

NEWSBULLETIN

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UNITED NURSES OF ALBERTA


APRIL 1983



“We will never give up. Never. This legislation is completely opposed by United Nurses of Alberta.”

— M. Ethier, UNA President

BILL 44



June 1977: Alberta nurses are the first group subjected to an “emergency tribunal” by order in council of the provincial government during a province wide strike.

April 1980: The provincial government again invokes an “emergency tribunal”. This time nurses do not return to work and win substantial contract improvements before ending the strike.

December 1981: The first “disputes inquiry board” in Alberta is imposed on UNA. This is the only time the disputes inquiry board has ever been used. Under the amended labour relations act, this legal device delayed strike action which had been scheduled for January 1, 1982.

March 1982: Bill 11 is passed by the Alberta Legislature making UNA’s third strike illegal after 23 days.

April 1983: After months of hinting, the provincial government acted on April 11, 1983 to introduce into the Alberta legislature Bill 44, *The Labour Statutes Amendment Act, 1983*.

The Bill contains provisions to amend the Police and Firefighters Legislation, the Public Service Employee Relations Act and the Labour

Relations Act. The sections most relevant to UNA institute compulsory arbitration for all hospitals (as defined in the Hospital’s Act) and their employees.

All strikes or lockouts of hospital employees would be illegal under the Act. Penalties for striking are currently being studied by UNA’s legal counsel.

Boards of arbitration under this Act would be required to consider “fiscal policies of the government” in determining wage increases. This appears to be back door attempt to introduce some form of wage controls.

The Act applies to hospitals and hospital owned nursing homes, but *not* to private nursing homes, V.O.N., or health units.

IN UNITY THERE IS STRENGTH National Federation of Nurses Unions

Bill 44 appears to be an indication of the immaturity and inexperience of the Lougheed government in that it needs to toy with state controls over union members.

The Lougheed government best be prepared for great resistance from the people of Alberta and the eventual backlash against any government that uses fascist techniques to subdue members of the population.

FIGHTBACK

UNA defends our collective agreement
in times of increased attacks on health care workers.

Barrhead and High Prairie:

Hospital Boards are apparently turning against their graduate nurses. Without prior warning these graduates are being given ultimatums of layoff and demotion if they don't soon become registered.

Barrhead has in fact laid off one graduate nurse. She was not granted any time to write her RN exams.

High Prairie is advising its graduate nursing staff to be registered by September 1, 1983 or to face being demoted to nursing attendants with a corresponding 33% cut in pay. Top of the scale graduate nurses with a UNA contract earn up to \$13.17 per hour. Attendants earn \$8.87.

UNA's position is that either layoff or demotion by reason of not being registered is a violation of the contract of employment. If the employer does not make it clear at the time of hiring that graduate nurses will be required to register then the employer cannot at a later date change the conditions of employment.

At both hospitals the boards are following a heartless approach to their staff, UNA says. There is no bona fide reason for making these employment demands because graduate nurses have provided excellent service.

UNA expects these ultimatums are coming for three reasons: money, supply of RNs, and hospital accreditation rating.

Prior to the 1983 contract, employers could hire graduate nurses at a flat and economical rate. Following the arbitration tribunal award, UNA has a wage grid for graduates which reduces the employer's economic advantage. In response the employers say if they have to pay higher wages they may as well put out a bit extra and hire RNs from whom they can demand greater service.

At this time the supply for RNs looking for work is greater than previously when hospitals hired many graduate nurses in an effort to keep up an operating staff level.

With the availability of RNs a hospital can raise its status if its entire nursing complement is comprised of RNs. As well as staff, RNs provide management greater flexibility in shift and vacation scheduling and

LOAs. Until 1983, these advantages were outweighed by the lower wages they could pay a graduate nurse.

Fort Saskatchewan:

Grievance. One part-time employee who worked an average of 17.5 shifts per month was reduced to accommodate the return of employees from maternity leave. However, when they had returned, these employees requested not to come back in their previous full-time positions, they wanted to work part-time.

The arbitrator ruled in favour of UNA that the person grieving was entitled to 17.5 shifts and must be returned to 17.5 and compensated for the pay she lost. At the time of her hiring, her contract stipulated 5 days on and 5 days off for a total of 17.5 shifts.

Edmonton and Rural Auxiliary Hospital and Nursing Home District No. 24:

Anecdotal material on employee files. Written records of verbal warnings (considered anecdotal by the local) were placed on two employee's files. In response to the union the Personnel Director immediately had the material removed and made a verbal commitment to keep all such anecdotal material off employee files. The director also recognized that anecdotal evidence could not be used for disciplinary purposes.

It is important for UNA locals to be aware that nothing outside of a written notice can be used against an employee for disciplinary purposes. Further, that all written notices must be issued within ten days of the incident involving the employee in question.

In recognition of this basic right for employees, the arbitrator in a recent dispute of Salvation Army Grace Hospital, Calgary, issued a verbal ruling (UNA has not yet received the written award) that an employee's formal evaluation could not be entered as evidence in the disciplinary hearing as it contained anecdotal information about incidents not disciplined (ie. no written warning) at the time the incidents occurred.

Misericordia:

Policy grievance. Full-time and part-time people are facing a reduction in hours. Full-time people have been altered to part-time with their shifts reduced to below 38.75 hours a week. Some part-time employees who were working a 4/5 position have been reduced to 3/5 or 2/5.

Grace Hospital:

UNA Local 47, Calgary, recently scored a win in their first-ever arbitration. The matter arbitrated was two written warnings, both alleging unsatisfactory conduct (Article 23.01), one with regard to three incidents of lateness, and the other regarding two incidents of "disrup-

in most matters of discipline, the onus rests with the employer since he possesses knowledge of the "just cause" invoked for the discipline.

The union raised a preliminary objection with regard to one of the "relationship" incidents, being more than ten days prior to the written warning notice being received by the grievor. The objection was sustained, and the Arbitration Board did not consider the incident.

The employer called two witnesses. The first witness denied that the grievor's interpersonal relationship had "impact upon the quality and safety of patient care" in the area which she supervised, as the employer had alleged.

The grievor's own supervisor was the second witness. Under cross examination, she stated that, during the remaining "relationship" incident, she did not intervene although she was sitting six to eight feet away when it took place. Her evidence regarding the three incidents of lateness revealed inaccurate clocks, learning of the lateness from other staff and the fact that the grievor was on sick leave the day that she was allegedly five minutes late!

The employer closed his case, and a lunch break ensued. Following this, the employer conceded the grievance completely, without the union even beginning its case. The written award is expected concerning the preliminary objection and restricting the employer to the grounds cited in the warning notices. The introduction of previous events where no discipline was invoked were deemed inadmissible.



St. Joseph's Auxiliary Hospital:

Anecdotal material on employee files. A nurse previously full-time changed her position to part-time in order to pursue further nursing education. Upon completion she applied for a posted full-time vacancy and was denied on the basis of unfavourable anecdotal material in her file.

The nurse filed an individual grievance and the local filed a policy grievance against the practice of keeping anecdotal records on an employee's file with subsequent use against the employee.

The employer at the DON stage (Step 2) made a written commitment to remove all anecdotal material from each employee file and further granted the nurse in question a full-time position on another floor.

However, the issue didn't end there because a time period ensued during which there was no one serving as DON and the UNA local learned of anecdotal material on three other employee's files. Again the union prepared a policy grievance. The newly hired DON has consequently provided the local with a written agreement to keep all anecdotal material out of employee records.

itive interpersonal relationships".

During arbitration, the onus or burden of proof generally rests with the union. However,

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IN MEMORIAM

Millie Miller

Millie Miller who worked as part-time secretary in the UNA Calgary office died suddenly at home on Sunday, March 13, 1983. Millie was 58 years old and had worked for UNA since October, 1980. She is survived by her husband Ken and two daughters. Millie's happy disposition and quiet efficiency will be sorely missed by the Calgary Employment Relations Officers and all UNA members who had any contact with her.

WE'LL FIGHT

And we're not alone

With a warning that nurses will confront the government if their collective bargaining rights are legally removed, United Nurses of Alberta criticized the government for introducing Bill 44 as an attack on UNA as a trade union and to lower real wages of hospital employees.

In its brief to the hearings on Bill 44, UNA has charged the Loughheed government with an attempt to treat merely the symptoms of hospital administrative problems and with attempting to cover up the real issues at stake in the hospitals which create unrest among nurses and anger with hospital boards.

The government, says UNA, is acting from political self-interest and wants to reduce strikes to avoid dramatic demonstration of its own incompetence. As for holding down wages, the union says that nurses' wages have not deviated greatly from provincial norms and, considering the education level and years of experience of many nurses, that wages are still low. The top rate is \$15.42 an hour for a nurse in Alberta. UNA wants to know why \$15.42 is considered too much. "Hospital workers expect — and deserve — compensation commensurate with their skills and responsibilities."

Denouncing compulsory arbitration and wage controls as, "obsolete, rotten structures, bound together by nothing but expediency and bad faith", UNA says Bill 44 will not provide a mechanism to stop strikes because it will not resolve the issues at stake for nurses, the same issues which

led UNA to the picket lines three times in six years.

The brief states that, "the genuine troubles in the hospital industry are multifaceted and arise directly from the extremely rapid rate of change in the environment in which these institutions find themselves." UNA listed fifteen significant administrative and social changes affecting the hospital industry and the brief provides a summary of four of them.

1. Attitudes towards

"management's rights" —

UNA collective agreements contain a management's rights provision with the employer having unilateral power to control and alter any provision not specifically referred to in the agreement. In negotiations UNA has found management unwilling to include formally in the Collective Agreement certain procedures that hospital administrations are already practising on the grounds of "undermining management's rights". The hospitals have been opposed to such provisions as establishing a roster of available part-time instructors, health and safety provisions, vacation scheduling provisions, and applying seniority to shift choices. The brief says, "that hospitals permitted their blind commitment to an ideology to get in the way of practical solutions."

2. The role of the Alberta Hospital Association —

From its experience in negotiations, UNA

suspects that the bargaining agent for the hospitals, The Alberta Hospital Association, is merely a convenient "front" organization for the government. The A.H.A. takes the flack for bargaining impasses and "insulates the government" from negotiations, says UNA. In this manner the government can hide from having to advocate the interest of either the public or the hospital administration. The A.H.A. has neither an appreciation of daily hospital operations nor the power to discuss finances, a source of breakdown in negotiations, says UNA. The union is left with the "sense that we have been dealing with the wrong people all along."

3. The changing philosophies and structures of hospital management —

UNA says hospital administration is becoming "corporate" oriented, a move which increases a nurses' alienation from her work. Many nurses see a shift in focus from the patient to the written record. Increasingly, nurses are required to operate in a structure which provides only a limited set of categories which makes it difficult to respond to changes in a patient's condition. Says UNA, "the members of this union are not prepared to defer to hollow ideology on a matter as crucial as the quality of the care which patients receive in hospitals".



"I said 'I see you're on your way to the hearing on the labor bill!'"

Saskatchewan Union of Nurses

The SUN expresses profound shock on learning of the legislation introduced in the Alberta legislature. It is alarming that such a backward step in labour relations is being pursued with such apparent vigor. Bill 44, should be opposed.

Given the ethical and professional responsibility of nurses and the scarcity of health care resources, it is inevitable that conflict in employment relations will arise. Nurses are feeling very frustrated by their powerlessness in the face of economic and social conditions which are eroding their ability to provide safe patient care.

Nurses' present struggle to advance professional socio-economic roles through collective bargaining is a progressive extension of our dedication. Advancement of the profession creates a parallel advancement in nursing practice and in health care, both in the public interest. Those critics who suggest that the cost of collective bargaining for the profession is too high, regardless of the benefits to the public in higher standards of care must consider that nurses, a primary instrument for delivery of health care, provide the most cost efficient utilization of economic resources while simultaneously guaranteeing the highest standard of care.

Labour relations in health care cannot be viewed simply as a basic conflict between labour and management in which management must be given more power.

The urgent problems in nursing which collective bargaining is beginning to address will not be solved by turning back the clock to a more primitive era of labour relations.

4. The nursing labour supply problem —

UNA predicts there will be a nursing shortage for the duration of the 1980s. Shortages force hospitals to close beds and put severe workloads on nurses in areas where beds cannot be reduced.

These factors, says UNA will not go away with the passage of Bill 44 and the brief calls for a commitment to deal with the real issues stressing

that, "no solution will result from a sweep of the legislative magic wand."

UNA is prepared to work co-operatively with the hospitals, the A.H.A. and the government on one condition: "We are not prepared to engage in any co-operative projects whatsoever with the government, or any mediation efforts, if the same government is not committed to the principles of free collective bargaining."



Simon Renouf and Margaret Ethier following the presentation of the UNA brief to the legislative hearings on Bill 44.

Alberta Federation of Labour

Legislation banning strikes does not stop strikes. It simply makes that legitimate act by workers in defence of their standard of living and their working conditions an illegal act. It converts lawful defence of workers rights into unlawful defence of workers rights. What's more, it converts working people's legitimate struggles against intransigent employers, into militant struggles against those governments which legislate against their right to strike.

It is the position of the Alberta Federation of Labour that any decision as to whether a union should or should not take strike action may only be decided by a democratic vote of the union members involved. The Federation will stand behind and support any union in this province that chooses to exercise that right, a right which is so fundamental that it cannot be legislated out of existence.

This draconian piece of legislation is so anti-worker we believe it is beyond amending into anything resembling decent or fair laws and we demand on behalf of Alberta's organized workers that it be withdrawn.

BILL 44

We're not alone

"There's one thing this government has never tried in its dealing with United Nurses of Alberta: collective bargaining. Every time we've gone into bargaining, we have faced some kind of devious strategy, always aimed at legal action. The government's approach has always been to try to suppress the problem rather than to deal with it. We are calling on you today to try something genuinely new. We're calling on you to make a commitment to collective bargaining."

— Simon Renouf

"The Alberta government has implied that our nurses lack concern for the public, even though we had to go on strike in 1977 and 1980 in order to get it guaranteed, in writing, in our contracts that nurses would have the right to speak to hospital managements about our concerns for patient care."

— Margaret Ethier



M.T. Caughlin
Secretary-Treasurer
UNA



Alberta Union of Provincial Employees

The Alberta Union of Provincial Employees (AUPE) condemns Bill 44, as typical of the arrogant, anti-union Government, committed to the ultimate destruction of collective bargaining.

The Union states that the Government's amendments to the Public Service Employee Relations Act (PSERA) will effectively make Arbitration Boards puppets of Government, required by law to bring down awards according to fiscal policies of an anti-union Government already committed to 5% funding limits to public services.

AUPE labels as outright union-busting the amendment allowing employers to stop payroll deduction of union dues up to six months where employees are forced into strike action.

British Columbia Nurses Union

From this side of the Rockies, Bill 44 smells to high heaven. It looks like the Alberta government wants to indenture nurses and other public employees, destroying their right to free collective bargaining. As we understand the compulsory arbitration aspects of this bad law, the government could change the rules whenever it likes to suit itself. The B.C. Nurses Union supports the efforts of UNA to oppose Bill 44. Your fight is our fight, and we wish you well.

Manitoba Organization of Nurses' Associations

The Manitoba Organization of Nurses' Association is very concerned regarding the introduction of Bill 44 by the Alberta Government which removes the right to strike from the negotiations of nurses in the Province. Not only the right to withdraw services becomes illegal, the imposition of binding arbitration is in itself a farce when government fiscal policies must be considered when an award is made. This legislation has implications for all nurses in Canada.

MONA believes the right to strike *must* be retained. We believe that prevention rather than cure is the goal with respect to strike. There are always two parties in a dispute. If the parties believe in the negotiating process and a desire to reach a settlement, impass can be prevented. Obviously, in Alberta the government does not believe in this process. Public pressures should be directed at the government to offer a fair settlement rather than to enact such regressive legislation.

The right to strike is a fundamental freedom no less important than freedom of speech or press. In free collective bargaining, strike is vital. It is a tool that nurses have to improve quality of working life and wages — thereby maintaining nursing as an attractive profession for those already in the profession and in attracting future nurses. The nurses' ultimate goal is the maintaining and improving of

quality of patient care.

We encourage and support UNA members to denounce the proposed legislation and to remain united against this latest threat to the rights of workers.

Canadian Union of Postal Workers

This latest attack on working people by the Conservatives in Alberta is disgusting. Governments and business use times of high unemployment as opportunities to reduce wages and eliminate benefits that workers have fought so hard to achieve. The Alberta Tories have used the recession to take advantage of workers fear of job loss and the high unemployment situation, by taking away the right to strike for nurses, firefighters and others and by reducing the power of arbitrators to decide what is a fair wage increase for government employees. This all-out attack on unions should enrage the unionized, the non-unionized, and the unemployed. The weakening of collective bargaining hurts all working people. The Alberta government is not justified in this outrageous attack on the labour movement.

National Farmers Union

We were shocked to hear that our provincial government is once again flexing its muscles. This time against the nurses' right to strike.

It appears Labour Minister Young has no faith in

April 26th A day of opposition to Bill 44



"Few employers would seriously negotiate to avoid a strike if they knew they had the luxury of the government bailing them out. The AHA felt no need to seriously negotiate with us, because they knew the bias of this government."

— Margaret Ethier

"Nurses have always faced the government with solidarity, strength, courage, and intelligence. We're prepared to bring those qualities to the table. But if the government chooses confrontation, then confrontation is precisely what it's going to get."

— Simon Renouf



democracy, no patience for collective bargaining, and no time for arbitration tribunals who might come out in favor of labour.

Strike breaking is bad enough, but union busting is going too far. The right to unionize, to bargain collectively, and to strike, are the only power levers the workers have. This legislation, if passed, will be the most anti-union legislation in Canada. We support your cause and hope other workers will come to your side.

Confederation of Canadian Unions

We condemn the vicious attack on basic trade union rights which is contained in Bill 44.

The removal of the right to strike is a basic trade union right which is already restricted overwhelmingly in favour of management. Every time the UNA has exercised its legal right to strike, your government has shown its contempt for the rights of working people by legislating them back to work. With this Bill, by completely removing the right to strike from nurses and other hospital workers, your government has shown the extent of its vindictiveness.

We also condemn the provisions of Bill 44 which give employers the licence to suspend the deduction of union dues. This is an obnoxious, totally unwarranted intrusion into the internal operations of trade union, which are democratic organizations.

And we object to the straightjacket Bill 44 imposes on arbitration boards. Your government may as well say you will set wage rates by decree. Bill 44 makes a cynical mockery of collective bargaining and the rights that workers are supposed to enjoy in a democratic society.

This Bill will only have the effect of increasing confrontation and strife.

Letter Carriers of Canada Local 15

While the Alberta government's proposed Bill 44 does not immediately affect postal carriers, in the long term it is fairly safe to consider that what one government is allowed to get away with another may try in the future.

The need for solidarity among unions on issues such as these is imperative.

We recently had Bill C-124, the wage control bill and as a trade unionist when I look at Ottawa's C-124 and Alberta's Bill 44, it is obvious that as yet we haven't elected a government that's a friend of labour. We can't keep returning these people to power.

One thing people forget is that it is possible to beat them on some issues. But we have to take action. We have to show them through demonstrations, letters, and mass phonings.

Now when economics are particularly bad, it is imperative to publicize the problems workers are

having. To effect change we have to bring it to the attention of the public that everybody is together in this attack.

We recognize the need for solidarity.

Edmonton & District Labour Council

The attack by the Alberta Government on the workers of this province, particularly the public sector, must be vehemently opposed. This infringement on the right to strike and threat of decertification is a blatant attack on the collective bargaining process. If Bill 44 should become a reality, can right to work legislation be far behind?

Firefighters Local 209

Bill 44 is one of the worst pieces of anti-democratic legislation ever to be introduced in North America. Not only does this Bill take away the nurses' right to express their thoughts on working conditions through the right to strike, but the compulsory arbitration process which nurses will be forced to use, will be stacked in favour of management due to the controls introduced by the Lougheed government.

Nurses will suffer with this dark age legislation, and I urge all nurses throughout Alberta to join with us in the bond of labour to defeat this archaic and repressive legislation.

Letters Letters Letters

Dear Editor,

Dave Russell continues to amaze me. I wonder to what depths he has yet to sink. His proposed hospital user fees threaten both patients when they are most vulnerable, and the entire concept of medicare.

Mr. Russell tells the public that a hospital's income should increase to adequately cover its ever-increasing budget. He even cites a story of a senior citizen who called him up and together they calculated that a user fee charge becomes the equivalent of \$.41 per day per year. Not only does Mr. Russell tell us this is little enough to pay for health care, but the hospitals already have existing staffing, etc., to implement user fees.

Knowing Mr. Russell, I immediately wondered what he was not saying. What considerations need be examined? Mr. Russell states user fees will discourage the public from abusing the health system. However, it may instead have a boomerang effect in that to avoid paying fees people may delay in seeking medical assistance until their condition is acute. This in return could result in longer hospitalization periods and increased hospital costs.

There is however another form of abuse of the health system which is even more obvious to me — medical abuse. Doctor's politics, while fascinating to watch, are expensive to hospital budgets. Doctors may, in an attempt to ensure their beds, admit early or delay discharge, thus needlessly extending a patient's hospitalization.

Another major user of acute hospital beds are the elderly or chronically ill patients who can no longer cope at home. These people occupy a hospital bed patiently awaiting a bed in an extendicare institution. Mr. Russell quotes the opening of two such buildings in the past year but opportunely neglects to mention just how many more patients currently await a move out of hospital to extendicare.

As stated above, Mr. Russell maintains hospitals can institute user fees with the current facilities and staffing. However, one hospital administrator observed that he would need to increase his

staff by seven to institute, bill, and collect his new fees.

Studies have shown that the administrative cost of collecting fees will exactly equal the income from the fees themselves. How then, Mr. Russell, does this augment hospital income?

As a nurse, I believe our health minister has overlooked the most important factor — the patient. User fees income is less than \$4,000 per year. In this day and age, the poverty level is \$8,000, far above Mr. Russell's \$4,000 maximum!

User fees take us one step closer to a health system enjoyed by the USA. The media and literature have graphically described what that means to the American family! Are we going to meekly allow Mr. Russell to lead us that one step closer.

To continue on this line, with hospitals being responsible for obtaining funds to meet their budgets, administrators may be forced into private ownership. Large corporations, such as American Medical International (AMI) are taking over many hospitals. The primary goal of these corporations is to decrease costs in order to increase profits. How is this accomplished? Simply through the reduction of 30% of the staff employed, as AMI freely admits.

How can we as nurses ensure first quality patient care if staffing is cut? The history of our union has put a priority on quality patient care. We have fought long and hard for improved patient care and for our job security. Do we now let David Russell and his user fees to even remotely impinge on our values as nurses? In the past we have not hesitated to make Dave Russell aware of our positions and we shall not hesitate now.

Dave Russell can be reached by writing to the Alberta Legislature, Mr. David Russell, Minister of Hospitals and Medical Care or call in Edmonton 427-3665, Calgary 273-7891 or long distance by asking for the Rite Line 427-3665.

Sincerely,

Deborah Weber,
Edmonton General Hospital



Message from the President

Bill 44 Insult or Compliment

It looks like Les Young and the rest of the Loughheed boys are running scared of a bunch of women. Its about time — although these guys could certainly benefit from behaviour modification therapy.

We've always talked about respect. Well, now I guess we're getting a fearful respect. We're the only union who has had three pieces of legislation in three years — drafted especially for us.

The DIB (not used for any other union), Bill 11, and now Bill 44. As well, the legislation under the Labour Act (Section 116) has been used twice for UNA (1977 and 1980).

If it were not so vindictive, it would be funny. Do they really think this latest one is going to stop us?

We've always prided ourselves that in UNA we will decide what's best for us. Even if nobody else approves. Even if nobody else has done it before.

Luckily, we can deal with this latest move by the government in a laid back fashion right now, because we won't know how this legislation will affect us until our contract runs out.

This year that's not until December 31st. And perhaps we won't have to deal with it this year but some other time down the road.

Right now we are busy in the locals finding out what benefits we can have in the current contract, and what those benefits mean to us as nurses and as people.

As in the past, the members of UNA will continue to make the decisions of this union. Those decisions will be made only after sufficient information is provided by the members.

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

Overtime, missed meal breaks, and evaluations

Contract Clips

Within any contract are benefits or entitlements that must be exercised or used when the opportunity arises, otherwise they will be eroded and more difficult to enforce in the future.

Article 8.01 of the hospital agreement requires the employer to provide all employees working overtime with a signed authorization at the time the overtime is worked. Some hospitals are not providing any forms while others are using accumulative forms that do not provide the employee with a copy at the time the overtime is worked. By not insisting on your rights, you are condoning these breaches by the employer and may be waiving your rights to correcting them later.

Examine your evaluations

Both the health unit and hospital contracts have a provision dealing with evaluations. It is a pious, full of good intentions clause that is ineffectual. If you want an annual evaluation, insist on it. These evaluations should be conducted within a week of the employee's employment anniversary date. Too often, the evaluation if it is done, is performed shortly after some misdemeanor and at a time which has no reasonable relationship to the employee's employment anniversary.

If you do receive an evaluation which contains statements which are irrelevant to your job performance or are inaccurate, challenge them immediately. Put your comments

down in writing and do not sign the employer's evaluation. Evaluations which are inaccurate can be grieved.

Employers enforce their rights, so should you

Missed meal periods are contractual obligations that UNA members are not requiring the hospital employers to honour. Article 7.02, last paragraph provides you with time and one-half payment if you do not receive your meal period(s) during your shift.

Remember the articles in the collective agreement are legally binding on both parties. The employers do not hesitate to enforce their rights, you should not hesitate in enforcing yours.

UNA Newsbulletin

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

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All letters to the editor should be addressed to Gail Dalglish, Editor, *UNA Newsbulletin*, UNA Provincial Office, 10357 - 109 Street, Suite 300, Edmonton, Alberta.

The threat of PRIVATIZATION

by Gail Dalglish

Royce Diener and Harold Livergant; remember their names because these men are out to change the Canadian health care system. Diener is the Chairman and Chief Executive Officer of American Medical International, Livergant the founder and President of Extendicare Limited of Toronto. Both are committed to the business principle of private ownership of hospitals and both have stated their goal to take over the management of Canadian hospitals and increase their control over the delivery of our health care services.

What's their motive? Profits. Private companies have discovered there is a bundle to be made from the sick, injured, and elderly, both in the firms' home countries and around the globe.

AMI, with its head office in Los Angeles California, is one of the three largest health care corporations in the United States. It owns or manages about 120 hospitals in 12 countries with contracts in 500 communities and a worldwide staff of 31,000. Last year alone, AMI tabulated sales of \$1.4 billion with a net profit of close to \$79 million.

A recent annual report to shareholders provided AMI executive with a forum for boasting of their financial successes stressing aggressiveness in the field of management, commitment to new and expanded technologies, and pursuit of foreign markets:

"Profit margins improved substantially from the previous year . . .

"We made the most substantial investment in our history in new construction, modernization, plant expansion, and equipment as we continued to introduce new technologies . . .

"Our strategy for identifying and pursuing opportunities for the development and acquisition of U.S. hospitals in areas of high population growth . . . continued to be effective in fiscal 1982".

AMI certainly cannot be accused of exaggerating. At a time when countries the world over are struggling with a severe economic depression and governments are lashing out at working people by introducing recession budgets with layoffs, cutbacks and wage controls, AMI more than doubled its net profits in one year from 1981 to 1982, from \$33 million to nearly \$79 million. And all from selling health care and related services.

AMI's spreading global reach keeps adding more gold to their coffers:

- "the early success of our first hospital management contract in Saudi Arabia,
- "England, where the number of AMI hospitals has tripled in five years,
- "1984 revenue goal of \$200 million in the United Kingdom,
- "second hospital in Switzerland,
- "in Singapore,
- "second Saudi Arabian facility,
- "largest private hospital in Greece.

Corporations are lining up to try and get a piece of the Canadian market

American Medical International is far from being the lone health care corporation and is rivaled for supremacy by other transnational giants like Hospital Corporation of America and

the huge pharmaceutical based Kaiser Foundation. All share the same incentives for taking up the health care game. Health care as a life and death issue takes on a significantly different dimension when described by Thomas Frist, President of HCA. Frist wants 500 hospitals by 1985 or 1986 and he intends to make HCA the biggest health care company in the United States by 1990, bigger than even Johnson & Johnson. By the year 2000, Frist, "wants to attain the stature of General Electric and IBM and become one of the country's top five companies."

Predictions from the industry say that the private sector will own close to one-third of U.S. hospitals within 10 years. That prediction may not be merely wishful thinking on the part of the medical power-mongers. Statistics verify that in the U.S. there was a substantial increase in the number of investor-owned hospital beds and hospital units between 1980 and 1981 with a marked decrease in public ownership. The investor-owned sector increased its management (either outright ownership or lease) of beds by 17.4% and of units by 32.3%. Public ownership in these same categories shrunk by 4.6% and 2.2% respectively. In the U.S. proprietary (for profit) hospital chains have proven to be immune to the recession and are among the most popular growth stocks on Wall Street.

Private companies have discovered there is a bundle to be made from the sick, injured, and elderly. Predictions from the industry say that the private sector will own close to one-third of U.S. hospitals within 10 years. The successful growth of private health care corporations, based in the U.S. but spreading steadily into more and more countries does not bode well for Canadians.

The successful growth of private health care corporations, based in the U.S. but spreading steadily into more and more countries, does not bode well for Canadians.

One mark of political conservatism is the seeming enthusiasm with which social services is attacked. Succumbing to the corporate sector's powerful political lobby, governments start cutting the budgets of health, education, the public sector, slashing away on essential services with apparent relish, all the while increasing corporate bailouts and increasing "investment incentives" by reducing corporate taxes. Loughheed's Economic Resurgence Program of May, 1982

gave incentives and royalty forgiveness to the oil industry at a cost to Albertans of \$5.4 billion from 1982-1985.

Government support of health care is showing signs of weakening.

Since 1968 and the passing of the Medical Care Act the position of the federal government has been one of official support for universal accessibility to medical care. Ottawa allocates funds to the provinces to aid in the equal delivery of health care services. However, despite strong protestations to the contrary, Ottawa's commitment to publicly finance universal care shows critically dangerous signs of weakening.

In order to support our current economic and social systems in which the government constantly uses deficit financing to bail out the private sector, Ottawa's politicians will eventually find themselves with their backs against the wall.

When the hour comes to pay back the country's enormous debt, with pressures from the provinces and an unrelentingly strong lobby force from the private sector, important component parts of our medical system might easily be sold to the highest bidders. And whose bids could possibly be higher than transnational health care corporations with their "management expertise" and successes and, of ultimate impor-

tance, their backing from international finance capital? With the buffer in capital these companies bring with them, and with their chain-hospitals (like chain-hotels) management systems, these corporations can make investments and take risks far beyond the scope of either municipal administrations or provincial and federal governments.

Hospital corporations have arrived on the Canadian scene

American Medical International has been wooing the Canadian market for three years. The wooing paid off. AMI is getting in, starting in Hawkesbury, Ontario.

January 1, 1983 the Board of Governors of the Hawkesbury District General Hospital gave to AMI all management rights and responsibilities over the hospital for 12 years. AMI will be paid a minimum of \$300,000 per year.

Hawkesbury General had run up a deficit of \$200,000 and wanted to build a new 116 bed hospital. The Ontario Health Ministry put in two-thirds of the capital cost but the hospital needed \$6 million more and the provincial government refused to act as loan guarantor. The Ottawa General was willing to do the management contract as it was already providing Hawkesbury General with laboratory and consulting services. Ottawa General needed only a loan guarantor to secure the loan for that critical \$6 million. Still the Health Ministry would not

Without spending a copper penny, AMI got the hospital, a salary and percentage of the profits.

budge. In no way would it back the Ottawa hospital's bid. And no bank would make a loan to Hawkesbury. Until AMI stepped in. With AMI as guarantor Hawkesbury got its final \$6 million. The result: Ontario invests \$12 million, Hawkesbury General \$6 million, and AMI without spending a copper penny, gets the hospital, a salary and percentage of the profits.

In contrast, the Ottawa General's offer would have guaranteed the Ottawa hospital a minimum annual return and percentage of profits to a certain level. As profits climbed, the Ottawa share would drop to give Hawkesbury more incentive to improve efficiency. The government's choice not to support the Ottawa General's bid assured that Hawkesbury would be privatized.

AMI will use an operating strategy of saving and selling. It will cut hospital expenses 11% annually by 1985 and sell services to the community to increase profits. If AMI saves more than 11% it will take 50% of those extra dollars. (It may be worth mentioning that corporations ensure that contracts are drawn up to their distinct advantage, therefore it only stands to reason that they plan to cut beyond 11% thereby adding to their corporate wealth.)

An estimated 80% of the savings will be staff cuts. By 1985 at least 10% of staff positions will be lost, mostly through attrition, and although AMI doesn't plan to lay off, "we may retrain some of them for other work".

Such corporations view hospitals and patient care as a business, not a service.

Chief Diener refers to traditional hospital management procedure as a "bed derby". AMI will arrive with big changes: "The investor-owned sector was facility-dominated in the 1970's. Now we're entering into a market driven

era. We can't continue to cater to the in-patient. Now we have to become a health care centre providing care throughout the community." Diener doesn't mean 'providing' he means 'selling'. And the delivery of health care means the delivery of high technology health care services.

It has likely become apparent that there is a large omission throughout the above discussion, an omission that UNA nurses will be quickly sensitive to and greatly frustrated by. The entire question of quality patient care and quality professional services is so irrelevant to the medical corporate machines that the thought is almost non-existent. We are dealing here with people who view hospitals and patient care as a business, not a service. And that's a mighty big difference. If quality care is sometimes the result, that will be fortunate, but it is not the reason these people are in business. They enter the business for profits, and allow no tampering with that motive. Corporations are making it clear they want to hire a new breed of university administration graduates and are presently concentrating on establishing "corporate personnel hierarchy" and working to "inculcate the new employees with the corporate culture".

The first to feel the effects of privatization will be hospital staff

The business motive for operating a hospital will set management in direct and overt opposition to the interests of the nursing staff. UNA has long been aware that quality care and working conditions are inseparable aspects of the same issue. AMI swaggers with pride about its 'considerable economic power' over hospital staff. A 1980 nursing strike at all three AMI hospitals in San Luis Obispo County, California, "met with little success in . . . negotiations with the powerful AMI over wages, staffing levels and suggested improvements in patient care", says AMI's annual report.

Grace Hartman, President of CUPE, made her union's position clear on the takeover of Hawkesbury General by AMI. She wrote to Monique Bégin, federal Health and Welfare Minister, that the five criteria listed in the Medical Care Act could be breached by the hiring of a profit-making foreign firm to run hospitals in Canada: comprehensive coverage, reasonable access, universal availability, portability of benefits and administration on a non-profit basis.

The question is how strenuously the federal government will fight for each principle of the Medical Care Act. In response to its successful bid for the Hawkesbury General, AMI's Canadian President said, "there will be others". AMI is in the process of negotiating for 10 more Canadian hospitals in Ontario, British Columbia and Alberta.

The issue of privatization includes more than just ownership of hospitals

In 1968 Harold Livergant founded Extencicare Ltd. of Toronto. Extencicare now owns or manages 40 nursing homes in Canada, in-

The threat of PRIVATIZATION

The top ten health care providers

Revenues* (millions)		Total hospitals worldwide		Total hospital beds worldwide	
1. Hosp. Corp. of Amer.	\$2,064	1. Hosp. Corp. of Amer.	353	1. Hosp. Corp. of Amer.	51,386
2. Kaiser Foundation Hosp./Health Plan	\$2,000	2. American Medical International	104	2. Humana Inc.	16,337
3. Humana Inc.	\$1,704	3. Humana Inc.	90	3. American Medical International	16,505
4. NYC Health & Hosp. Corp.	\$1,358	4. National Medical Enterprises	60	4. NYC Health & Hosp. Corp.	8,027
5. American Medical International	\$1,117	5. Advanced Health Systems	48	5. National Medical Enterprises	7,952
6. National Medical Enterprises	\$892	6. Lutheran Hospital & Home Soc.	44	6. Kaiser Foundation Hosp./Health Plan	6,380
7. Sisters of Mercy Health Corp.	\$547	7. Fairview Comm Hosp./Brim & Assoc.	38	7. Sisters of Mercy Health Corp.	5,813
8. L.A. Dept. Health Services	\$427	8. Lifemark Corp.	36	8. Lifemark Corp.	4,919
9. Sisters of Charity Incarnate Word	\$403	9. Charter Medical Corporation	30	9. Sisters of Charity Incarnate Word	4,286
10. Holy Cross Health System Corp.	\$306	10. Kaiser Foundation Hosp./Health Plan	30	10. L.A. Department Health Services	4,071

Modern HealthCare/May 1982

cluding 15 in Ontario and another 38 in the U.S. But, says President Livergant, fortunes are not to be made in individual nursing homes and to a limited extent he sees the future direction for his company in taking over direct management of hospitals. His major plan, however, is ownership of chronic care homes (where, nicely for Livergant, people don't recuperate very quickly).

Nursing homes income is limited by government subsidized fee structures and by occupancy levels, so Extencicare is seeking new income sources. "One of the ways we are going to expand the business is through the management of chronic care hospitals," says Livergant and he anticipates that his company will likely provide the first corporate funding — on a profit-making basis — for chronic care hospital units in Canada.

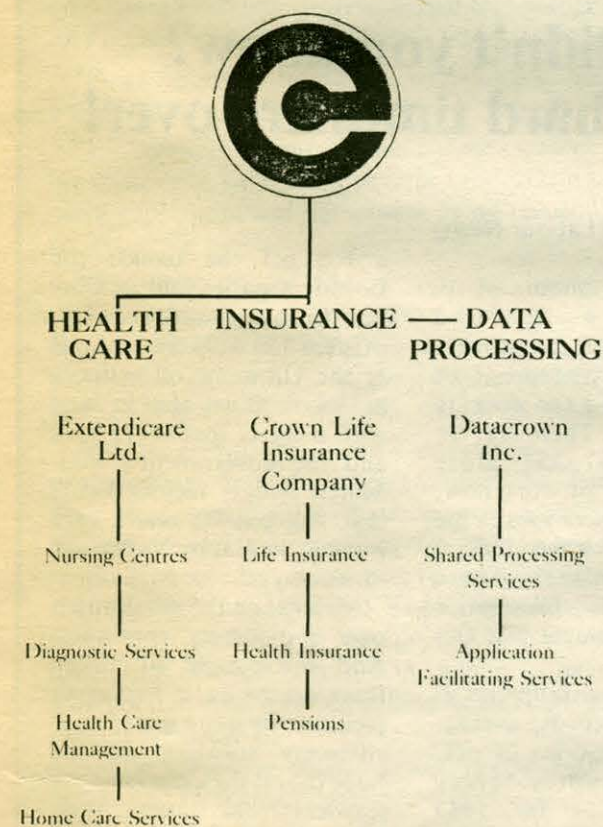
Livergant plans to exploit the "greying of North America" which Extencicare told its shareholders in 1982, "presents a positive long-term outlook for our health care service businesses. By the year 2000, there will be more than 15 million people over the age of 65 in North America. Ten years after that, the post-war baby boom generation will be retirees".

Extencicare owns 92% of Crown Life Insurance Company, with assets of \$2.83 billion, and also has significant investments in communication and advertising agencies.

Extencicare is now in a prime position to build or bargain for new acquisitions as the company has cash available, primarily through setting up a partnership with a Dutch insurance company, Ennia N.V. of The Hague. It sold 21.8% of its voting shares for \$79 million to Ennia and "certain Luxembourg investors". This transaction increases Extencicare and Crown Life's business in Europe, the Middle East, North Africa, the U.S.,

Spain and the Caribbean. The transaction also provides a foreign company with a large interest in Extencicare's Canadian operations.

Extencicare Corporate Organization



In Saskatchewan, Extencicare's facilities were "grey-listed" by S.U.N.

The Saskatchewan Union of Nurses finally got a new contract from Extencicare after 115 nurses in seven Extencicare-owned or managed nursing homes went 15 1/2 months with no contract. In March of this year, SUN was forced to place a "grey-listing" on Extencicare as an "undesirable employer" and on its nursing homes as "not recommended places in which to take a job."

The action was taken when negotiations suffered a total breakdown in February of 1983. For six months Extencicare had stalled on dates, cancelled dates and imposed preconditions on

SUN and threatened not to return to Saskatchewan at all.

June Blau, president of SUN, said the nurses were bitter and angry, "given a lot of responsibility for giving and supervising patient care, but are not being taken seriously when they attempt to bargain an agreement."

SUN had extreme difficulty in getting to the bargaining table such issues as staffing levels for safe resident care. Seventy-one items, mainly related to quality of care, had been outstanding for much longer than a year. These issues were the ones that Extencicare was especially unwilling to discuss.

In mid-April, due to the grey-listing action and publicizing their treatment under Extencicare, SUN was able to get the company back to the table and ratified the Collective Agreement. (see SUN story, page 11 of this Newsbulletin).

SUN's experience is crucial in order to see the writing on the wall if privatization of Canada's health industry continues. With further expansion by corporations like Extencicare, their power not to bargain will likewise increase.

Statistics show that privatization is not as efficient as our present system

In Canada, the cost burden of universal health care is going down. Since 1970, with every province just newly in the medical care program and considering all the organizational work necessary to put Medicare into effect one would logically expect to see a rise in costs in its infant years. But statistics bear out that the reverse has been true. The expenditures to run the universal plan have not been taking all the nation's income. Our health system is not a runaway system. We have in fact a cost-effective system.

The Americans, on the other hand, have anything but a cost-effective system. And when governments and hospital boards speak of the privatization of hospitals, and when Alberta's Health Minister Dave Russell talks of "user fees", what in fact is meant is the Americanization of Canada's health care system. And there is no economic justification that a health care system run in the interests of private enterprise can do a better job than our own public system.

Under government control, health care is accountable to the public, with input and under the scrutiny of the people of the provinces. Under the private system, health care is accountable to

no one except the corporate accountants who will never divulge information to the public.

In the U.S. the government opts out and a multiplicity of third-party interests opt in. Private insurance companies, private health corporations take over, passing on ever higher costs to the citizens, taking up much more of the GNP and personal income than occurs in Canada even though millions of Americans have no health coverage at all. This is a health system Canadians should copy?

Rather than privatize, the health care system should decentralize

If health care costs have increased in Canada on a dollar basis they have decreased on a per-capita income basis. Privatizing health care will not have a downward effect on the cost of medical services as long as physicians control admissions, choose treatment and control length of stay. Some doctors use more expensive treatments with no better outcome than their counterparts. One solution worth considering is that the information on the costs of running a quality care hospital could be decentralized to the local level. Figures could be analyzed by nurses' union, hospital staff unions and physicians and compared with the cost structures in other quality care hospitals. Sharing in administrative decisions could then include those more directly involved in daily patient care, who would know what the general and specific costs are of what they are treating.

"Super bureaucrats" keep a tenacious grip on the data in order to keep a grip on their power. Often they will provide important information to the corporate sector, but not to the hospitals or the public sector. As a result our medical system has wretchedly little with which to defend itself against the onslaught of the transnational companies who view the Canadian health territory as lucrative in the extreme.

As one health economist has aptly expressed the issue — "any fool can reduce the costs of health care by reducing the quantity and quality of the service".

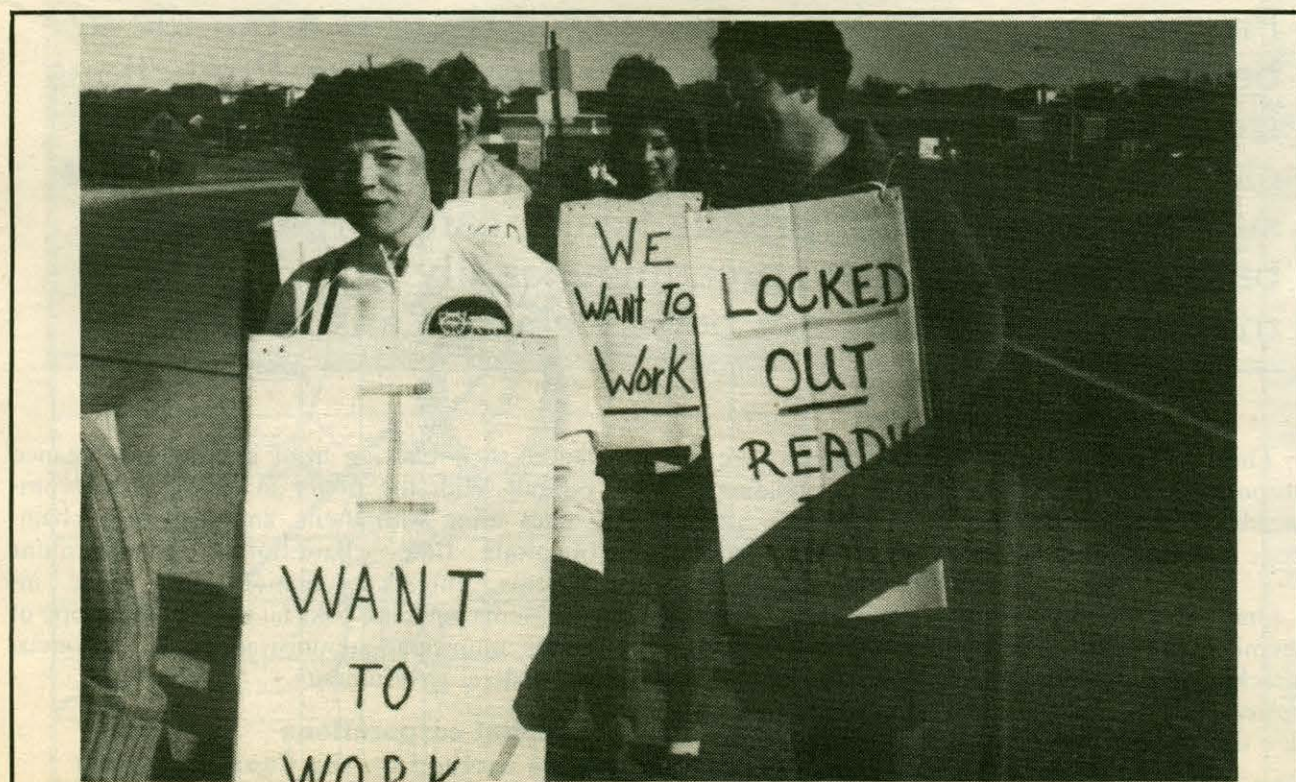
One thing for sure will occur for nurses. With the takeovers of Canadian hospitals by international chains, nurses would be put under international management groups and end up sharing common professional experiences with "sister" nurses in the four corners of the world in ways they never anticipated.

Total Health Expenditures 1970 - 1980

Percentage of personal income (before income tax)

U.S.A.	1970	1975	1980	% Change
Total Health Expenditures	9.21	10.49	11.44	+ 24.2
Hospitals	3.43	4.12	4.61	+ 34.0
CANADA	1970	1975	1979	% Change
Total Health Expenditures	9.40	9.07	8.92	- 5.1
Hospitals	3.44	3.65 <small>(Peak year)</small>	3.56 <small>(Dropping since 1975)</small>	+ 3.5
ALBERTA	1970	1975	1979	% Change
Total Health Expenditures	9.81	8.83	8.99	- 8.4
Hospitals	3.63	3.55	3.22	- 11.3

STATS: "National Health Expenditures in Canada 1970-1979", Health and Welfare Canada.



AMI swaggers with pride about its 'considerable economic power' over hospital staff. A 1980 nursing strike at all three AMI hospitals in San Luis Obispo County, California, met with little success in negotiations with the powerful AMI over wages, staffing levels and suggested improvements in patient care.

The Unemployed are Organizing

By December 1982, after more than a year of the most serious depression since the 1930s, the official unemployment rate had climbed to 12.8% or 1,533,000 Canadians.

Over 614,000 (40.1%) of these are young people between 15 and 24 years of age. Many have been unable to find their first real job. Over half the unemployed (53.3% or 817,000 people are between 25 and 54 years old — the prime working and family-raising years of life. The remaining 102,000 (6.6%) are over 55 years of age.

By the end of summer 1982, 16.6% of the total jobless had been unemployed for 27 to 52 weeks. Over 1 million families had at least one unemployed member. In one out of three of these families it was the main bread winner who was without work.

As bad as it is, this is only the official picture of unemployment. It doesn't include the "hidden unemployed" — those people who want jobs but have given up looking because there aren't any.

Statistics Canada's most recent study of hidden unemployment found another 407,000 people who are available for work but haven't been able to find it. These people aren't listed in the "official" unemployment statistics.

In other words, *real* unemployment is one-third higher than the official picture: the actual employment rate is closer to 17%, or over two million Canadians out of work.

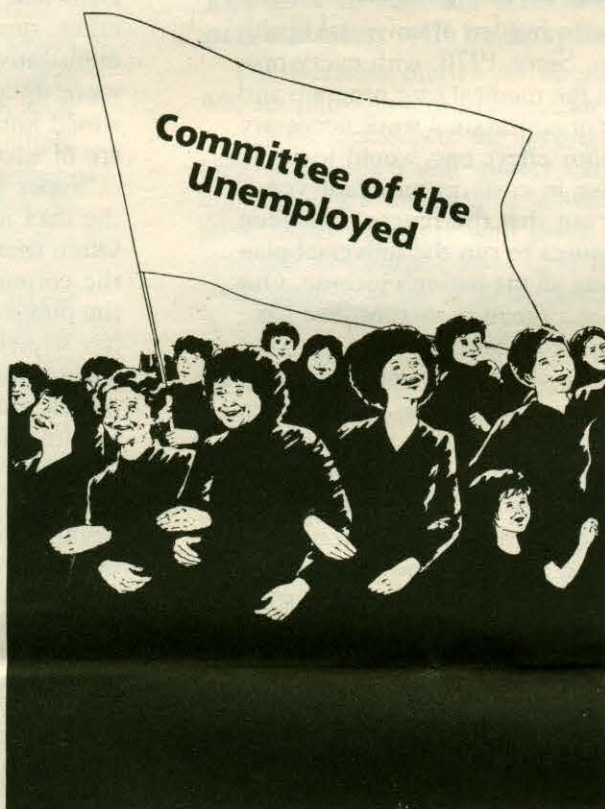
In response to being out of a job, broke and feeling self-defeated, many unemployed people are organizing and joining unions or committees for the unemployed. As in the 1930s, these people are coming together to end their sense of isolation and to fight the injustice of an economic system

that can't provide a productive life for people who just want to do an honest job and be assured of a little security.

Edmonton

The Committee for the Unemployed is less than two months old and already they have held demonstrations at city hall and the legislature, they've organized lobby and research committees and plan to work to raise the level of awareness of the "common

folk" who are afraid to stand up for their rights. The Committee's long term goal is a social one — to change the basic structures that create and maintain a constant class of unemployed. The Committee plans to build popular support, research the facts on unemployment, labour, and social questions and present the government with plans for alternative policies.



unemployed workers from both organized and unorganized workplaces, is supported financially by labour unions, labour organizations and church groups and will soon open a permanent drop-in centre.

Saskatoon

The Saskatoon Union of Unemployed Workers is producing a report on unemploy-

ment in Saskatchewan, developing its internal service programs and planning to participate in a nationally called demonstration on May 28, 1983 to commemorate the "On to Ottawa Trek" of the early '30s. SUUW is strengthening its advocacy role on UIC, welfare and debt, to assist the unemployed in understanding their rights, what options are open to them and other agencies that can help them out. The union, which is open to

unemployed workers groups are also active in Regina and Prince Albert.

SUUW President Brian Krempien says unemployed workers are organizing across the country because unemployment is here to stay. Contrary to popular misconception, unemployment is not the result of mismanagement but is the result of the government trying to maintain the present market economy in which the only way to get out of the recession is to create unemployment. The result is that the depression is lifting for the giants of the corporate sector but people aren't getting their jobs back, says Krempien, because the system cannot support both corporate profit levels and full employment.

Niagara Falls

When Prime Minister Trudeau went to Niagara Falls, Ontario recently, he was greeted by jeering members of that community's Union of the Unemployed. The union had requested a meeting with the PM in order to present a brief. Trudeau turned them down so the unemployed organized a public demonstration. In Niagara Falls 9,000 workers out of a population of 71,000 are out of work.

Toronto

The Labour Council of Metro Toronto is opening three unemployed help centres to advise unemployed workers on how to make claims and appeals on unemployment insurance and welfare, and to refer people to social service agencies. The Council wants to organize support groups.

New Westminster, B.C.

The Unemployed Action Centre has given out 5,200 bags of food since it was set up in December. The centre is a last refuge for people with nowhere to turn. "By the time people come to us," says the co-ordinator, "they are frustrated, angry and some are just plain beat."

The New Westminster centre is one of 27 in B.C. set up through the efforts of the B.C. Federation of Labour and local labour councils. The centres are staffed by volunteers who offer direct help on problems with unemployment insurance and social assistance claims. They also direct people with personal problems to other community services.

Six centres have a food bank operation like the one in New Westminster, and eight others run food co-operative purchasing schemes.

There are two food distribution days each week at the

New Westminster centre. The food is donated or purchased with donations, mostly from unions. For example, the workers at a bakery donate 400 loaves of bread a week to the food bank.

The food is parcelled into bags, with a retail value of about \$25 apiece. The centre gives away 300 bags each week.

There are 2,000 people registered for the food giveaway. Union membership is not necessary to qualify for free food. McMillan says the only requirement is that people satisfy centre staff of their need.

People are allowed one bag of food every two weeks.

"There's always 20 to 25 new registrations each distribution day. That means if people can get by on their own they will."

"There's always a drop when the welfare cheques come out, too. So, when people have money, they use it to buy food."

McMillan says the morale around the centre is good. Working at the centre helps the unemployed from "going stir-crazy with nothing to do", says McMillan.

There is no real pleasure in the jobs at the centre. It's the kind of thing they wish was not needed.

Didn't you know? The hard times are over!

by Skip Hambling
OTTAWA — (Labour News)

While rumours of recovery rebound around corporate board rooms, the proof of recovery is hard for working people to find. There are, for example, 197,000 more Canadians out of work now, and 378,000 fewer jobs in the country than when federal finance minister Marc Lalonde made his major economic statement last October.

Individual bankruptcies in 1982 broke records, averaging 123 declarations of personal bankruptcy every working day. So far, 1983 bankruptcies are running ahead of 1982.

In some provinces the layoffs have almost stopped: "There haven't been too many in the last few weeks," says Quebec's Federation of Labour, "but then, there's been so many."

In Saskatchewan, the provincial government continues to announce staffing cuts, most recently 120 jobs in the Saskatchewan Government Insurance crown corporation.

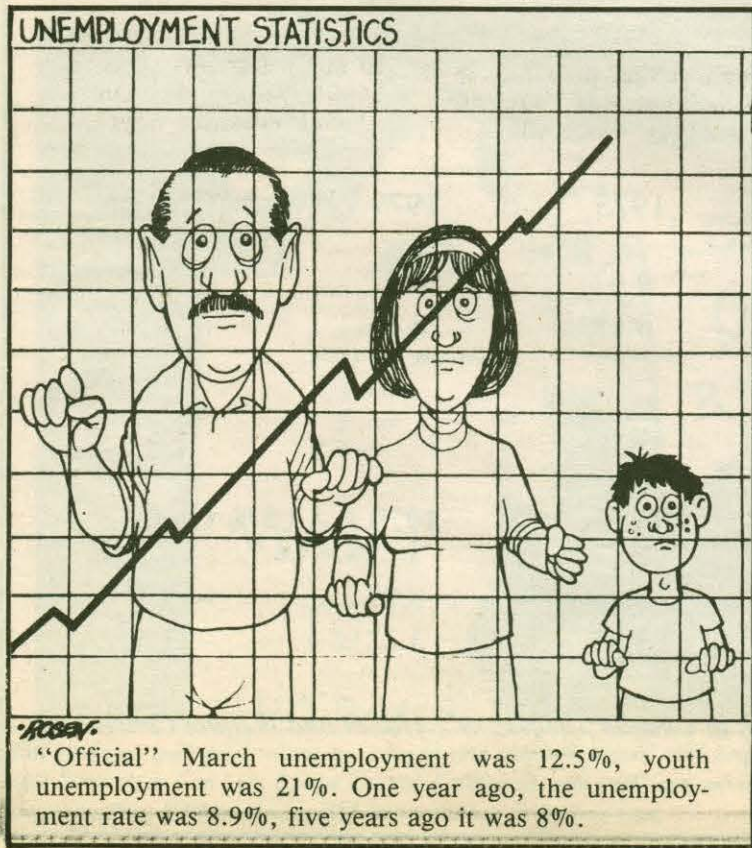
And in Newfoundland the bad news keeps rolling in like

a fog off the banks: the Bowaters paper mill in Corner Brook announced layoffs for 750 workers on April 1; the Ultramar oil refinery at Holyrood will shut in June with a direct loss of 75 jobs and the government's mid-March budget included cuts that will put 90 health care workers in Happy Valley out of work.

Meanwhile the deathwatch over the fishery continues. And the people of Green Bank on the Burin Peninsula continue to stand guard over company trawlers, in the hope that if they can keep the trawlers from leaving, their jobs might stay too.

Labour leaders agree the only meaningful sign of recovery will be people going back to work. And all the economists are agreed that, while corporate recovery is at hand, unemployment is likely to remain at dismally high levels into 1984.

The worst may well be over for big business as wage settlements have dropped even below the 6-and-5 federal guidelines. Business got what they wanted, and their recovery has begun. Labour is still out of work.



NATIONAL UPDATE



SUN's grey-listing brings Extendicare to bargaining table

On March 18/83 the Board of Directors of the Saskatchewan Union of Nurses voted unanimously to brand Extendicare as an undesirable employer. SUN "grey-listed" five Extendicare-owned nursing homes and two Extendicare-managed nursing homes in an effort "to warn nurses who may seek employment in these homes that they are not recommended places in which to take a job."

SUN decided on the grey-listing strategy following six months of having Extendicare refuse to bargain in good faith. The Toronto firm would not agree with the union on bargaining dates, frequently stalling and cancelling. Moreover from Toronto, Extendicare presented SUN with ultimatums that they wouldn't come to Saskatchewan at all unless the union agreed in advance to specific preconditions in the second year of the contract. The 115 nurses employed by Extendicare had been without a contract since December 31, 1981, and June Blau, SUN president, said they were "confused, bitter and angry."

The grey-listing held until April 13, 1983. First, a tentative agreement was reached on the Frank Eliason Centre in Saskatoon, but the grey-listing was kept in force at the Saska-

toon Sanatorium, and the five Extendicare Homes Ltd. in Moose Jaw, Saskatoon, and Regina. A tentative agreement with the five homes was reached late in the second week of April and finally, on April 13, 1983, the nurses at all seven places of employment ratified the Collective Agreement.

The term of the agreement is January 1, 1982 to December 31, 1983, and provides for general wage increases in 1982 of 13.1% for a newly-hired nurse to 16.6% for a nurse who has worked six years at the Home. Other provisions include 50 cents an hour shift differential in 1982 and Head Nurse rate increases of 14.8% - 16.3%. The latter does not provide parity with hospital Head Nurses but represents a significant move towards that goal.

In 1983 the wage increase is 7% across the board, with a 3 cent per hour increase in shift differential. The nurses will receive an extra statutory holiday (June 20 this year - to become Easter Monday in next and subsequent years.)

The important issue of minimum staffing and resident care policy concerns was addressed successfully at the bargaining table. Senior management representatives and SUN will meet to begin dealing with the resident care issues raised during negotiations.

Wage Controls

Health care is under sharp attack. In the province of Ontario alone, approximately 1,300 full-time CUPE positions have been eliminated during the past five years. The declining staff complement and deteriorating care offered patients were major factors precipitating the province-wide hospital strike in Ontario in 1981. Now the Ontario government has introduced wage controls, and the legislation even suspends interest arbitration as a means to resolve non-monetary issues for hospital workers.

We have learned some important lessons during the past few years.

Perhaps most importantly, we have developed a strategic framework which may well be

applied and adopted by many government unions.

The strategy we have developed is based on the practical realization that job security for public employees is inextricably connected to a defense of the public sector and the promotion of public sector policies and programs which actually meet citizens' needs.

In part this is a defensive strategy, for we know that the assault on public employees is predicated on the belief that distrust can be created between public employees and the citizens we service. But it is also a positive strategy, one which allows us to begin to promote a positive version for the future, one which conforms to the social and democratic needs of ordinary citizens.



BCNU accepts contract

British Columbia's hospital nurses voted on April 12th to accept a three-year contract that is retroactive to April 1, 1982, and expires March 31, 1985.

The settlement is for 14,000 nurses. 119 polling stations were set up across the province to take the vote but the vote tallies are being released by the B.C. Nurses' Union.

The nurses' ratification vote is the first part of a process that includes a mail ballot referendum of 119 hospitals. They have until May 10, 1983, to return ballots to the Health Labour Relations Association.

The two sides concluded the settlement late last month, and monetary items for the first two years are subject to approval by Compensation Commissioner Ed Peck. They include:

- a) a lump sum payment of \$70 for each month worked from April 1, 1982, through October 31, 1982;
- b) an across-the-board increase of eight percent retroactive to November 1, 1982; and

c) another increase of five percent on July 1, 1983.

If ratified by the hospitals and approved by Peck, those factors would raise the start rate for a general duty nurse from \$11.65 an hour as of March 31, 1982, to \$13.21 an hour on July 1, 1983.

Wages for the third year would be negotiated as of April 1, 1984, when the hospital nurses are no longer under government controls. Also on April 1, 1984, the nurses' work week would go from 37.5 hours to 35 hours —

if a similar reduction is achieved by the Hospital Employee's Union. If the shorter work week isn't implemented, the BCNU contract would be reopened on that date for renegotiation of other benefits.

Besides general hospital nurses, BCNU represents another 2,500 nurses working directly for the provincial government, for long term care facilities, for municipalities and for other employers.



Political Theatre

Artists and Labour work together

by J. J. Forrestal
Labour News correspondent

TORONTO — Entertaining, stimulating theatre for working people, easy to reach and at the right price. These are the aims of Mixed Company, a new Toronto theatre troupe.

It's new play, *Life on the Line*, is a musical satire that looks at unemployment, working life, the nuclear threat and politics.

Steven Bush, the star and co-author, walks a line on stage that represents both the assembly line and the tight-rope between security and unemployment.

Bush is a member of Mixed Company, which has sought the participation of labour groups including the United Electrical Workers, the Steelworkers, the Canadian Union of Public Employees and the Canadian Labour Congress to reach working people.

The troupe plans to bring its productions to union halls and community centres instead of staging them only in traditional theatres.

"We want to give professional theatre makers who aren't getting their fair share of audience and those members of the public who aren't getting their fair share of theatre a chance to get at each other," he explains.

The CLC hopes to have the play at its summer courses at the United Auto Workers education centre in Port Elgin, Ontario.

"Too often the arts community goes back to labour images that reflect the organizing days of the 1930s and 40s because that's how it sees the labour movement. This play attempts to reflect the current image and what is truly going on with working people today," says CUPE.

Bush is part of the newly-formed Labour Arts and Media Group in Ontario, which is exploring ways artists and labour can work together.

— Canadian Association of Labour Media

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From outside Edmonton

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WOMEN'S ISSUES

Equality means more than just words, it requires action.

CLC Equality Conference

Women want less talk and more action!

QUEBEC — The Canadian Labour Congress equality conference was more than a talk fest — but just how much more seems hard to say.

That's what has more than one of the 526 female unionists who attended the conference worried.

Carol Coplea is a staffer with the Canadian Union of Postal Workers. She says while it was "really great to get together with union women from across the country" she was looking for more.

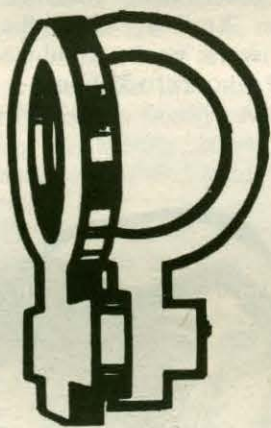
The problem, says Coplea, was that it didn't seem anyone would be accountable to the conference for the recommendations. "you got the feeling we were going to do all this work, but nothing would be done with it."

Penny Bertrand, a Public Service Alliance of Canada member, welcomed the chance to "make connections with other women." She would have liked the wide-ranging discussions to have been more focussed on specifics that could lead to change.

Jane Stinson, a Canadian Union of Public Employees staffer, was a workshop leader. She says she has "mixed feelings" about the exercise. "The conference was organized to be an ex-

change of information, and that, in itself, can be useful. But many people wanted more."

The frustration with the current situation led some of the participants to propose that conference recommendations be automatically taken as resolutions to the next CLC convention and that members of the CLC Equality Committee



be elected rather than appointed as they are now.

CLC Women's Bureau director Carol Aitken says concerns about accountability are misplaced. She says the existence of the conference was an affirmation of the Congress's recognition of the importance of women's issues. "The conference reinforced the fact we are part of a movement," says Aitken.

Aitken says the process

has worked in the past to have resolutions on affirmative action, day care, parental leave, equal opportunities and sexual harassment put before the full CLC convention.

She acknowledges the structure of the next conference probably will be changed.

— Canadian Association of Labour Media

Maternity Gains

LISBON, PORTUGAL — Two farm workers' unions in a major agricultural district here have signed new two-year contracts guaranteeing pregnant farm labourers 12 weeks of paid maternity leave.

— Canadian Association of Labour Media

ENDING THE SILENCE



A Conference Exploring Violence Against Women

May 27-29, 1983
University of Alberta
Edmonton

For general information contact:

Alberta Society of Women Against Violence
9926 - 112 Street
Edmonton, Alberta
Telephone: 488-8863

Conference fee:

\$0 - \$75.00
(Suggested minimum - \$30.00)

HEALTH & SAFETY

At last, a handbook on workplace health written for workers.

Canadian Occupational Health and Safety Law Handbook, by Michael Izumi Nash, CCH Canadian Ltd., 344 pages, 1983, \$15 (paperback).

This new handbook on workplace health is unique — it's written for workers. As well, the book covers all 12 jurisdictions — the provinces, territories and the federal government.

The *Canadian Health and Safety Law Handbook* focuses on workers' legal rights to a safe workplace and what they can do to correct hazards.

It is a valuable guide for workers, for doctors, lawyers and health and safety committee members. In

clear, straightforward language it advises:

- What information and warnings must employers and employees give each other?
- How do health and safety committees work, and what is the legal liability of their members?
- Who can refuse unsafe work?
- What is the extent of the government's authority, and what information is available from government?

Author Michael Izumi Nash is a Hamilton, Ont., lawyer. Nash outlines how to determine which laws govern various kinds of workplaces. Where the law is deficient, he offers suggestions on how bargaining might rectify the defects.

The handbook serves as a useful, short course on what can be done within the law to improve working conditions.

The book is a project of the Canadian Environmental Law Research Foundation.

— Canadian Association of Labour Media

Accident Prevention saves \$\$\$\$

NEW YORK, NEW YORK (Labour News)

What's accident prevention cost? About \$140 a worker, according to a study by the Council on Economic Priorities.

The research group reviewed safety regulations that came into effect in the United States in 1972 and their impact on the chemical industry through 1979. In that period accidents declined 23%. Regulations cost the companies about \$140 a worker for inspections, training and safety equipment.

Some 90,000 lost-time injuries and illnesses were prevented through government regulation in the chemical business, the study says.

— Canadian Association of Labour Media

Summer School



for Women Organizing

June 17 - 26, 1983
Silver Creek Ranch,
Water Valley
(approx. 110 km. NW of Calgary)

We invite you to get involved in planning or contributing to the work. This is an opportunity for women from all parts of Alberta to contribute resources, ideas and skills as Summer School organizers, as resource persons and as participants. Please contact us, indicating your skills and interests. Correspondence can be mailed to:

Janet Maher
10936 - 87 Avenue
Edmonton, Alta. T6G 0X3
433-3229 or 432-5288

Julie Anne Le Gras
11460 - 95 Street
Edmonton, Alta. T5G 1L4
474-1270 or 424-3073

Suicide Prevention and Bereavement

Dr. Mark Solomon, former Provincial Suicidologist and member of the Canadian National Task Force on Suicide is conducting a full-day workshop on suicide prevention and bereavement. The workshop will be held in Edmonton on May 17, 1983. The \$50.00 registration fee includes a buffet lunch.

For registration information contact: Linda at #314, 9707 - 110 Street, Edmonton, phone 488-7264.

LABOUR NOTES

CANADA: employees prepare to fight back.

National unions dig in against wage controls

Ottawa

The conflict between public service unions and their employers is turning serious — and that's just the way the unions want it.

In the year since the federal government — and most provincial governments — imposed wage restraint most unions have used traditional tactics to embarrass or inconvenience their employers.

The unions have used membership rallies, demonstrations, advertising, buttons, T-shirts, petitions and letter-writing campaigns. Still the governments have persisted. Now the unions are preparing to do pitched battle with the governments.

The Quebec teachers lead the way. They joined with the other major labour centrals in Quebec in late February to defy government legislation and go on strike. They stayed out on strike, even in the face of Bill 11 — a law that threatens harsh reprisals against the union and its individual members.

The teachers went back to work in March but vowed they would be back out on the street. Spurred on by the teachers' example, other Quebec unions renewed their commitment to battle the government.

"This is going to be a real battle, not just a battle of picket lines," said Louis

Laberge, president of QFL's 350,000 members.

CUPE is already well into its all-out effort. In October the union installed Clarence Dungey in Toronto as full-time co-ordinator of the fight-back in Ontario.

Dungey, a CUPE national staff representative, has 30 years experience in union work. He has approached the Ontario project like a military campaign.

The objective is to raise the political consciousness of CUPE members at the local level, says Dungey. Once that is done they can, and will, carry on the fight on their own.

The proof of that, says Dungey, came in Cornwall in January when CUPE members carried out a 14-hour sit-in to protest the passage of Ontario's wage-control legislation.

"There will be a lot more Cornwalls," says Dungey.

Dungey's program does not focus on the economic injustice of wage restraint. Rather, it is built around the history of the union movement: how long and hard the fight for the recognitions of basic civil rights was, and how pay-controls take those rights away.

CUPE has prepared both educational films and radio messages and intends to repeat its Ontario effort across the country.

The Ontario Public Service Employee's Union is looking to carrying on the fight beyond the controls period.

John Ward, the communications director for the union, says the wage controls experience has led the union to understand the need for a "comprehensive program" of political education not limited to the fight on wage controls.

OPSEU has also launched two challenges in the courts over the legality of the Ontario law.

The Public Service Alliance of Canada is working on internal information and education. For example, February 15th was Solidarity Day for the union. Each local across the country was encouraged to hold a special meeting to concentrate on restraint legislation, union rights, safety, and technological change.

The union urged its 56,000 clerks to file grievances in December when the federal wage-control program cut their negotiated 12.3% salary increase in half.

The government had been swamped with 8,149 grievances by February and appealed to the Public Service Staff Relations Board for relief. The board said the union has a right to file the protests. Meanwhile the grievances continue to roll in.

— Canadian Association of Labour Media

Tribute to a striker



Union members gather with flowers and a black flag outside strike-bound Alcan Building Products in Toronto. They paid tribute to striker Claude Dougeen who died under the wheels of a tractor-trailer that crossed the picket line on Saturday.

UNA telegraphed Roy McMurtry, Attorney General of Ontario:

The United Nurses of Alberta demands the Ontario government to immediately pass legislation declaring illegal the presence of scab labour and strike breakers on work sites during labour disputes, strikes of lockouts.

UNA sends its sympathy to the family of Claude Dougeen, killed while on picket duty, and voices solidarity with his fellow employees of Alcan Building Products.

UNA is shocked that no charges have been laid in the death of Dougeen. We can only assume such lack of action to mean a statement of support by the Ontario government for the owners of the Toronto Alcan Building Products.

INTERNATIONAL: Third world unions stand up and demand action.

Teachers won't bow to IMF

KINGSTON, JAMAICA
(Labour News)

Public sector workers are straining the government's efforts to adhere to strict spending curbs demanded by the International Monetary Fund.

The 17,000-member Jamaica Teachers' Association has joined the line of public sector employees waiting at the door of the ministry of the public service for more pay.

The public service minister has promised 1983 will be a year for improved benefits, but over his shoulder is looming the shadow of the IMF.

Jamaica is about to enter the final year of a three-year pact with the IMF. In return for 650 million (U.S.) which the fund has agreed to make

available, the government has been told to keep public expenditures down.

Officials from the Washington-based IMF make regular unannounced visits to the island to ensure adherence to this and other conditions of the loan.

The teachers want wage hikes of between 20% and 50%, pension increases, compensation for injury on the job, new lunch, clothing and housing allowances, and better

physical conditions for the operation of schools.

Teachers earn an average of \$550 a month (in Canadian funds) before deductions such as taxes.

At a recent Civil Service Association meeting speakers who appealed for a "reasonable" approach were treated with hostility by the 2,000 militant civil servants in attendance.

— Canadian Association of Labour Media



Mexican labour says only nationalization will make the drug business safe!

MEXICO CITY, MEXICO
(Labour News)

The country's drug industry may be put under government control. As in Canada, the industry is dominated by multi-national corporations and is frequently accused of exercising a monopoly, evading taxes, unjustifiably increasing prices and saturating the market with unnecessary products.

Because of this, labour organizations, including the influential Mexican Workers' Confederation have suggested nationalization of the industry.

According to a recent study by economists in the ad-

ministration of president Miguel de la Madrid, the dominance of the industry by foreign firms has brought a series of ill effects.

The World Health Organization recognizes only 2 basic medicines, but some 16,000 drugs are sold on the Mexican market.

The health ministry notes that between 27% and 33% the cost of medicine is taken up in advertising expenses and promotional samples given to doctors.

The study concludes that state-run pharmaceutical industry could make fewer products less expensively.

— Canadian Association of Labour Media

VON Negotiations

The Collective Agreement for the Edmonton VON (Local 61) and the Calgary VON (Local 53) expired at the end of March 1983. Notices to bargain were duly delivered in mid-February.

The Calgary VON exchanged proposals at the beginning of March, and negotiated on three consecutive evenings. The Calgary VON hired lawyer David Laird to conduct the negotiations. This year, VON Board member Vivian Rabb attended the negotiating session along with the VON District Director, Olga Pawlowski. Both Rabb and Pawlowski participated in the negotiations rather than merely observing and this approach was welcomed by the negotiating committee.

Although no improvements in contract wording were achieved, there were no rollbacks either. The local was especially happy to preserve the requirement that "management shall exercise its control in a manner that is fair, reasonable and consistent with the terms of this agreement," in light in recent court

cases which decided that management does not have to do so unless the collective agreement specifically requires it.

The monetary settlement was for a 5% increase upon each of the six steps of the three classifications for one year, plus a signing bonus of \$300. This settlement was ratified by both the local and the VON Board.

Negotiations between UNA Local 61 and the Edmonton Branch of VON have not as yet been concluded. The Collective Agreement has been extended on two separate occasions by the parties to allow for continued discussions. While the issues in dispute are not complicated, negotiations regarding them have been hampered by outside influences affecting the employers economic stability. Currently the employer is engaged in discussions with various organizations that provide home nursing services and government in an attempt to rectify the situation. Future negotiating meetings are scheduled for May 16 and 17th.

Description and Performance Objectives of the Employment Relations Officer

DUTIES:

The Employment Relations Officer classification with United Nurses of Alberta is the working level union representative.

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

- a) provides a full range of union services (with, in a number of cases, the exception of contract negotiations) to assigned UNA locals and their members. In particular, the Employment Relations Officer will: prepare or assist in the preparation of proposals for collective agreement negotiations;
- present or assist in the presentation of proposals to locals;
- participate in the planning and preparation necessary before the commencement of collective bargaining;
- act on behalf of specific locals as collective bargaining spokesperson at the bargaining table;
- prepare or assist in the preparation of briefs for presentation to Conciliation Boards, Conciliation Commissioners or Interest Arbitration Boards;
- participate in ratification and strike meetings;
- assist locals and members in filing grievances;
- participate in the appointment of nominees to Arbitration Boards;
- prepare and present the union case before Arbitration Boards as assigned;
- interpret collective agreements to members, locals and employers;
- counsel members in matters outside the collective agreement;
- attend the meetings of assigned locals;
- b) co-ordinates or participates in organizing campaigns;
- c) contributes to and participates in the organizing and delivery of the union's education program;
- d) contributes material for publication in the UNA Newsbulletin;
- e) contributes to the planning activities of the union by recommending to the Chief Executive Officer objectives and plans within his or her own area of responsibility;
- f) may perform other duties as assigned by the Chief Executive Officer.

Key Policies passed at Executive Meeting



Layoffs and Cutbacks

The Executive Board established the following policy at the April Board meeting.

1. It is UNA's position that, while an employer has the right to layoff employees under our collective agreement, this right is subject to two (2) important conditions:

a) any layoff must result from a necessity to reduce the working force (i.e. the closure of beds);

b) layoffs must be in accordance with seniority (subject to the conditions outlined in section 15:03 of the provincial agreement).

2. Budget constraints do not constitute adequate grounds for layoffs or any reduction in nursing hours. Where any layoff occurs which is not accompanied by bed closures, a grievance shall be filed.

3. Where there are bed closures, any layoffs which are not in order of strict seniority shall be grieved.

4. Where nursing hours are reduced by attrition (failure to replace resigning employees) professional responsibility complaints shall be filed.

5. UNA will not consider any contract concession or alterations to prevent layoffs.

6. If any UNA member should be laid off, UNA will provide that member with assistance in obtaining unemployment insurance and the UNA local involved shall strictly monitor hospital compliance with sections 15:03 and 15:04 of the provincial government.

UNA Labour School

June 6 - 9 in Calgary

Levels I and II offered in Local Administration, Parliamentary Procedure, Grievance Handling, Labour Law and Influencing the Political Process.

There will be major plenary presentations on Professional Responsibility, Unions and the Economy and Collective Bargaining.

We will also have exceptional documentary films.

SPECIAL GUEST: Marie Campbell, doctoral student in nursing at the Ontario Institute of Studies in Education.

REMINDER to UNA hospital nurses: 1983 is a contract year, the contract expires December 31. All negotiation proposals must be in to the UNA provincial office by June 10, 1983.

Members of the hospital committee are:

NORTH: Hazel Paish

NORTH-CENTRAL: Barbara Surdykowski

CENTRAL: vacant

SOUTH CENTRAL: Dale Fior

SOUTH: Erwin Epp

along with Margaret Ethier, UNA President and Simon Renouf, UNA Executive Director

Ending the isolation and stress of the job

by Joanne Monro

Nurses have tended to rely on the evaluations from superiors to assess their own strengths and weaknesses — and such evaluations rarely provide for any follow-up mechanism or ongoing support system.

Despite the language of team work or team approach, what we often encounter is mainly still the traditional hierarchy under a new name. Each individual nurse is still caught in the same old double bind of being, at the same time, told what to do and yet held personally responsible for her actions.

The contradiction still exists. The nurse is still trained and indoctrinated with a philosophy of professionalism which tells her she is a responsible person who's decision may even mean the difference between life and death for her patients. At the same time, she must obey first and grieve later or face the possibility of discipline for insubordination. She is an employee as well as a professional nurse and co-worker. This contradiction often creates ongoing stress for nurses.

Alone in a crowd — the phrase seems descriptive. With all this in mind, I attended a workshop session recently at which the B.C. Teachers' Federation was explaining some innovative steps B.C. teachers had taken to help cope with stress.

The had tried three approaches:

Teacher Peer Support Groups(climate of mutual exploration and mutual helping),

Teacher Help Line(a telephone distress line, operated by teacher volunteers),

Employee Assistance Program(free professional counselling for teachers).

These approaches were offered in a context of no professional development funds at all in B.C. — no conferences, no in-services, no money for relief teachers.

The session I attended was on teacher peer support groups, the most innovative and most successful approach. The B.C. Teachers' Federation organized training sessions for group leaders with the ultimate goal of enabling participants to organize, facilitate and assess a small group experience for colleagues and to develop a structure geared to providing mutual support. Emphasis is on sharing experiences in different teaching situations, particularly on job effectiveness. In short, B.C.T.F. wants to help teachers learn a creative, and practical problem-solving process.

This approach recognizes that traditional programs often won't work because people fear they are admitting something is wrong with them. The peer support system is an alternative and concentrates on establishing a relationship among equals.

Symptoms of stress for teachers include: abuse of students (use of authority to

solve problems), which in their experience was more often a symptom of stress than a preferred mode of teaching, complaining and general unhappiness and low morale.

The B.C.T.F. critiqued the 'bringing in the experts' approach as it only makes a teacher feel more inadequate.

The Peer Support concept acts on the principle that it is important to build good relationships among teachers. To try and overcome the effects of established cliques and hierarchies, which make it harder to develop relationships, group meetings and retreats are recommended and stress is on the use of these relationships as resources.

Leadership is important especially in the beginning stages of the group. There should be more rather than less structure at the start because group members want direction. They need concrete goals, steps and stages, so the system the B.C.T.F. uses is to begin with a set format and gradually loosen up as the group develops to where it can determine its own structure.

The group leaders and the process are equally important. In some groups there may be an issue of confidentiality and most groups refer to the ethics of the Teachers' Association in respect to how they should relate to another teacher. It would be one of the functions

of the group at its inception to come up with its own ideas of how to deal with confidentiality. The strong feeling is that information revealed in the group is not to be used against any of the teachers. Some groups have determined that no administrators can attend. And in small schools the principal have been excluded. These groups do no record keeping and there is no taping.

At the present time the B.C.T.F. has no strict criteria for selecting group leaders. Selection is almost strictly voluntary although they do consider a person's history of involvement in professional development. Wanting help for oneself is not considered a bad motivation as it means the leader will participate rather than develop into a 'super teacher' type. Selection by reference has been discussed but is not the system the B.C. Teachers' Federation uses at present.

The following is an outline of the steps in the problem-solving process.

- Establish a challenge solving climate.
- Select a specific challenge.
- Identify and clarify the challenge.
- Determine a desired outcome.
- Develop ideas and strategies.



- Develop a plan.
- Specify a plan.
- Challenge-solving relationship.

In their article *Reducing Teacher Stress: Using The Challenge Model to Enhance Peer Relations*, Rey A. Carr and Nora Groze indicate the philosophy and strengths of this approach.

"A fundamental assumption of this group approach is that friendly colleagues are the most under-estimated and under-utilized source of psychological assistance available, and by paying attention to basic principles of group interaction and a systematic process, these colleagues can effectively counteract a major source of teacher burn out."

The peer support groups have made a major change in the name of the process which they developed:

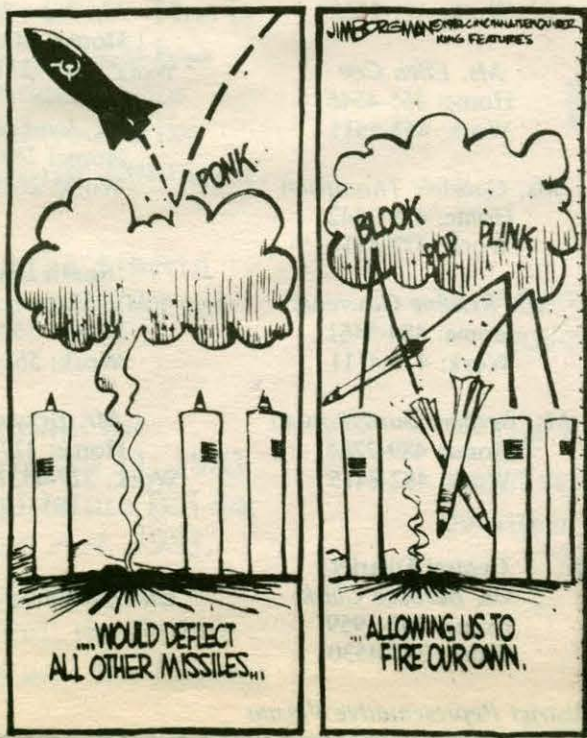
"We label it the Challenge/Problem Solving Process (Sparks, 1981). The word 'problems' often has connotations of something bad, or to be ashamed of — a thing to be eliminated, and certainly these groups can assist in problem

resolution. But a number of teachers are 'challenged' by ideas, goals, or things they would like to see happen. In other words, a challenge is not necessarily something that is threatening, frustrating, or in conflict, but is something which can be enlivening, exciting, and joyful. Therefore, the thrust of this group approach is to focus on challenges as well as problems, enabling discussions to include past successes, present goals, and future expectations.

"A second major difference in this approach is located in the action phase. In traditional problem solving, the individual person is left to carry out the plan independently of other group members. However, in this method each plan always involves the member of the group working with another member to assist in some aspect of implementation and follow up. The emphasis is on interdependence and mutual encouragement."

The challenge which I see is to adapt these exciting experiences into something which would be useful to Alberta nurses.

Citizens use ballot against nuclear arms



Operation Dismantle, whose aim of a Global Referendum on Disarmament was endorsed at UNA's 1981 Annual General Meeting, has made some giant strides in the past year.

In order to persuade the Canadian government to introduce a resolution for a global referendum at the United Nations, Operation Dismantle worked to have the following question placed on the ballot during municipal elections in the fall of 1982:

"Do you support nuclear disarmament by all nations on a gradual basis with the ultimate goal a world free from nuclear weapons, and mandate your federal government to negotiate and implement with other governments steps which would lead to the early achievement of this goal?"

The question appeared on one hundred and twenty-three municipal ballots in Ontario, British Columbia, Québec, Saskatchewan, Nova Scotia, the North-West Territories and the town of Grimshaw in Alberta.

The question withstood legal challenges in Ontario and British Columbia by people who claimed that the question of disarmament was not a legitimate municipal issue.

The vote results ranged between 55.6% "yes" in Huron Township in Ontario to 92.5% "yes" in Galiano Island in British Columbia. The average was 76.5% in favour. The total number of ballots cast was just short of one million. Vancouver, Victoria, Toronto, Kingston, Thunder Bay and Regina were among municipalities holding the referendum.

At present in Alberta, the Alberta Urban Municipalities Association has circulated to its members a legal opinion indicating that any referendum on disarmament could render the fall 1983 municipal elections invalid. Operation Dismantle has circulated a contrary legal opinion.

The Operation Dismantle, Edmonton Branch, is now working on getting the matter before the courts for a judicial decision. Many Councils have indicated that, once the legal status is clarified, the referendum could appear on the ballot. If the precedents in Ontario and British Columbia are followed by the Alberta courts, many UNA members will be voting on this important matter in October of this year. For those UNA members interested in the issue or who want to get involved, contact:

Operation Dismantle, Calgary Branch
2316 Cherokee Drive, N.W.
Calgary, Alberta. T2L 0X7
Phone 289-1396

or
Referendum Committee, Edmonton
Apt. 3, 11024 - 123 Street
Edmonton, Alberta
Phone 452-4393

Check list on scheduling benefits

Some hospitals under the provincial hospital agreement are still failing to implement properly the terms of the scheduling provisions.

Are you getting all of the scheduling benefits that you are entitled to?

Here is a handy check list to help you monitor your hospital's performance.

1. Are shift schedules being posted 12 weeks in advance? (Section 7:03). NOTE: It is not sufficient for the hospital to post schedules of 12 week blocks just a few weeks before they go into effect. Each day you should know what your schedule is for the entire period of 12 weeks from that day. If the hospital has not posted your schedule for the 12 week period beginning tomorrow, 7:03 is being violated.
2. Are you ever required to be readily available for

duty during your meal period? (Section 7:02)) This provision applies to all shifts: days, evenings, nights. If so, your meal period must be paid at straight time rates.

3. Are you ever recalled to duty during your meal period? (Section 7:02) If so, you are entitled either to time and one half pay for the meal period or a full meal period later in your shift. This entitlement to a full meal period applies even if you are recalled to duty in the last few minutes of your meal period.
4. Are you ever recalled to duty during your rest periods? (Section 7:02) If so, you are entitled to a full rest period later in your shift.
5. Does your shift schedule ever contain single days of rest? It should not. This would violate Section 7:04(b).

6. Does your shift schedule always contain at least 2 weekends off in a 5 week period (8 hour shifts) or at least 2 weekends off in a 4 week period (12 hour shifts)? (Section 4:04[c]).

7. Does your employer take into account employee's requests for certain shift schedules? (Section 7:06[a]).

8. Are employees working permanent evenings, permanent nights, or night/evening rotations doing so at the employee's request? (Section 7:06[b]).

9. Is your employer complying with employee requests for permanent evenings or permanent nights? (Section 7:06[c]).

10. Are employees on rotating shifts receiving day duty at least 2/5ths of the time (8 hour shifts) or at least 1/2 the time



'Sure, it's unfair to the little guy—he's the easiest one to be unfair with.'

(12 hour shifts)? (Section 7:06[d]). NOTE: Stats, vacation days, and days off do not count as day duty.

11. Are you experiencing difficulty arranging shift trades? (Section 7:08).

12. Does your schedule provide for more than 6 consecutive shifts (8 hours) or 4 consecutive shifts (12 hours)? (Section 7:09).

This check list identifies just a few of the common problems that can arise with schedules. Other problems arising with your schedule may also stem from violations of the collective agreement. If you are in doubt always check your collective agreement. For interpretation assistance contact your UNA local executive or your UNA Employment Relations Officer.

The real Public Hearings on Bill 44

**MacDonald Hotel
Edmonton, Alberta
Saturday, May 14th
9:00 a.m.**

At press time, we have just been notified that the Alberta Federation will be conducting an alternative hearing into Bill 44. These hearings are being held in order to give a chance to groups who were not heard at the government hearings.

In addition to the briefs being presented, time will be set aside for the AFL and non-affiliates to discuss a common-front to oppose the passage of Bill 44. Discussions will include the formation of a common "War-Chest". UNA representatives will be attending the hearings.

**Calling UNA
Provincial Office?
From outside
Edmonton
Call 1-800-252-9394
TOLL FREE!**



Executive Board

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Ms. Margaret Ethier

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Work: 482-8235 (Nursing Service Float)

Vice President

Ms. Donna Clark

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Work: 268-9111 (H4)

Secretary-Treasurer

Ms. M. T. Caughlin

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Work: 268-9625

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* *Ms. Shamim Rampuri*

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Ms. Dorothy Leslie

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North Central District

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Employment Relations
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