

NewsBulletin



for over 100 years
nurses
care for
Albertans

CELEBRATING ALBERTA'S CENTENNIAL

2005
Alberta Centennial

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Message From the President

Heather Smith

Welcome to Alberta's Centennial Year. This *NewsBulletin* is part of our own history, the first full colour edition. If you have suggestions to enhance future publications, I encourage you to provide feedback to our editor Keith Wiley.

Drawing on the Centennial theme, this edition looks at how instrumental nurses were in the introduction of health services in Alberta one hundred years ago.

You can take part in our ongoing history by clipping and forwarding the coupons on page six, which enter you in draws for conventions (Canadian Federation of Nurses' Unions, Alberta Federation of Labour and Canadian Labour Congress) that will occur later this year.

2005 is going to be a very busy year for UNA as an organization and for our Locals. We need a whole new approach to labour relations for the vast majority of our Locals as a result of the bargaining unit changes in Bill 27. While Local Executives and UNA staff sort out the "how to's" of collective agreement administration in a region-wide context, the UNA Executive Board is undertaking an Organizational Review and analysis. What, if any, changes should we make to our Local, District and Provincial structures? What type of structure best facilitates member participation and representation? I encourage you to contribute your comments, if you are called or receive a written survey during the membership portion of the Review.

Although the contract continues until March 31, 2006, preparation for the next round of provincial negotiations is also part of the work to be done in 2005. A new negotiating committee will be established and Locals will start to compile proposals prior to June. Mention the word "negotiations" and the big question arises: "when will the contract booklets be available?" The answer is – soon. The printers hope to start delivery of the 40,000 copies of the provincial agreement to employers just after Family Day. Employers are responsible for distribution in the worksite. Other collective agreements should be available by early March.

A great deal of time and effort will again be dedicated to health care issues this year. The Premier is hosting an international symposium in May, a prelude to launching the so-called "third way". Mr Klein has declared that "health care innovations will be adopted by year's end". UNA and other public health care advocates anticipate a great deal of work will be required to ensure that any new way is the best way for all Albertans, not just for the economically advantaged. This year we are also dedicated to addressing the escalating crisis in long term care, where increasingly it is long term but minus the care. Please take note of the articles about long term care in this *NewsBulletin*.

2005 is a year to celebrate, even as we work to make sure there is an Alberta worth celebrating in another hundred years. ■

Heather Smith, RN
President, UNA

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Alberta Centennial

Nursing profession established itself in Alberta 100 years ago

Nurses played a major role in setting up the first hospitals in the province and by the time Alberta became a province in 1905 many nurses were working in communities all over the province. Nursing has had a glorious history of helping to build the province and care for its citizens ever since.

The first health agency in the province was the hospital-school-orphanage that Grey Nuns sisters had built in St. Albert in 1870. The three Grey Nuns sisters had come to the province at the request of Father Lacombe in 1859. Other early hospitals were beginning about the same time, including one at the Northwest Mounted Police post at Fort MacLeod, established in 1874.

Alberta's first lay nurse, a Miss Mary Newton arrived at Hermitage, also near Edmonton in the late 1880s. In 1891 she advertised that she was prepared to do nursing and midwifery in homes for the fee of ten dollars per week. A graduate of one of the new nursing schools in London, England, Miss Newton worked partly under her association with the Anglican church.

...continued page 4

Photo courtesy of the Glenbow Archive

1913

Isolation Hospital nurses march

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In 1890, Calgary saw the establishment of both the Calgary General Hospital and the Holy Cross Hospital. About the same time the Galt Hospital opened in Lethbridge, there was also a General in Medicine Hat and many other facilities sprung up in communities across the province.

The Victorian Order of Nurses also helped to establish small "cottage hospitals" like the Lady Minto Cottage Hospitals in Red Deer (1903) Islay (1912) and Edson (1914).

With the arrival of the CPR growth came quickly and physicians arrived to care for the mine and railway employees. They opened hospitals and hired British-trained nurses. Hospitals were administered by a Matron who worked under an all-male board of directors.

Many of the first hospitals were run by companies, like the Galt Hospital in Lethbridge which was operated by the Alberta Coal and Railway Company. For people who were not employees some hospitals charged 50 cents a day, if the person was able to pay. At the Grey Nuns, the first Hospital in Edmonton, they said that "never a pauper patient has been refused admittance."

The Medicine Hat General Hospital opened in 1890 with Miss Grace Reynolds as the Matron and Miss Mary Ellen Birtles as her assistant. Nursing schools were opened just a few years later. Discipline for nurses was strict and included: "a professional spirit which includes a cheerful, willing obedience to authority." The young women were also enjoined to: "at all times guard against anything that would bring dishonour to their school or their profession." Nursing was considered a good preparation for marriage and the students were paid very little, virtually volunteering to provide labour in the hospitals.

By 1904 there were enough nurses in Calgary to form the Calgary Association of Graduate Nurses. In 1912 they joined with the Edmonton Association to set up the Graduate Nurses Association of Alberta. The nurses lobbied the government for professional status and in 1916 the Registered Nurses Act was passed establishing the Alberta Association of Registered Nurses.

Edmonton and Strathcona joined together to finance a separate isolation hospital for people stricken by some of the many contagious diseases like typhoid that were endemic. The isolation hospital was under the authority of the Medical Officer of Health. But a dispute over job descriptions and wages broke out between the Officer and the nurses at the hospital in 1913. The nurses marched to City Hall and met with the mayor. The conflict resulted in the firing of the superintendent of nurses and the hospital moving to the control of a municipal hospital board.

1895

"Medicare" controversy at the Grey Nuns, Edmonton's first hospital

The debate about universal health care appears to go right back to the first hospitals in Alberta, as appears in this telling story from *Prepared to care: a history of nursing in Alberta* by Janet C. Ross-Kerr.

"However, the mortar had barely set in the new building when a more troublesome issue arose relative to the professional relationship between the nuns and the physicians who cared for patients in the Hospital... Although the basis of the conflict was ostensibly professional decision-making, the questions took the form of a power struggle between the nuns and the physicians, the physicians maintaining that they should exercise complete control over admissions of nonpaying patients to the hospital and they should not have to serve as the physicians of the month for these people [paying patients chose their doctor]. The nuns refused to back down from what they viewed as their rightful authority even though the physicians argued that the nuns might unknowingly admit an infectious case to a public ward... That argument was labeled as a weak pretense at controlling admissions when Father LeDuc refuted it in his letter of reply published in the newspaper." ■

Photo courtesy of the Glenbow Archive

Nurses that helped build Alberta

Before Alberta was even a province, nurses began to arrive and help the newcomers survive. Mary Ellen Birtles was one of Alberta's first hospital nurses. A true pioneer, Mary Birtles helped start two hospitals and saw many, many people through injury and illness. Ranchers with broken limbs after being thrown from horses was a common complaint, but the rampaging disease typhoid filled most of the beds. The disease took the lives of many of the new immigrants to the province and in fact nearly killed Mary Birtles herself.

Like any pioneer, Mary Birtles had to make do, discover new innovations and find a way to provide good care. She came to Medicine Hat in 1890, to one of the first hospitals in the province, and at the time the only hospital between Winnipeg and Vancouver Island. Mary came as the assistant to Grace Reynolds who was the matron and ran the hospital. Reynolds had been trained in Britain by a Miss Gordon who had been a student of Florence Nightingale's. Working with the physicians, the two nurses did the cooking, the housekeeping and all the nursing in the small hospital. During surgery, Miss Reynolds gave the anaesthetics while Miss Birtle looked after the instruments. If the nurses were able to attend church on Sunday that was their time off for the week.

Typhoid hit hard and in 1891, every bed in the hospital had a typhoid patient. Mary Birtles came down with the disease herself, leaving Grace Reynolds to tend to all the patients as well as to her colleague. For six weeks she fought the disease, and she recovered. In 1892, she returned to Manitoba. She had had her nurse training in Winnipeg and went back to be senior nurse at the new hospital in Brandon. But in 1894, she returned to Alberta as the first matron at the new Calgary General Hospital. The General began as a cottage hospital with 8 beds, but often had as many as 17 patients.

Aseptic procedure was just beginning at the time, and the Hospital's disinfectants and simple solutions were purchased from a Calgary pharmacy. Miss Birtles soon learned to mix the compounds herself, saving the Hospital almost her whole salary.

When a larger General was built, Miss Birtles set up the Hospital's School of Nursing, one of the first in the province.

"I felt I knew very little to fact the world with, but by dint of reading and studying and using the powers of observation, I gathered up all I could."

In 1897 Miss Birtles traveled back to her native Britain for the Diamond Jubilee celebrations for Queen Victoria and in 1935 she was invested in Ottawa with the Order of the British Empire. ■



Mary Ellen
Birtles

Photo courtesy of the Glenbow Archive

CFNU



CANADIAN FEDERATION OF NURSES UNION

June 3-6 Regina

YES, ENTER MY NAME FOR THE DRAW FOR DELEGATE STATUS TO THE REGINA, JUNE 3-6. CFNU BIENNIIUM.

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ LOCAL #: _____

MAIL ENTRY FORM TO:
UNA PROVINCIAL OFFICE, 900-10611 98 AVENUE, EDMONTON, AB T5K 2P7

DEADLINE: 1600 HOURS ON MARCH 31, 2005

AFL



ALBERTA FEDERATION OF LABOUR

May 12-15 Edmonton

YES, ENTER MY NAME FOR THE DRAW FOR DELEGATE STATUS TO THE EDMONTON, MAY 12-15, AFL CONVENTION.

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ LOCAL #: _____

MAIL ENTRY FORM TO:
UNA PROVINCIAL OFFICE, 900-10611 98 AVENUE, EDMONTON, AB T5K 2P7

DEADLINE: 1600 HOURS ON MARCH 15, 2005

CLC



CANADIAN LABOUR CONGRESS

June 13-17 Montreal

YES, ENTER MY NAME FOR THE DRAW FOR DELEGATE STATUS TO THE MONTREAL, JUNE 13-17, CLC CONVENTION.

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ LOCAL #: _____

MAIL ENTRY FORM TO:
UNA PROVINCIAL OFFICE, 900-10611 98 AVENUE, EDMONTON, AB T5K 2P7

DEADLINE: 1600 HOURS ON MARCH 31, 2005

UNA draw for delegates to Conventions

2005 is the year of Conventions, not only is the Canadian Federation of Nurses Union (CFNU) holding its every-other-year Biennium, the Canadian Labour Congress is hosting its Triennium which only comes up every three years. UNA is continuing its tradition of sending members-at-large as well as representatives from the provincial Executive Board and from Locals.

The members-at-large will be chosen through a draw. UNA members interested in attending one or more of these conventions can fill in the forms on this page, and mail them back to UNA provincial office. To be eligible for the draw the forms for the Alberta Federation of Labour draw needs to be received by 1600 hours on March 15 and for the CLC and the CFNU the forms must be received in the Provincial Office NO LATER than 1600 hours on March 31, 2005

With the members-at-large draw. UNA will choose 15 members to attend the CFNU Biennium, 12 members for the AFL Convention and 5 members for the CLC Convention.

Costs covered for UNA sponsored delegates are: Travel, registration, hotel, meals and salary replacement (for Leaves of Absence only, and for the CFNU for the Biennium business days only, not for the education days.) ■

IMAGINE
A BANK ACCOUNT THAT
DOUBLED
YOUR MONEY



**An extra 2% on top
of your salary**

Nurses can contribute to a supplementary RRSP and the Employer matches your contribution. The supplementary RRSP benefit, which first came in with the 2001 contract, is an easy way to double your money.

Nurses can begin contributing to the RRSP in any month. Contact Human Resources to set up a deduction from your cheque.

You do NOT have to leave the money in the RRSP. You can withdraw double what you put in, because the Employer matches it. It's like a bank account that instantly doubles your money!

Anyone not taking advantage of this... is losing out on 2% extra pay.

"Anyone who ran a dog kennel this way would be put in jail"

Citizens campaigning about long-term care conditions

The older gentlemen sitting in the back at the news conference on long-term care put it about right: "Anyone who ran a dog kennel this way would be put in jail." He was just one of a large group of concerned people that Friends of Medicare had brought together to talk to news media about worsening conditions in long-term care in the province.

It was a week before the November 22 provincial election. But what's happening to the long-term care conditions for the province's frail and elderly didn't make it very high on the election issue list.

It was not because the people didn't try.

Lynda Jonson is from Hinton where her mother-in-law was in care for nine-and-a-half years. "I saw residents left in their wheelchairs and beds for extended periods of time without any food or drink. Many would be put to bed before 8 pm and not gotten up until 11 am the next morning because there wasn't enough staff to get them up. Residents were pushed out to breakfast only to sit for several hours until a caregiver or volunteer was freed up to feed them."

Her mother-in-law had suffered through numerous urinary tract, bladder and kidney infections. "At times her bottom was excoriated to the point it was bleeding." Her mother-in-law developed severe diarrhea and died. When she said this in the news conference, Lynda Jonson broke down and started to cry. "Moments after her death, I told her physician I would fight for the rights of these residents, and I don't care how long it takes."

The concerns about conditions in LTC run right across the province. Audrey Johnston and Orpha Donnelly from Rocky Mountain House also attended the news conference.

"We are concerned about the decreasing quality of life for our elderly and disabled," said Orpha Donnelly. "With the increasing privatization of long term care facilities, we are also concerned about the loss of public control and the lack of accountability."

Lynda Jonson has been touring the province with a petition urging the government to improve conditions in long-term care. Everywhere she goes, she says, residents and their families are eager to sign and grateful for her initiative.

...continued on page 8

Lynda Jonson from Hinton (centre) has been touring her petition on long-term care province-wide with the help of people like Audrey Johnston (right) and Orpha Donnelly (left) from Rocky Mountain House.

Converting to "designated assisted living"

The Alberta government's move to "designated assisted living" has been the main strategy for drastically cutting standards in long-term care.

"The government seems to believe they can get away with cutting standards just by changing labels," says UNA President Heather Smith. "Residents of nursing homes, who were in those homes to get nursing care are being 're-branded' and assigned to assisted living where there may be no registered nursing care whatsoever."

Heather Smith said nurses have a role in making sure more Albertans become aware of the eroding conditions in long-term care.

Lynda Jonson from Hinton has traveled the province with a petition on long-term care conditions. Recently she learned that the Hinton Good Samaritan Society facility her mother-in-law had resided in was converting to designated assisted living with a new contract with the Aspen Health Region. The Good Samaritan Society was quite up front with the changes, things like residents being responsible for far more costs, oxygen and transportation, for example. Registered nursing care would be totally dropped in the facility. Health Region nurses could be called instead.

"I can't believe the government would allow a private sector and a Health Region to lower the standards of care by taking away the RN on duty and placing them on call after hours and on weekends, leaving our most frail and vulnerable residents at risk," Lynda Jonson said.

"I fear for the lives of these residents. I am now pleading with you, the citizens of the province, to come to the aid of these human beings, so they get the quality of care they so desperately need and are entitled to," Lynda Jonson said. ■



...continued from page 7

"The negative effects of low standards are exacerbated by the government's ineffectual system of inspection and enforcement," said Harvey Voogd, coordinator of Friends of Medicare. "Alberta does not require an annual inspection of each long-term care facility. In 2000-2001, only 56 or 32% of the province's 176 long-term care facilities received an inspection."

"The apparent lack of government control is a cause for concern," said Harvey Voogd. "While government subsidizes approximately 70% of the cost of a long-term care bed, there appear to be no rules specifying the amount of money to be spent on important areas such as services and programs, staffing and education, and direct bedside care." ■

Alberta Auditor General report on Long-Term Care delayed until May

The Auditor General announced recently that it is delaying its report reviewing complaints about the care of Alberta's long-term care residents. The Report was due out due out in January but has been delayed until at least May.

"There is the possibility of fundamental change," said Harvey Voogd, Friends of Medicare coordinator. "The audit includes an examination of the nursing care and facility standards, application of the standards within these facilities, and systems to monitor the application of the standards. It is also examining the systems that determine the facility accommodation charges."

The Auditor General began the inquiry following a submission in September 2003 made by a number of concerned citizens under the leadership of Bev McKay of Families Allied to Influence Responsible Eldercare (FAIRE).

"As nurses concerned with quality of care – with, let's face it, humane care – we need to be ready to put the pressure on," says UNA President Heather Smith. "The Alberta government has been abandoning any responsibility for seniors in care, including regulating decent standards. That's a major concern for nurses."

"The Nursing Homes Act and Regulations have remained unchanged for more than 18 years," Harvey Voogd points out. "The standards in these pieces of legislation are seriously deficient, particularly in the areas of staffing and nursing care.~ Alberta has no minimum requirements for the number of nursing staff or staff-to-resident ratios. The province's requirement of 1.9 hours of nursing care per resident per day ranks well below the experts' recommended minimum of 4 hours of nursing care per day.~ Furthermore, the government has yet to set standard qualifications for health care aides who provide most of the day-to-day personal and nursing care to residents." ■

Ontario readying new standards – including required RN care – for nursing homes

New rules are coming that will require Ontario's 600 nursing home to have nurses on site and publish "scorecards" on the care they offer. But the government appears to be backing away from election promises to set standards on the numbers of hours of care each resident must receive.

The standards Ontario Health Minister George Smitherman announced last year include:

- A registered nurse must be on site 24 hours a day, seven days a week.

- Each resident must receive at least two baths or showers each week.

- All food menus and food cycles must be reviewed and approved by each home's dietitian at least once a year.

In May of 2004 the Ontario government announced it would invest \$191 million so nursing homes could hire 600 more nurses and 1,400 new front line staff. By October the money wasn't handed out yet. In actual fact the \$191 million appears to have diminished to \$116 million.

Controversy around quality of care has become a significant issue in the province. During the 2003 provincial election Premier Dalton McGuinty promised to restore the 2.25 hours of care per day standard that the previous Conservative government had dropped. They promised they would increase the number of baths for nursing home residents to 3 baths per week. A 2002 study determined nursing home residents in Ontario were receiving 2.04 hours of care per day. The former Progressive Conservative government eliminated minimum standards in 1995. The standard had been a minimum of 2.25 hours per patient per day. The Service Employees International Union is calling for a standard of 3.5 hours of care. ■



"As nurses concerned with quality of care – with, let's face it, humane care – we need to be ready to put the pressure on."

UNA President Heather Smith.

AFL REPORT

A huge range of activities

The AFL currently represents more than 115,000 union members from across the province and it speaks out on issues that matter most to working people. Often these issues relate directly to the workplace. But the AFL is also active on a wide range of broader social issues - like the need for public education and public health care.

Voice for Working People

Over the last year, the Federation has commented on a wide range of issues, from things like workplace health and safety to wage stagnation. The AFL has played a role in opposing Premier Klein's latest plans for health care privatization.

Government Lobbyist

The AFL meets regularly with politicians and other decision-makers in an ongoing effort to influence public policy. The AFL is currently making plans to meet and lobby the new provincial Human Resources minister. A presentation is also being prepared aimed at convincing the City of Edmonton to adopt a Living Wage policy.

Union Communications

In early 2004, the Federation launched a new website, www.afl.org, highlighting information on topics such as workplace rights, how to join a union and the benefits of union membership. Over the summer, a literacy website was added, as was a new on-line version of Labour News.

Union Support

The AFL coordinates and mobilizes support for affiliated unions engaged in labour negotiations and disputes. In the past, this has involved such things as financial or picket line support; assistance with boycotts and "hot cargo" edicts; or assistance with research and media relations. The AFL's work included working with UFCW in their on-going effort to win a first collective agreement at Lakeside Packers in Brooks.

Labour Research

The AFL conducts on-going research on economic and social issues. The research is made available to affiliates to support both their work with members and their work at the bargaining table. The AFL's last major research booklet, entitled "Running to Stand Still," was released in early 2004 and examined the issue of wage stagnation in Alberta.

Labour Education

The Federation sponsors an annual two-week school for union activists. The school offers courses in a wide range of areas - all aimed at building stronger and more effective unions. The school was held in December in Jasper and attracted more than 250 participants from both public and private sector unions. In addition to the school, AFL staff organized stand-alone seminars on a variety of topics including, parliamentary procedure, pensions and health and safety.

Activist Coalitions

The AFL participates in number of coalitions with other unions and community groups. The AFL played a prominent role in establishing a new progressive activist network, called Public Interest Alberta (PIA). The Federation has long been active with Friends of Medicare and other community groups aimed at stopping the provincial government's push for health care privatization.

Pensions

The AFL continues to play a leading role in defending and improving Alberta's largest public pension program, the Local Authorities Pension Plan (LAPP). At the AFL's urging, the labour movement has agreed to resume efforts aimed at winning independence for the LAPP.

Political Action

The Federation of Labour has traditionally played a leading role in supporting progressive parties and candidates during elections at the municipal, provincial and federal levels. The past year saw elections in Alberta at all three levels, so obviously, the AFL was kept busy.

*Please contact the
AFL office for details
780-483-3021
or toll free
at 1-800-661-3995*

Bill 27

In 2003, the Alberta government rammed through a controversial piece of legislation, Bill 27, that forced run-off votes between unions and weakened contracts in the health care sector. As part of its response to this situation, the AFL attempted to show that the new law had comprised the independence of the Alberta Labour Relations Board. This work included startling revelations obtained through the provincial Freedom of Information Act (FOIP).

Membership Forum

In the years between its biennial conventions, the AFL holds membership forums. The most recent forum was held in May 2004. The forum focused on the serious challenges to labour - here in Alberta, in the rest of the country, and throughout the industrialized world. These challenges have been created by the end of the post-World War II era of labour peace and by the globalization of national economies. At this Forum, unionists began to seriously consider what new strategies and tactics are open to labour to effectively advance the interests of working people.

Kids Camp

The AFL hosts an annual week-long summer camp for the children of union members. The kids enjoy a wide range of summer activities - and learn about unions and social justice at the same time. The camp was held in Camp Goldeye in Nordegg and attracted a record-setting number of campers (nearly 100).

Upcoming Issues and Events

The AFL has many events and activities planned for next few months. Most notably, the Federation biennial convention will be held in Edmonton May 12-15. The deadline for resolutions from affiliates is Monday, March 14 and the deadline for receiving delegate credentials in Friday, March 28.

The AFL is also sponsoring a union educators' conference March 11-13 in Edmonton and a special workshop on building bridges between labour and the aboriginal community in Calgary on March 18. ■

Report highlights

There is a link between adequate nurse staffing levels and positive care outcomes.

The reported nurse: population ratio varies in different countries from less than 10 nurses per 100,000 population to more than 1,000 nurses per 100,000, a variation of more than one hundredfold.

The average nurse: population ratio in high-income countries is almost eight times greater than in low-income countries.

Many countries, particularly in Africa, Asia and Central / South America, are struggling to provide a minimum level of nurse staffing. One recent estimate is that sub-Saharan African countries have a shortfall of more than 600,000 nurses in order to meet the Millennium Development Goals.

Some countries, most notably in Central/South America, report employing many more physicians than nurses. The HIV/AIDS crisis in sub-Saharan Africa makes for a critical need for more nurses exactly where the shortage is the worst, the report says. Migration of nurses from poorer to wealthier countries also hurts health systems.

Even in countries with low nurse: population ratios, there is often a mal-distribution of available nurses, which exacerbates the impact of shortages. Rural areas in developing countries tend to be the most underserved areas.

Ultimately, the report concludes that often health system policies and structures contribute to the shortage. "Nursing shortages are often a symptom of wider health system or societal ailments. Nursing in many countries continues to be undervalued as "women's work", and nurses are given only limited access to resources to make them effective in their jobs and careers. For sustainable solutions, policy interventions are required which are based on recognition that health care is labour intensive and that available nursing resources must be utilized effectively. It is not just about nursing numbers, it is about how the health system functions in order to enable these nurses to use their skills effectively." ■

International nursing shortage menaces good health

A new report from the International Council of Nurses confirms that the supply of nurses in many countries, both low-income and high-income, is failing to keep pace with increasing demand, threatening improvements in care outcomes.

“Nursing shortages are not just a ‘problem for nursing’”, stated Christine Hancock, president of the International Council of Nurses. “They are a health system problem, which undermines health system effectiveness and requires health system solutions.”

The report can be accessed on the ICN website at <http://www.icn.ch/global/shortage.pdf>

One-in-three nurses in Canada is over 50 Only one-in-ten is under 30

NEW CIHI REPORTS

The approaching retirement crunch for nursing is edging steadily closer as new figures from the Canadian Institute for Health Information (CIHI) show. One-in-three nurses in Canada is over 50 according to the numbers and only one-in-ten is under 30. CIHI released its annual reports on the nursing workforce in December and news media covered the story as though it was new information.

“This is nothing new,” said UNA Vice-President Bev Dick. “What is surprising is that the retirement crisis is getting closer and there still is so little being done about it,” she said.

In fact it appears that 2005 could be a big retirement year. Up to 5,000 Alberta RNs and RPNs will become eligible for retirement this year. While about 1,000 or more nurses are becoming eligible each year, this year seems to be a peak.

The CIHI reports show that in 2003 the average age of a registered nurse (RN) in Canada was 44.5, compared to 44.4 for licensed practical nurses (LPN) and 46.2 for registered psychiatric nurses (RPN).

The regulated nursing workforce included 241,342 registered nurses (78% of the total regulated nursing workforce), 63,138 licensed practical nurses (20.4%) and 5,107 (1.6%) registered psychiatric nurses in

2003, an overall increase of 4.5% since 2002. This one-year increase in the size of the nursing workforce is due primarily to methodological enhancements in the submission of Ontario (RN and LPN) and Quebec (RN) data, regarding employment status.

Forty percent of new RN graduates (those graduating in the last five years) entered registered nursing practice with a baccalaureate degree. From 1999 to 2003, the proportion of RNs with a baccalaureate degree in registered nursing increased from 22.2% to 28.6%. ■

Shortage worst in areas of greatest need

The BBC recently reported on the case of Malawi, which is “losing” through migration more nurses than it can train. One main hospital in Malawi has half its nursing posts vacant, and only two nurses were available to staff a maternity ward with 40 births a day. Malawi, and other countries in sub-Saharan Africa, are losing scarce, and relatively expensive to train, resources. Levels and quality of care are suffering. Many of the nurse recruits who cross national borders are relatively young and well skilled. This means that these countries are also losing out on future leaders in the profession. Similar problems can be created by internal migration, where nurses take their skills and expertise into other types of employment. ■

"We were successful at two arbitrations and the Court of Queens Bench in having a declaration that all medications must be covered if prescribed - not just those that require a prescription."

- UNA Director of Labour Relations, David Harrigan.

New contracts "at the press"

The contract booklets of the new Provincial Collective agreement are at the press, and distribution of the booklets at worksites should begin sometime in February. Other new contracts should be available in March. ■

Region-wide job eligibility and postings

With the new bargaining units established by Bill 27, nurses employed by a Health Region are eligible to apply for positions at any location in the Region. Seniority is Region-wide as well. Health Regions are posting all positions at the sites. ■

UNA nurses in bargaining with several Employers

Although the provincial round of contract negotiations is completed, UNA members are currently in negotiations for new collective agreements with several Employers.

Canadian Blood Services – Negotiations to renew the contract have been underway since last year.

Holy Cross Long Term Care Centre in Calgary – Nurses are looking for a first contract.

Salvation Army Agape Hospice in Calgary – Employees are looking for a first contract.

Victorian Order of Nurses – Talks will soon begin on renewing the contract.

Bow-Crest Care Centre, Calgary – Talks are beginning to renew the nurses' contract. ■

Reimbursement for "ALL" medications is consistent

UNA has learned that not all the Employers are honouring the agreement to cover benefits for all medications prescribed by a dentist or a physician. "We were successful at two arbitrations and the Court of Queens Bench in having a declaration that all medications must be covered if prescribed - not just those that require a prescription," notes UNA Director of Labour Relations, David Harrigan. "The employers agreed to live with this court result during negotiations, but now that commitment seems to have disappeared."

The benefit plans are apparently now limiting coverage by narrowly defining a "medication". The Health Organizations Benefit Plan (HOBP) has suggested only medications that require a prescription to be dispensed are covered. Other plans suggest that a Drug Identification Number (DIN) defines a medication.

Some plans have recently denied coverage for medications such as Colace and vitamin E, even though there was a prescription. The HOBP claims that Colace is not a medication. (They are unable to explain what it is or why it is kept in the medication cupboard at their facilities.)

UNA has filed many grievances on the denied claims and is pursuing a resolution.

Nurses who have been denied a reimbursement for a medication prescription should save their receipts and report the denial to their Local or to a Labour Relations Officer. ■

All means all for all Alberta Cancer Board finally agrees to abide by court decision

The Alberta Cancer Board finally agreed to abide by the court decision and provide coverage for "all physician or dentist prescribed medication". The Board had not resolved several arbitrations and there had been some question whether UNA would have to also pursue the Board in court.

The prescription benefit was negotiated in the 2001 contract and continues in the current provincial contracts. The Continuing Care Employers Bargaining Association (CCEBA) also agreed to withdraw its court challenge so that "all means all" for all nurses in UNA's provincial collective agreements. ■



Provincial Executive Board Meetings

Along with the District Representatives and the provincial Executive Officers, many UNA Locals also send observers to provincial "Board" meetings.

February 15 - 17, 2005
June 21 - 24, 2005
September 27 - 29, 2005
November 15 - 18, 2005

Provincial meetings

Demand Setting Meeting

September 20 - 22, 2005 • Edmonton

At the Demand Setting Meeting (DSM) delegates vote on proposals to take to the next round of negotiations.

Annual General Meeting

October 25 - 27, 2005 • Edmonton

At the annual provincial meeting delegates elect provincial Executive Officers and District Representatives. The AGM also sets the constitution and policies of the union and gives direction to the Executive Board.

AFL Convention

May 12-15, 2005 • Edmonton

The Alberta Federation of Labour holds its annual convention with delegates from the affiliated unions.

CFNU Biennium

June 2 - 5, 2005 • Regina

The Canadian Federation of Nurses' Unions (CFNU) Biennium is held every second year.

Canadian Labour Congress

June 13 - 17, 2005 • Montreal

UNA also sends delegates to the national convention which takes place every Three years.

UNA's District Meetings

UNA's five provincial districts hold regular meetings of Local delegates (and often observers). Following is the scheduled of District meetings for 2005

NCD - North Central District

(Edmonton and area and Fort McMurray and area)

ND - North District

(Peace Country and north western Alberta)

CD - Central District

(Central Alberta, Red Deer and East and West to the provincial boundaries)

SCD - South Central District

(Calgary and area)

SD - South District

(Medicine Hat, Lethbridge and areas)

NCD Feb 4, 2005 - Edmonton

SCD Mar 3, 2005 - Calgary

CD Mar 1, 2005 - Red Deer

ND Feb 28, 2005 - Grande Prairie

SD Mar 2, 2005 - Lethbridge

NCD June 10, 2005 - Edmonton

ND May 30, 2005 - Grande Prairie

SCD Jul 7, 2005 - Calgary

CD Jun 28, 2005 - Camrose

SD Jul 6, 2005 - Medicine Hat

NCD Oct 14, 2005 - Edmonton

SCD Oct 13, 2005 - Calgary

CD Oct 6, 2005 - Red Deer

ND Sep 12, 2005 - Grande Prairie

SD Oct 12, 2005 - Lethbridge

NCD Dec 2, 2005 - Edmonton

SCD Dec 1, 2005 - Calgary

CD Nov 24, 2005 - Camrose

SD Nov 30, 2005 - Medicine Hat

ND Nov 28, 2005 - Grande Prairie

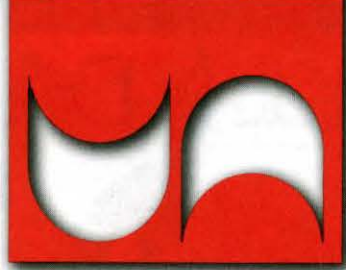
NOV

UNA's Provincial Executive Board 2004-2005

(Standing, back row, l to r) Tim Grahm, Theresa Caldwell, Blanche Hirschcow, Heather Wayling, Chandra Clarke, Alan Besecker, Sue Gallivan, Robert Reich-Sander, Cari Smith. (Standing, front row) Marilyn Coady, Roxann Dreger, Lois Taylor, John Terry, Judith Moar, Sharon Gurr, Wanda Zimmerman, Joan Davis, Jackie Capper, Beryl Scott, Daphne Wallace, Denise Palmer.

(Seated) Karen Craik, Jane Sustrik, Heather Smith, Bev Dick.





Nursing News

Cochrane settlement reached!

2003 Provincial Negs FINALLY wrapped up

A settlement reached January 27 with the Bethany Care Society for its Cochrane Long Term Care Facility finally wraps up the round of provincial negotiations that began in January of 2003.

Bethany dropped its demand that nurses be required to "walk through" an adjacent residential wing, which cleared the way for the settlement, reports David Harrigan, UNA's Director of Labour Relations. The settlement includes salary parity and substantially the same premiums and benefits as the provincial agreement, he noted.

Nurses from Local #173 at Cochrane will be holding a ratification vote on the settlement on Wednesday, February 2.

The Cochrane nurses had a campaign to alert families and residents about the hazard posed by pulling nurses out of the facility to "walk through" the residential wing.

The settlement proposes a later ending date, June 30, 2006 and a 0.75% salary increase starting April 1, 2006 for that last three months. Otherwise the salary increases are the same as in the provincial agreement and the Cochrane nurses will also get the new night shift premium of \$2 an hour. The settlement also includes the reciprocal clause that gives the nurses portability of seniority to other Employers with the same clause, including all the Health regions. The change to \$600 vision care over two years is effective April 1, 2005. The agreement also gives the nurses severance; special leave and terminal care leave as the provincial contract. Two special changes are an increase in maternity leave to 52 weeks, and the annual payment in lieu of in-charge will increase from \$300 to \$600, pro-rated for part-time. This bonus is for all full-time and part-time regular Employees. ■

Any nurses left in the nursing home?

With layoffs scheduled for February 1, Bethany Group in Camrose is cutting over a third of its Registered nursing staff. United Nurses of Alberta is filing a grievance against the lay off, noting that many of the nurses who will be laid off are already being called back to work more shifts.

"They simply can't run a nursing home without these nurses," says UNA President Heather Smith. "We think the residents and their families should be asking Bethany some hard questions about the quality of care they will be receiving. Registered nurses always strive to protect good quality care for our clients, and that's what we have to do at Bethany."

With the layoffs, there is only one RN responsible for some 65 residents on a shift, she or he barely has time to keep the records, and oversee the delivery of all the medications. There is practically NO time to actually see the residents, assess them or do any actual nursing care.

The total number of residents has gone up from 188 to 208 residents. But the total number of nursing hours will drop from 15.2 positions to 9.4 positions. Bethany says that's because 78 of the residents are now being considered as living in supportive housing, and do not require on site nursing care. ■

UNA makes contribution to tsunami disaster relief

United Nurses of Alberta is made a financial contribution to the worldwide relief effort for the communities in South East Asia devastated by the tsunami disaster. \$5,000 is going into a larger fund being collected by the Canadian Federation of Nurses Unions (CFNU) and the Canadian Nurses' Association to be forwarded to the Indonesian National Nurses' Association of to assist with their emergency aid efforts.



"Indonesian nurses have been putting up a heroic effort to help the thousands injured and at threat of illness after the disaster," notes UNA Vice President Bev Dick. "We are please to support this great effort of our fellow nurses."

A further \$10,000 is going from UNA to the Canadian Red Cross for international assistance in all countries affected by the disaster. ■

Ontario announces plan for its election promise of 8,000 more nurses

Ontario will spend an additional \$29 million on training and hiring new nurses, health minister George Smitherman announced in December. \$17 million of that money will go to creating full-time temporary positions for new graduates, who will have three months to apply on other positions. \$10 million goes to goes to training simulation equipment in nursing under graduate programs and \$1.4 million goes to Employers who find new ways to encouraging nurse mentoring.

The new funding is "progress for a profession that too often has lost its new RN graduates to the United States" said Joan Lesmond, president of the Registered Nurses Association of Ontario. The RNAO also said it would be watching to be sure the money isn't used to hire new graduates through one door and lay off experienced nurses out another. ■

But cuts hospital budgets, forcing layoffs

According to recent reports negotiations between Ontario hospitals and the provincial government have gone badly and have resulted in the province's health minister announcing budget cuts for the hospitals. The Ontario Health Coalition warns that almost half of the money announced is to be used for severance to cut hospital staff. The coalition expressed deep concern about the process that has culminated in the government's announcement.

"It should be noted that almost half of the money announced today is to be used for severance," noted Corey Vermey, coalition spokesperson. "The last time this was tried by the Conservative government, it resulted in severe staffing shortages. It is equally short-sited today." ■

Ft. MacLeod nurses get substantial retro cheques

All nurses brought in by Bill 27 are now in the UNA contract

Negotiations to apply the UNA contract to nurses brought in by the Bill 27 legislation finally wrapped up on November 25 with an agreement for nurses at the Special Development Unit in Fort McLeod. The agreement gave the nurses retroactive pay of \$6,000 each for full-time nurses and \$500 for each of the casuals who worked more than two shifts. Only about eight nurses work at the unit.

Nurses at Raymond another group in the Chinook Health Region who were brought into UNA by Bill 27, will also now come under the UNA agreement. Because these nurses came into UNA from AUPE where they had a "me too" clause that gave them the UNA increases, they had already been entitled to the increases.

The province-wide negotiations for most of the new (Bill 27) UNA nurses were completed in September and ratified and in effect in October, but Chinook refused to settle until this week.

The settlement with this Region completes the Bill 27 transition for UNA. Other health unions including AUPE and the Health Sciences Association of Alberta are still in negotiations. ■

Arbitration awards UNA one quarter of Capital Health's \$300,000 plus insurance rebate

UNA has won an arbitration on insurance demutualization and Capital Health should now return to nurses one quarter of the insurance windfall it received several years ago.

In 1999 Sun Life began the process of "demutualization", that is policy holders were essentially "bought out" of their part ownership of the insurance company. This conversion led to a windfall of approximately \$320,000 paid to Capital Health Authority as holder of the policy. The Union maintained that the money was owed to Employees as premium payers. Under the UNA Agreement, Employees pay one quarter of the premium costs.

The arbitration decision followed precedents set in the courts on other demutualization situations. Neither UNA nor Capital Health has announced whether they will appeal the arbitration decision in court. As well no decision has been announced on how to return the approximately \$80,000. ■

Mould unit at Foothills rehabilitated, independent testing done

The Foothills Hospital is getting set to re-open Unit #27 after completely rebuilding and remediating the unit. Independent testing showed toxigenic mould contamination on the site. The Hospital decontaminated the unit and also put in improved ventilation and new procedures for the dialysis unit.

"We are pleased the Hospital finally closed the unit, and proceeded with remediating and rebuilding it with new anti-fungal materials. We can move forward in a positive way, where the staff can be healthy there," said Michelle Senkow, UNA Local #115 President at the Hospital.

But, Michelle Senkow says, some staff who fell sick working on the unit, still have problems.

"We still have members off sick, and some who still do not have WCB claims approved. There's one who has to wear a mask 24 hours a day, and cannot return to work," she says.



UNA member Diane Deschamps died in a collision while riding her bicycle home from work at Carewest Colonel Belcher last November 30. Diane worked at both Carewest Colonel Belcher and at Bethany Calgary. Diane Deschamps who was a single mother, and her three children Didja 18, Alex 13 and Willie 12. UNA made a special contribution to the trust fund that was established for the family. Donations to the Trust Fund can be made at any TD Bank. ■

"Here's documentation of years of illness. They found toxigenic mould and problems in the work site. But they still aren't approving these WCB claims. There are still staff who are off. That's where CHR has to be accountable. Treat your Employees with respect."

The independent investigator also reported there was evidence of mould contamination on the adjacent Unit #24, in one particular office. The Employee who had worked in that office has just returned from an extended sick period.

Michelle Senkow asked the CHR to do an Administrative and managerial review of the whole process to ensure problems like this do not drag on for years and years. ■

PHAA "re-brands" as Health Boards of Alberta Services

The Provincial Health Authorities of Alberta (PHAA) launched a new name and corporate identity last week. Health Boards of Alberta Services (HBAS) is the new name for the organization run by the Health Regions and other major health employers. It will continue to do negotiating, human resource and Employee benefit management for the Health Regions and the Alberta Cancer Board. ■



social
housing

supportive
housing

assisted
living

long-term
care

continuing
care

nursing
home

What does it all mean?

Is someone in your family
disabled, sick, aging...
in need of care?

Hands-on care from a Registered
nurse is nearly a thing of the past
in Alberta's nursing homes.

Many of the long-term beds in the
province have been "re-designated" as
"supportive housing" or "assisted living"
rather than as nursing home beds. These
do not even have to have an RN on site.

But even in most nursing homes, RN
staffing has been cut to the point
where each RN is responsible for
65, 75, 85 or more residents.

More about
Continuing Care
on page 7



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