What's important is to elect people who will represent your interests and fight for what matters to you. For too long decision makers in Canada – both Tories and Liberals – have told us that there is only one future for Canadians – a future where high unemployment is normal, a future that says essential services like health care have to be cut because governments can't afford them, and a future where poor and middle income families pay high taxes to support tax breaks for wealthy individuals and corporations.

Most politicians are out of touch with what ordinary Canadians need and want. The proof: the Free Trade Agreement, the North American Free Trade Agreement, cuts to unemployment insurance, a tax system that burdens families at the lower end of the income scale, and tragically high levels of unemployment. We have a federal government that fights its debt by spending billions on things we don't need, like helicopters, and forcing its

debt onto the provinces by drastically cutting payments for health and other services we do need.

We need to put people back to work, protect important services like health care, and make sure everyone pays a fair share of taxes. Canadians want to work. More Canadians working means less spent on UIC and welfare. More people working and a fairer tax system will make important health services like medicare more affordable.

Creating jobs

For years the Conservative government has listened only to the wealthy and powerful. The result – bad trade deals and other misguided policies that are killing jobs. One in four Canadians can't find work, can find only part-time work, or has given up looking.

Fighting for a fair tax system

Federal Conservative tax policies have been guided by the "trickle-down" theory of economics. The capital gains exemption, the GST, lower tax rates for the rich, and cuts in corporate taxes are all guided by the belief that if the rich and the big corporations get a break, they'll create jobs for the rest of us.

It isn't working.

What's important is to elect people who will represent your interests and fight for what matters to you

The average Canadian family is paying \$3,600 (after inflation) more in tax than they were eight years ago. Over 90,000 companies with profits of over \$27 billion avoid paying taxes. Conservative government policies have shifted the tax burden away from corporations and onto people.

Canadians deserve a fair tax system that will stimulate the economy. We must scrap the GST and replace it with a fair system that would get rid of tax breaks for the very rich, bring in a minimum corporate tax, a wealth tax, more progressive income taxes, and a tax on private trusts.

Defending and improving medicare

Today's health care crisis grew out of Liberal and Conservative government policies.

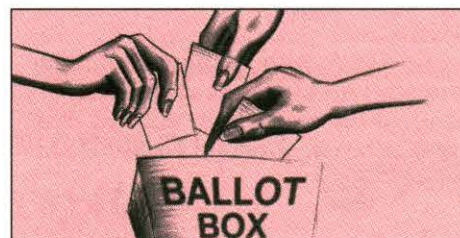
In the 1960s, the federal government agreed to pay half of health care costs. But the Liberals began to back-track. By the early 1980s, they had pushed federal funding down to about 43 per cent.

The Conservatives continued the cuts. In 1990, they froze transfers to the provinces for two years. After that, increases were minimal.

The Conservatives complained about the health care cuts the Liberals made, and the Liberals complained about the cuts the Conservatives made. But, they both cut, forcing the provinces to find ways, like higher taxes or user fees, to pay for the extra costs.

Our health care system does need reform, both to control costs and to provide new and better services. But, the solution is not ending medicare.

We must elect politicians who will defend the principles of medicare, universality, comprehensiveness, portability, accessibility and non-profit operation. We must elect people who will represent our interests and who are willing to fight for what matters to us. (CALM/USWA News At 6)



HEALTHCARE



DEATH BY A THOUSAND CUTS

Myth

We can no longer afford the kind of health care system that has become a trade mark of Canadian citizenship.

Reality

There is no financial crisis in health care. The crisis lies in the hearts of governments who allocate money on the basis of privilege, patronage & political influence.

Fact

Canada spends 9.5% of its Gross National Product on health care, compared to 12.2% in the U.S.

Fact

An estimated 37 million Americans have no health care coverage, and 30-50 million more have inadequate coverage. In Canada everyone has coverage.

Fact

Our governments are sabotaging a health care system regarded by Canadians as a national sacred trust. Health care is being fatally underfunded by the current federal and Alberta governments.

Fact

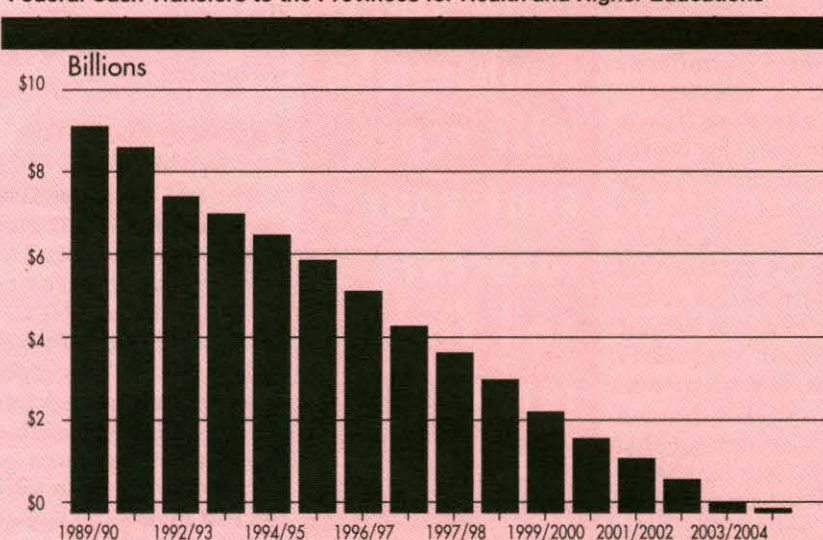
Cuts in federal health care funding began when Trudeau's Liberals applied the restrictive "six and five" anti-inflation program to EPF funding.

Fact

Cuts in federal cash transfers to the provinces under EPF and the Canada Assistance Plan (CAP) have totaled \$41 billion since 1982-1983. In the 1992-1993 fiscal year alone, federal transfers were 21% less - \$9.4

billion - than originally planned. Although Canada's gross domestic product (GDP) rose 17.5% from 1984 (the year the Tories were elected) to 1990, social spending increased only 2% during the same period.

Federal Cash Transfers to the Provinces for Health and Higher Educations



Projection Based on federal data by Tim Sale

Fact

Although total dollars spent on health have increased, the percentage of all federal government spending on health care has not increased. In 1970-71, health care costs in Canada amounted to 13.4% of government expenditures. Twenty years later, in 1990-1991, they were exactly the same, 13.4% of federal government expenditures. Whereas in 1986, 1.4% of our Gross Domestic Product was spent on health care, in 1992 it was down to 1.0% of GDP. This difference amounted to \$2.8 billion. In 1993, with the reduced federal transfer payments to the provinces, the federal government spent even less on health care.

In real per-capita amounts, all consolidated health care costs in Canada (federal, provincial and municipal) have increased by only 4.4% during the past 25 years.

Fact

In the 1970s, 50% of health care costs were paid by the federal government. Today, only 24% of costs are shared by Ottawa. By the year 2000, no dollars will come from out national government to pay for health care.

Fact

In the 1985 Tory budget, the EPF funding formula was slashed to a

level defined as GNP growth minus 2%. In the 1990 budget, per capita entitlements to the provinces were frozen and the formula was reduced to GNP growth minus 3%. In 1991, the per capita freeze was extended to 1995 and fixed thereafter at GNP



minus 3 percentage points. By 2000 it is forecast that no province will receive any cash transfers from Ottawa.

Fact

Rather than challenge the federal government, Klein's plan has been to chop health care dollars – \$200 million in 1993, \$200 million again in 1994, the same, again, in 1995 and 1996. From the \$4 billion currently spent on health care, Alberta will trim nearly \$1 billion. Contrast that with the \$566 million they squandered on Novatel.

Fact

Alberta spends less of its total wealth on health care than any other province. In 1992, Alberta spent 5.99% of total provincial wealth (production of goods and services) on health care compared to Newfoundland which spent

9.44% and the Canadian average of 6.97%.

Fact

Our health care system is also being rapidly privatized. Examples include commercial ambulance companies, private laboratories and nursing homes, contracting out of food, laundry and house-keeping services, and the use of private management companies.

Fact

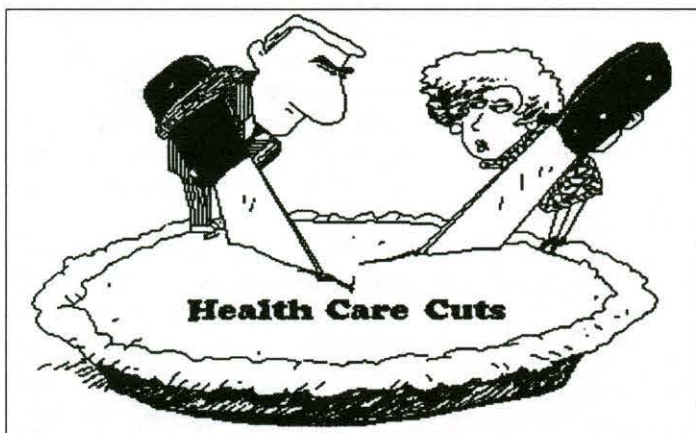
After passage of the first Drug Patent Act, spending on prescription and non-prescription drugs rose from 8.9% to 13.3% of Canadian health care spending. This was the largest increase in any of the major categories included in the overall measure of national health care costs. The passage of Bill C-91 has caused Canada's health care system to pay billions of dollars more for prescription drugs.

Fact

Total Quality Management programs are being introduced into Canada's health care facilities. These programs are aimed at weakening unions, introducing rollbacks into Collective Agreements and reducing the workforce.

Fact

Bed closures, longer waiting lines and staff layoffs have dramatically increased in Alberta hospitals. And still the government slashes funds.



Reality

Canadians must act now to ensure the survival of our health care system.





On Election Day in Canada **YOUR VOTE CAN MAKE A DIFFERENCE**

The first step towards liberation for any group is to use the power in hand . . . And the power in hand is the vote.

-Helen Gahagan Douglas, 1973

SOCIAL PROGRAMS

Given the erosion of social programs, how does your party propose to save Medicare and ensure a decent standard of living to all residents of Canada? Would your party remove the cap on CAP and reinstate the federal share of cost-shared programs?

PROGRESSIVE CONSERVATIVE PARTY: The government claims that they are committed to the national standards of the Canada Health Act. They are involved in federal-provincial partnerships to preserve Medicare. They did not answer the question on CAP which can be taken as a "No." They talk of the necessity to reduce the national deficit.

LIBERAL PARTY: The party

maintains that Medicare is "a right of Canadian citizenship." They oppose user fees, extra billing and inequality of access everywhere. They do, however, support administrative changes to make the system more efficient. They oppose the government's "unilateral" decision to cap CAP, but did not answer the question directly. In other words, they did not say they would remove the cap on CAP.

NEW DEMOCRATIC PARTY: They would restore adequate funding to Medicare. The party proposed that "full employment" was the answer to a decent standard of living. The NDP would remove the cap on CAP.

QUESTIONS FOR CANDIDATES

1. Do you and your party support

national social programs, in particular restoring federal funding to social programs and instituting federal standards?

2. Do you and your party favour the full restoration of universality of pensions and family allowance? Do you support universal social programs?
3. Will you and your party repeal Bills C-21 and Bill C-113 cutbacks to Unemployment Insurance?
4. What do you think is the most critical health care issue today?
5. Do you support the five principles of the Canada Health Care Act - public administration, universality, accessibility, comprehensiveness and portability? If so, what are you prepared to do as an MP to protect these principles?
6. Will your party immediately restore federal payments (1981

percentages of GNP) to health, education and social services.

7. Do you oppose all forms of user fees? double billing?
8. Do you support the extension of the Canada Health Care Act to long term care, ambulance services, medications and dental care?
9. Will you immediately act to repeal the Drug Patent Acts?

FREE TRADE

Is your party willing to commit itself to the immediate abrogation of the Free Trade Agreement and to oppose the signing of the North American Free Trade Agreement?

PROGRESSIVE CONSERVATIVE PARTY: The answer is obvious in the sense that they laud Free Trade and the ensuing NAFTA.

LIBERAL PARTY: The Liberals would "renegotiate" not "abrogate" the FTA. They would oppose NAFTA if certain provisions are not included.

NEW DEMOCRATIC PARTY: This party would abrogate FTA and NAFTA. They hold the FTA is responsible for job losses particularly those of immigrant women.

QUESTIONS FOR CANDIDATES

1. If elected will your party oppose NAFTA and abrogate the Free Trade Agreement with the U.S.?

What Can You Do?

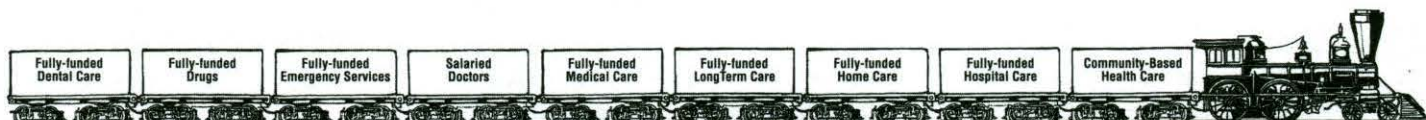
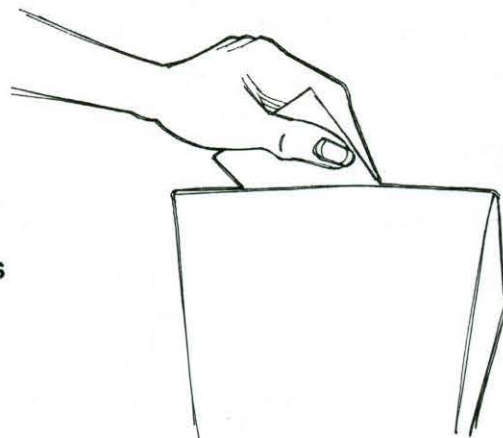
1. As an individual the most obvious involvement you can have is to determine which candidate best represents your interests.

To Determine this:

- write/phone/meet the candidates running in your constituency. Ask their positions on health care issues, universal social programs, free trade, the environment and the economy.
 - attend all-candidate forums and question the candidates.
2. Once you decide on the candidate of your choice:
 - talk to friends, colleagues and relatives. Raise the issues and gain support for your candidate.
 - join your candidate's campaign by phoning her/his office and volunteering your time.
 - write letters to the editor promoting your candidate and your issues.
 3. VOTE.

WATCH YOUR MAILBOX!

As soon as the election is called, UNA will be sending you a copy of "A Nurse's Guide to the Federal Election." The pamphlet will contain the questions and answers of where the major political parties stand on the issues of concern to UNA members.



Whistleblowing Without Discipline

By Kris Farkas, L.R.O. (Temp)

Over the past number of years, the United Nurses of Alberta has encouraged its members to become politically active – within the hospital, within the union and within the community at large. Members are encouraged to write letters to boards of healthcare facilities, governments of all levels and the media. In this time of cutback, it is particularly crucial that our message gets communicated to the public.

However, members must exercise some caution when exercising their right to become politically active. There are some situations when publicizing what could be characterized as confidential employer information could be cause for discipline. This area of law is not crystal clear, but there are some general principles that you should consider before “blowing the whistle” on your

There are some general principles that you should consider before “blowing the whistle” on your employer to your local newspaper.

employer to your local newspaper.

Arbitrators consider the following factors when deciding whether the employee has crossed the line and deserves discipline for publicly criticizing her employer:

- the accuracy or truthfulness of the criticism or information
- the confidentiality of information

- the manner in which the criticism was made public
- the extent to which the employer's reputation and ability to conduct its business was compromised
- the interest of the public in the information

Disciplines have been upheld where an employee attacks the employer's administration in a concerted effort to provoke the employer and disrupt operations, when the employee has grossly misrepresented the truth, and where the complaints were not first channeled through internal mechanisms.

Some guidelines for going public:

- exhaust internal complaint mechanisms, for example, fill out PRC forms to address any issues which have the potential of ending up in the political or public arena
- tell the truth
- do not sensationalize the story
- do not release confidential information
- contact your Labour Relations Officer *prior* to releasing the information. Your LRO can help you ensure that your right to express yourself will not lead to discipline.

Credits Improve Future Benefits

by Keith Malkin, SCD Rep

The Canada Pension Plan (CPP) has a provision which enables ‘credit splitting’ of pension benefits. CPP credits are based on the contribution that each worker makes to the plan. These credits, which build up over the years, are used to figure out the amount of future CPP benefits.

When a level or common-law marriage ends, either spouse can request that CPP split the CPP credits earned by them during the period that they cohabited. The Plan recog-

nizes that both spouses earn CPP credits equally during the time they live together, even if one of the spouses was not in the paid labour force. As a result, the Plan allows for the equal splitting of these credits in the event of divorce or separation of legal spouses or separation of parties of a common-law relationship.

To qualify for credit splitting you must meet the following conditions.

- 1) relationship ended after January 1, 1987.
- 2) spouses must have lived together for at least 12 consecutive months, and the marriage must

have ended in divorce or annulment.

- 3) Spouses must have lived together for at least 12 consecutive months. The period of separation must be at least 12 consecutive months.

There is no time limit for applying following a separation or divorce, except in the event of the death of one of the separated spouses, in which case a request must be made within three years of the death.

Income Security Programs has set up a Credit Splitting Public Awareness Team. If you want more information about credit splitting, contact the following team members: Olivia Sadownik, District Manager Edmonton - 495-6465 or Line desRosiers, Health & Welfare Canada, Communications Officer - 495-2651.

LABOUR SCHOOL

Another Year, Another Success

UNA's second annual Labour School proved to be even more successful than the first. On the first day, participants listened to a variety of speakers. Maude Barlow from the Council of Canadians spoke for one hour (and then answered questions for two hours!) about the destruction of Canada's social programs. Jane Slaughter from the U.S. magazine Labour Notes reviewed the topic of shared governance and provided new anecdotes about how the system is not working in the United States. In her speech about health care 'reform' in Alberta, UNA President Heather Smith said UNA refused to surrender in its battle to preserve nursing and health care. David Harrigan, UNA's Director of Labour Relations, was the final speaker of the day and had the unenviable task of addressing the topic of employer mergers and transfers in Alberta. Bob Bossin and the Raging Grannies provided entertainment for the evening. On the second day, a number of workshops were held. Everyone went home with folders stuffed with the latest information about free trade, shared governance, layoffs, mergers and Canada's health care system.



Letters to the Editor

A Nursing Perspective on Future Health Care

by Carmelita A. Soliman, NCD Rep

There are certain short-term realities that will have to be accepted:

1. The first, and most obvious, is that the health care system is on a course of change that is forever irreversible. The institutional environment, as we know it, has changed. Hospitals are downsizing and decreasing the level of expertise being offered to patients at the bedside. The inevitable result of this is that far fewer beds will be available (maybe a cut of up to 40-50%), and far more treatments will be on an outpatient basis.
2. The AARN has predicted that we will eventually see only 40% of our professional nurses employed in hospitals and 60% within a variety of community-based programs. I believe that in the next ten years that figure is going to be closer to 30-70. Which ever figure turns out to be correct, this also has implications for the methods of nursing care delivery. Again, the AARN, in their "Direct Access" paper, would have us believe that a network of community-based nursing entrepreneurs is the answer, and this is their door-opener making nurses eligible for third-party payment through the Alberta Health Care Insurance Plan.
3. The third reality, perhaps, is good news, not bad. That is, the government is grasping for delivery models, has no firm plan devised, and is therefore open to constructive suggestions. For nursing, and more specifically for the union, this may be the only good news available for quite a while. But we have to work quickly to define the role before the nursing elites do it for us.
4. Another reality, I have already alluded

to: namely, that we have to become part of the solution, rather than continuing to be a confrontational part of the problem. For example, the public is already scared to death about what is happening to the health care system, and doesn't need to constantly be reminded by us, the physicians, and hospital administrations that "quality of care" will suffer if severe compromises in the present system are required. I am here to tell you that this prophesy has already become a reality, and that "quality of care" as most of us have experienced it, is gone. We have to adopt a new model, a new strategy, perhaps less sensational for the news media, but a strategy that will serve our own best interests, and that strategy is to help find and promote new, community-based models of care, and that doesn't require that we have to dream up new models, but to find models that already exist, re-define them in our own terms, and offer them to government before they have the opportunity to define the models for us.

5. The last reality that we may have to accept is one that we have continued to oppose the possibility that in another ten years the baccalaureate degree should be the entry level for nurses providing that nurses assume a larger, more responsible role in community-based programs.

The good news for us today is that the role of nurses in a future health care system can be as expansive and diverse as we choose to make it. We can either accept a reality that suggest fewer nurses will be needed in the future, or plan our own reality that makes nursing a cost-efficient and effective alternative within a completely re-structured delivery system.

The bottom line for us today is that there is hope for maybe the first time that a new and expanded role for nursing may be in our future, a role that will truly foster independent decision-making for each of us. The future of nursing today is as bright as we want to make it, because we are one of the new health care professional groups that have constantly been underutilized.

Both John and Robert Kennedy borrowed a very famous quote from the late playwright George Bernard Shaw when they declared, "Some men see things as they are and ask 'Why?'; I dream things that never were and ask 'Why not?'". Let's forget about trying to maintain a status quo that is already gone. Let's get out there and find the models and define our own role before the other people do it for us. Let's put our energies and money into serving our own best interests!

CASAW

THANK YOU UNITED NURSES OF ALBERTA

Dear Sister Smith:

Your Union is a life saver to us up here in Yellowknife. I could not believe Ross Slezak, our National President when he informed me of your generous donation.

The NWT Courts dismissed charges against seven of our members in May of this year. About 6 weeks later they had these charges brought against them again in the form of direct indictments from the Attorney General's Office in Ottawa.

Because of this move against us from Ottawa, we've had to retain an additional lawyer from Edmonton. Your gift of \$20,000 gives us a real breather in our financial strain. It couldn't have come at a better time.

Royal Oak's plan (more specifically Peggy Witte's) is and has been to break us financially.

It must be awfully frustrating to her when the Canadian labour community will not stop supporting us in our fight.

From the bottom of our hearts, we thank each and everyone of you for giving when it was most needed.

Yours in solidarity

Harry Seeton

President, CASAW Local 4

Layoff and Recall

A Member's Guide

"Be a nurse. There will always be jobs for nurses." "Nursing is a career you can always fall back on after doing something else." "Being a nurse means you can travel anywhere and get a job easily." Parents, teachers, guidance counselors told us that being a nurse meant permanent job security. Of course, the supply of nurses went through a cycle – we'd have too few nurses, then too many and then too few again. But we could always count on the surplus of nurses lasting for only a year or two before employers would be searching for nurses once more. No one dreamed of the magnitude of the health care cuts and layoffs that would face nurses in the 1990s. Today nurses are becoming all too familiar with different phrases about their job security: "I am writing to advise you that you are being laid off from your position..." "The hospital is experiencing budget deficiencies and has found it necessary to eliminate positions..."

UNA has developed *Layoff and Recall – A Member's Guide* to answer the most common questions about position elimination layoff and recall. Contact your Local Executive or Provincial Office for your copy of this document.

VON Settles Contract

by Lesley Haag, LRO

The Negotiating Committee for Local #61 has reached a tentative agreement with the Victorian Order of Nurses, Edmonton Branch. Several significant improvements were made to the Collective Agreement including a recognition of temporary employees, a requirement to post temporary positions, and the provision of benefits for temporary employees. Another improvement to the contract is the reduction of hours from 1950 to 1725 required for a part-time or casual employee to advance to the next salary increment. Part-time employees working at least 1/2 time will be eligible for long term disability benefits, group insurance, Blue Cross and Alberta Blue Cross. Part-time employees are now entitled to participate in the pension plan. The uniform allowance has been increased for all employees. The agreement provides for a two year salary freeze. The previous contract expired March 31, 1992.

The 14-member Local will hold its ratification vote within the next few weeks. Many thanks to the Negotiating Committee (Tessa Merry and Joyce Rebus) for their work on behalf of the Local.

Negotiations '94 Update

Hospital Negotiating Committee members met in July to review the Local Proposals and to prepare recommendations for the Demand Setting Meeting. Locals are now in the process of reviewing the Negotiating Committee's recommendations and determining local support for each proposal. Watch the UNA bulletin board at your facility to find out when your Local meeting will be held. The Hospital Demand Setting Meeting will take place on September 21 and 22 at the Mayfield Inn in Edmonton.



Hospital Negotiating Committee members: Front Row (L to R) David Harrigan – Chief Negotiator, Marilyn Coady – Chairperson, Heather Smith – UNA President. Back Row (L to R) Terry Robertson, Sheila Bailey, Gail Tymens, Janet Hudson.

Health Unit Negotiating Committee members will be meeting on September 8 and 9 to review and make recommendations on the Health Unit Local proposals. The Health Unit Demand Setting Meeting will be held in Calgary on November 16 and 17.

United Nurses of Alberta

What Your Union Does For You

UNITED NURSES OF ALBERTA IS A TRADE UNION REPRESENTING 13,000 WORKING NURSES IN:

- hospitals
- nursing homes
- health units
- blood banks
- other Alberta health care agencies

UNA MEMBERS AND DUESPAYERS PAY 1.1% OF GROSS MONTHLY INCOME (A MINIMUM OF \$10.00) TO UNA. IN RETURN THE UNION REPRESENTS THESE NURSES:

- at bargaining tables to negotiate collective agreements which determine the wages and working conditions of nurses
- in grievance/arbitration proceedings
- at Workers' Compensation Board hearings
- at licensing body hearings (AARN, RPNAA)
- in courts of law (employment matters)
- in pension hearings
- at Employment Standards
- at the Labour Relations Board and the Public Service Employee Relations Board
- before the Human Rights Commission
- with insurance companies
- at fatality inquiries
- before government taskforces & commissions

UNA provides skilled staff to assist members and duespayers in matters of contract interpretation, contract enforcement and patient care concerns. Members are kept informed about the union's activities in a regular UNA Newsbulletin. A grievance newsletter is sent to those members actively involved in processing grievances. Occupational health and safety issues are reported in an OH&S newsletter.

Local UNA executives represent nurses at every UNA worksite and provide support and information on workplace issues. UNA works collaboratively with other unions and maintains strong links with other nurses' unions in Canada.

UNA members provide direct nursing services to patients and clients. In addition, they monitor the quality/client care and provide input into decisions affecting patient care through Professional Responsibility Committees. Nurses act as patient advocates through all stages of illness or accident. UNA promotes a community-based wellness model of health care and works actively to enhance the well-being of Alberta citizens.

UNA is presently working to organize public opposition to health care cuts by both the federal and provincial governments.

For more information please call 425-1025, and direct your call to:

Heather Smith, UNA President
Sandy Rentz, UNA Vice-President
Dale Fior, UNA Secretary-Treasurer
David Harrigan, Director of Labour Relations

EDUCATION

UNA has scheduled five workshops on September 20 in Edmonton

Grievance
Professional Responsibility
Occupational Health & Safety
Local Administration
Media/Political Action

If you would like to learn about these subjects, contact Trudy Richardson, UNA's Education Officer at Provincial Office. Please note that there will be no provincial funding for any participants.