United Nurses of Alberta

# NewsBulletin


## Celebrating UNA's 30th Anniversary at AGM

*Cutting the Anniversary Cake at the AGM were (l to r): Arelene Moreside, Cecile Sangster Locker, Jane Bennett, Linda Roberts, Anna Sokolowski, Kiersten Berg, Kirsten Hennes, Risi Shokoya*

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# Message from the President

**Heather Smith**

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Address a funding problem by squeezing the workers?

## We won't be intimidated

*We know you are at risk and we don't care.* That's what nurses on one Calgary unit heard from management when they raised concerns about overcapacity (more patients and beds than rooms). For them the overcapacity "solution" resulted in beds blocking the only unlocked fire escape on the unit. Regardless of the words used by the management, the message staff received was: *We don't care.*

Members in Calgary Locals have also reported they have been told overtime will not be paid for missed meal breaks or staying after the end of the shift. Why? It's an old, old story. They are only missing their breaks and staying late to chart because they aren't appropriately organizing their assignments. A new twist to this old blaming the victim line, is that a lot of overtime is caused by poor communications among nursing staff. Therefore management shouldn't have to pay staff-generated overtime. Patient/client needs, overcapacity and understaffing are totally ignored as factors in the mounting overtime. However, the real reason behind this attempt to suppress overtime is simple - it's all about money.

There is no question that Employers are struggling with deficit budgets. Fearful the government will not cover shortfalls (in some cases big shortfalls) Employers are once again attempting to address a funding problem by squeezing the workers.

Undoubtedly a great deal of overtime results from the lack of staff. Recruitment efforts may potentially relieve some of the pressure, but the last thing Employers should be doing now is making the staffing crisis even worse by alienating the workforce they do have.

*We don't care* or *we won't pay* screams disregard and disrespect, a very poor retention strategy. You will notice the back of this Newsbulletin is actually a poster **Don't be intimidated.** Don't accept unreasonable client loads or patient assignments as your fault. Do stand up for good nursing care.

Not raising your concerns or not claiming overtime falsifies the record of what it does cost to provide Albertans the services they need. Cope today with less and tomorrow you will be expected to cope with less again. Claim the overtime, fill out the Professional Responsibility form or Occupational Health and Safety form. Encourage your colleagues to stand up too. Stand together and we won't be intimidated.

We didn't get to where we are after thirty years by simply accepting what we were told. I also want to note that some of the people who have stood up for nursing for all these years are reaching the end of their illustrious careers. I want to wish a happy retirement to Vivian who I worked with back on our old unit at the Edmonton General. And happy retirement to all of you who are leaving us and will be leaving us in the coming year. We will miss you dearly.

And for all of us, have a safe and happy holiday.

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# 30th Anniversary celebration at AGM


Members cut a cake to celebrate UNA's 30th Anniversary, but they also made significant decisions on how to run their union, at the Annual General Meeting held in Edmonton in October. Celebration was very much on everyone's mind, even of some of the guests who congratulated UNA on 30 years of success.

Gil McGowan, President of the Alberta Federation of Labour said: "UNA never just goes along for the ride. When you take something on, you take a leadership role. The labour movement is better for it, and the province is better for it."

Guest speaker Maude Barlow also noted the 30th Anniversary and remarked on how well-known the union is: "UNA and your whole team is absolutely revered across Canada for having been the David that stood up to the Goliath, this government in Alberta."

Along with the celebrations, the delegates voted for new processes to help UNA's Locals adapt to the new larger bargaining units that had been imposed by the provincial government.

Three constitutional amendments were passed to deal with increasingly complex workplaces. Sometimes members from three different UNA Locals all work in the same site. The change will help UNA sort out similar situations, to ensure members are fully represented and are able to participate in their union.

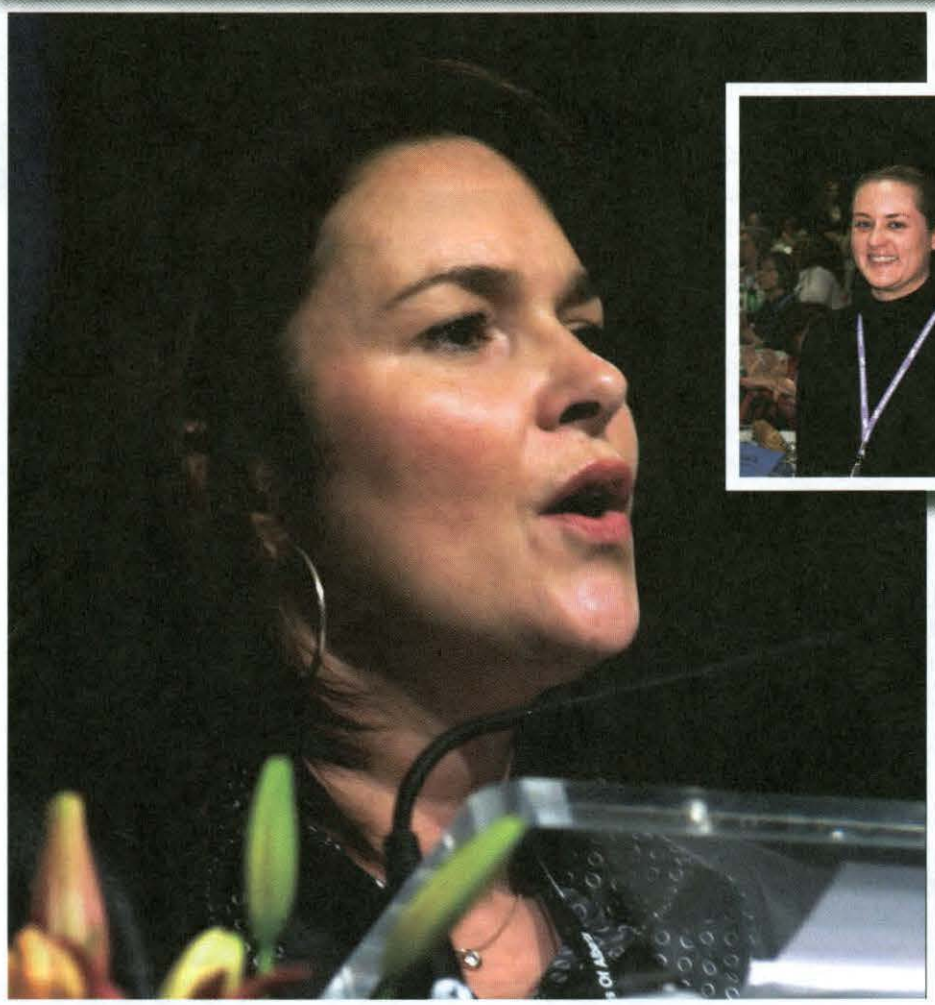
There were no provincial executive officer elections. 1st Vice-President Bev Dick and 2nd Vice-President Jane Sustrik were acclaimed. Two new members were elected to the provincial Executive Board. Both JoAnne Rhodes and Daphne Wallace were elected to represent the Calgary area South Central District.

*"UNA never just goes along for the ride. When you take something on, you take a leadership role. The labour movement is better for it, and the province is better for it."*

*Gil McGowan, President of the Alberta Federation of Labour*

*Above: Marie Cambell, Cecile Sangster Locker, Jane Bennett, and Linda Roberts are all UNA members who were involved when UNA was formed in 1977. They are seen here cutting the 30th Anniversary Cake with recent nursing grad and brand new member Anna Sokolowski (r).*

*Below: Pat Richardson (left) and Cecile Sangster Locker (right) are both long-time members of UNA and who along with Secretary-Treasurer Karen Craik (middle) were working at the Grace Hospital in Calgary in UNA's early days.*



*Top: The full UNA Executive Board gathered for a "photo-op" at the semi-formal Anniversary banquet at the Annual General Meeting.*

*Middle: Delegates (l to r) Heather McKay, Jill Mountain, and Blake Loates all from Local #33 (l to r) were all enjoying themselves on the floor of the AGM.*

*Bottom: Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU) brought greetings to UNA nurses. She reminded the AGM that the nursing shortage is a problem across Canada and even world-wide. In August, CFNU provided all the provincial premiers with a short video about the issue. The video, she said, "provides a roadmap for governments that would see us retain our experienced nurses and recruit our new graduates."*

# "Nurses need help now!"

## President Heather Smith's message

In her keynote address at the meeting, UNA President Heather Smith, commented on Alberta's oil royalty issue: "The destruction of jobs and health services resulting from the machete attack on health care funding did not have to occur. Billions and billions of dollars were handed to oil companies in profits, while average Albertans had their salaries cut by 5% and thousands of jobs disappeared. There was a way to get our "financial house in order" during the 1990's without decimating education, health care and many other social services: a fair return on our resources. The pain that wasn't necessary. The legacy of understaffing didn't have to occur."

She went on to discuss the "legacy" in the health system today. As one member told her "the abnormal has been normalized". She noted that some nurses have accumulated as much as 400 hours of overtime. Other nurses have worked 24 or 36 hours straight until replacement staff could be found.

"They want, they need, help now!"

But, Heather Smith said, there is no "rapid relief remedy... While nurses will not magically materialize, neither home-grown nor imported, we can act to set limits. If the Employers can't provide staff to match patients, the answer is not to spread nurses thinner, but to limit patients to match staffing. If the beds can't be staffed, close the beds. If there aren't nurses to run the programs, or make home visits, then Employers must stop pretending that the services will be available to the public. Make Employers and politicians accountable instead of destroying the physical and mental wellbeing of nurses."

*"If the Employers can't provide staff to match patients, the answer is not to spread nurses thinner, but to limit patients to match staffing."*

*Heather Smith, President*

"We have some innovative possibilities in the new agreement, that hopefully will assist in retaining the nurses who might otherwise exit - because of ability to retire or workplace exhaustion - so that we can continue to rebuild the workforce. But if the shore is constantly eroding out beneath us, we will make no headway. It's time to draw the line in the sand and say "No More", "No does mean No". Find the staff or close the beds!"

# Barlow looks under the covers of "Fortress North America"

"Fortress North America is the next step after NAFTA, which proved to be such a threat to Canada," Maude Barlow told nurses at the AGM. This next phase in continental politics is also a threat directly to Alberta, she explained. "The resource pact of the Security and Prosperity Partnership is all about energy and maintaining new water supplies, with a five-fold increase in production coming out of the tar sands."

The danger she said is that "This province will become a have-not water province, which should be a direct concern to those in public health."

Maude Barlow, the chairperson of the Council of Canadians, was one of the keynote speakers at the AGM. Barlow has talked to Alberta nurses before, about NAFTA and Free Trade, and this time she explained the new "Security and Prosperity Partnership", or SPP.

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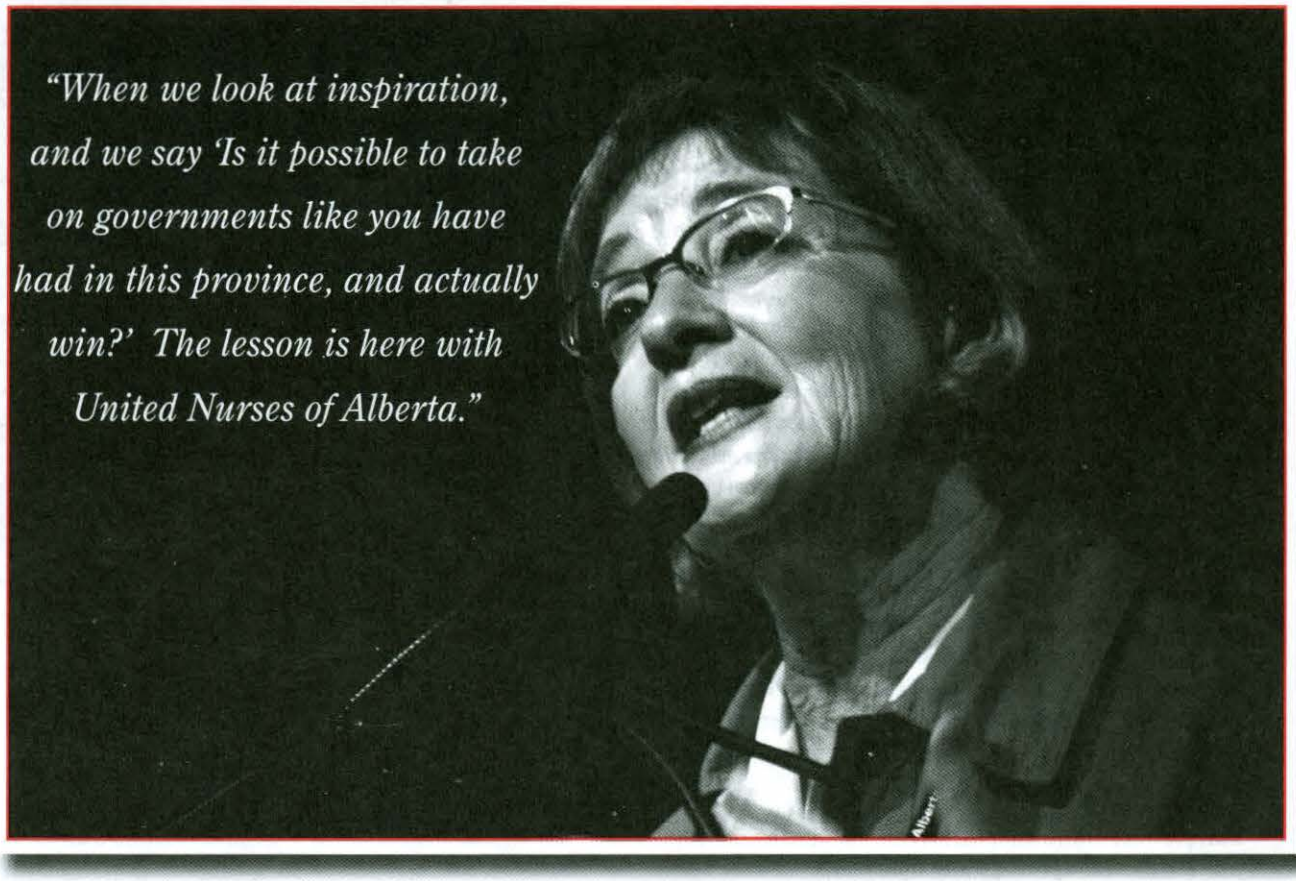


The SPP is integrating Canada with the U.S. economy and military establishment, Barlow says. "The creation of a common market is taking place with no democratic oversight and absolutely no debate in this country. The SPP is the creation of a new North American construct but it has not gone to the legislatures of the three countries."

And, she explained that one highly-placed official told her directly: "They don't want another bruising NAFTA battle, they know they would lose."

Barlow outlined the entire history of SPP, which began after 9-11. "The Bush Administration suddenly declared that security mattered more than trade, more than the economy. They started saying to Canada and Mexico, with which they share long borders, we want you to adopt our war on terror, we want you to adopt our war measures and practices… We want to harmonize security, harmonize defence and we want to harmonize the military... it's ziplocking North America."

But of course she also noted, it would also be a big advantage for large corporations. They set up 20 working groups to do de-regulation or harmonize regulations... food, seeds, pesticides, health and safety, environmental, energy, mining… This could be a huge disaster for Canada's health and public safety regime."

TILMA, the Canadian inter-provincial "Trade, Investment and Labour Mobility Agreement" is also a threat to local control of safety and standards, Barlow explained. "It gave corporations the right to sue governments in any province if they set regulations higher than the corporations want them."

Barlow urged Alberta nurses to keep this broader political perspective in mind; even when health care issues loom so large.

"Of course," she said, "we get involved in our own struggles, the threat of a thousand cuts to our precious health system. The election of Brian Day, Dr. Profit [President of the Canadian Medical Association]. And, Stephen Harper's tacit agreement and support for private health clinics is very very clear."

But, she said, Albertans need to watch the big picture as well. And Barlow said Canadians can continue to control our destiny. "When we look at inspiration, and we say 'Is it possible to take on governments like you have had in this province, and actually win?' The lesson is here with United Nurses of Alberta."

# New Agreement open up new employment options

Details are still being finalized for some of the innovative new employment options that were negotiated in the new Agreement. The complex nature of these new arrangements means that determining how they run is taking some time. UNA expects the programs will be finalized and ready to run by January. Check www.una.ab.ca, UNA*Net or with your Local for more information and detailed documents about how each of these innovative programs will work.

## Pilot Projects

The new Agreement allows for three types of Pilot Projects (Flexible Part-time Position; Seasonal Part-time Position; Benefit-Eligible Casual Position). Prior to these Pilot Projects starting, a document is being prepared by the Joint Committee outlining the process for implementation and addressing commonly asked questions.

## Weekend worker

Employees may request to become a Weekend worker or Employers may post "Weekend Work Schedule" lines. Weekend workers have about a .8 FTE, 29.55 hours over Friday to Monday, but get full-time salary and are treated as full-time Employees for benefits, pension and other purposes. Just how the Weekend Worker lines will be allocated, and who gets first choice is still being determined. Watch for more detailed information out soon about this.

## Retirement Preparation Program

Employees may reduce their clinical hours to no less than .6 FTE and the balance of the Employee's FTE shall be spent performing project work for the Employer as mutually agreed. Any Employee who is eligible for an unreduced pension, or an Employee who has a combined age and years of nursing employment of 77 can request this now. The Project work may include research, leadership assignments or special projects. The Program shall include a written plan detailing how the non-clinical remainder of the FTE will be utilized. Leadership assignments allow nurses to act as a guide, role model, advisor or counselor who share practical, day-to-day, applied knowledge with other Employees. After a period of up to 4 years participating in the program the Employee shall commence retirement, unless otherwise agreed between the Employee and the Employer.

## Pre-retirement FTE Reduction

Employees who are eligible for an unreduced pension or who have a combined age and years of nursing employment of 80 can reduce their hours but still maintain their previous level of pension plan contributions (The Local Authorities Pension Plan has confirmed that pension contribution rates are allowed to continue at the same rate used for both Employer and Employee contributions before the FTE reduction). Employees can reduce their hours by as much as 0.2 FTE and must remain at or above the 0.6 FTE limit.

A special Joint Communication from UNA and HBA Services explains all the details. It's available on UNA's Website www.una.ab.ca or on the UNA*Net conferencing system.

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## Hit your 20th calendar year registered with any nursing licensing body... get the **2% retention increase.**

Nurses under most UNA Collective Agreements get a 2% raise when they have been registered with any nursing licensing body for 20 years. The 2% is added to the wage rate and forms part of your basic rate of pay. Reasonable proof of 20 calendar years of nursing service must be submitted to the Employer in order to receive the 2% retention recognition payment. The deadline for retroactivity on the 2% has passed, but nurses who have been registered for 20 years or more, or are now coming to the 20-year mark, must submit proof to get their increase. See UNA's website, or UNA*Net for a Joint Communication from UNA and HBA Services on what is reasonable proof and other details.

## Employees who left work after March 31 get back pay

The Provincial Collective Agreements were officially signed on November 3, which officially sets off the deadline clock for former Employees who are looking for back pay on the salary increases. Former Employees have until January 31 to write their former Employer to request retroactive increases they would have been eligible to receive but for the termination of employment.

Employees who left after March 31/07 are eligible for retroactive pay (back pay) on the increases in salary and premiums for shifts they worked after March 31, 2007. This also includes the Market Condition Lump Sum payment which is a pro-rated amount of the $750 first installment of the Lump Sum and it includes back pay on the 2% retention recognition payment.

## Dispute on **Lump Sum payment** for part-time Employees

UNA and the Health Region Employers are going to grievance mediation on the amount Lump Sum payments should be for part-time Employees. Full-time Employees got the full amount of the Lump Sum ($750 for this year's installment) even if they have been on vacation, education leave or short or long term disability leaves. Part-time Employees got a pro-rated amount of the $750, but Employers have NOT included vacation and short term and long term disability in their pro-rating calculation. UNA believes this is incorrect.

Grievance mediation has been set for December 14, 2007 with mediator Dale Simpson.

## Education leaves included in **lump sum payments**

Employers agreed that education leaves must be included in their lump sum calculations, however not all payroll systems have included this. As a result, errors may have occurred and part-time or full-time Employees should report any errors in their lump sum calculation to their payroll department and, if necessary to their Local or Labour Relations Officer.

## Are the **Lump Sum payments** pensionable?

Another necessary clarification on the Lump Sum payments is whether they are pensionable, and whether Employees and Employers must make pension contributions for total incomes that include the Lump Sum payments. UNA maintains that the payments must be included in pensionable earnings, the Employers are saying they are not. UNA is taking the case to the pension authorities for a ruling to resolve the issue.

## PDF File copies of Collective Agreements easily available

Print copies of UNA Collective Agreements will be available soon, but electronic file copies of Agreements are available now on UNA's website www.una.ab.ca. Click on the Collective Agreements button on the left hand menu to reach the page with links to the PDF copies of the Agreements.



# MORE FOR LESS

### The Canadian Health Coalition comes to Alberta in nation-wide push for pharmacare

Pharmacare more for less medicare.ca

Many Albertans suffer because of soaring prescription drug costs. Many who can't afford the drugs they need end up back in hospital for a costly longer stay. The stories about problems with access to prescription drugs, the fastest rising cost in Canadian health care, came out freely at two hearings held at the end of October in Calgary and Edmonton.

Michael McBane from the Canadian Health Coalition brought the national drug plan hearings to the province, as part of the Coalition's cross-Canada push to gather evidence on the need for pharmacare.

Nurses, doctors, social workers, diabetics and many others brought their experiences to the table. McBane, along with Alberta health policy commentator Wendy Armstrong, heard all the testimony.

**Brenda, RN:**

"One client came out of hospital, where her pain management medication had all been covered. She was using a special new patch medication. But when she went home, she could not afford it. When I went out to see her the next day, she was crying in pain. She tried to get coverage for the cost, the doctor tried to get coverage of the cost, but she couldn't get it. She cried day-in and day-out for several days."

**Wendy, social worker:**

On discharge, patients that can't cover the cost of filling their prescription, often go without. A 25-year-old gentleman who had been assaulted with several stab wounds was released after a short hospital stay. He worked construction day to day, he had no benefits. On discharge he couldn't get his prescriptions filled both pain medication and antibiotics. He failed to do so and he was readmitted to hospital a few days later with further infection. He was in hospital much longer than the first occasion.

The cost of re-admitting him to hospital far outweighs what the cost of the prescriptions would have been.

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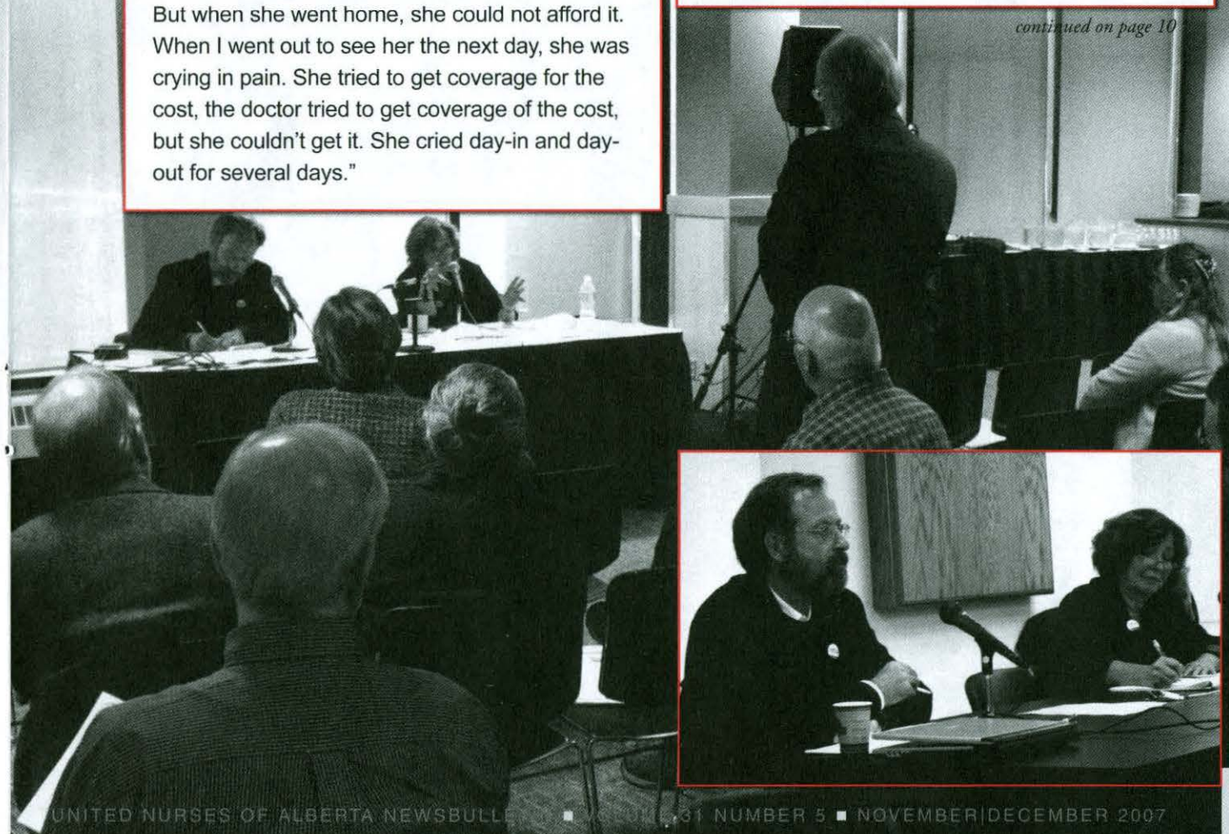

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# MORE FOR LESS:

Tommy Douglas, founder of Canada's universal Medicare system, didn't intend health insurance to cover only hospitals and doctors. They were supposed to be just the beginning, with coverage of drugs and other services to follow. But despite repeated proposals and pledges, Canada remains one of the few industrialized countries without a national drug plan.

When we call for pharmacare, we mean a national publicly funded and administered insurance plan for medication. It would cover essential drug costs the way Medicare covers hospitals and physicians, providing universal access to safe and appropriate care.

As well as saving administrative costs and choosing safer, less-expensive drugs, a national drug-insurance plan could bargain to pay lower prices for drugs.

Pharmacare has many advantages. It would provide equal access to prescription drugs for all Canadians, replacing our uneven patchwork of provincial programs and private insurance at work.

# A good time for baby boomers to

In April of this year, Ms. Vivien Lai, a senior policy advisor with Alberta Health and Wellness made a presentation at a symposium in Japan. Entitled "Alberta's Continuing Care System", this presentation outlined with scary candor the changes Alberta has been making and plans to make in light of an anticipated increase in the percentage of our provinces' population aged 65 or older (from 10% in 2006 to 21% in 2030).

The first victim is the long-term care facility (nursing homes) that the government sees as a needlessly expensive way of caring for seniors. A few years ago, nursing homes provided full nursing, medication, personal care, rehabilitation and physiotherapy to disabled adults and 'frail seniors' — those who require help getting out of bed, toileting, getting dressed, getting to and from the dining room, feeding, administering medication, etc — all covered under Medicare.

The first step in dismantling this system is called "unbundling" and separates the costs of health and housing services. The presentation states "Individuals are responsible for paying fully their room and board costs in long-term care facilities. Since 2003, accommodation charges in nursing homes have been increased to reflect the actual costs of room and board so that those who can afford it have to pay the full cost."

The second step has recently emerged in several locations in Alberta where long-term care facilities have been converted to various forms of "assisted living" in which even the medical care, beyond the restricted amount that RHAs provide as Homecare, is a billed 'extra'.

# why Canada needs pharmacare

*From the Canadian Health Coalition*

Because there is no national pharmacare plan, more than three million Canadians are uninsured or under-insured for prescription drugs. Our patchwork of provincial programs and work-based plans means that access to drugs depends on where you live and where you work.

Almost eight million Canadian workers and their spouses and dependents are covered by private drug insurance plans through their jobs. These plans vary enormously and are lost if the worker quits or is laid off, and sometimes even when he or she retires. Not only do work-based drug plans provide limited benefits and little security, administering thousands of different plans is expensive and inefficient. At the same time, almost 42 percent of Canadian workers don't get drug coverage through their jobs.

Our current patchwork of plans does nothing to restrain drug costs. Spending on drugs is increasing by a remarkable 8 percent a year above inflation, a rate we can't sustain.

Like almost every other industrialized country, Canada can afford a national drug plan. We already pay for our drugs — but pharmacare could let us do so more effectively, more economically and more fairly. Pharmacare will let us do more for less.

# consider what the future holds.

*By Noel Somerville*

Operators of long-term care facilities have actually been paid to downgrade these facilities, thereby dispensing with the need for a staff of trained nurses.

This is all part of a so-called "aging in place strategy" specifically designed to lower the demand for long-term care beds, which are considered too expensive in operating and capital cost. Supposedly, this strategy "enables individuals with high health needs to receive services at home." What is not pointed out is that these 'aging in place' strategies are largely private-for profit operations catering to clients with the financial resources to fully absorb the cost of their own accommodation and health care needs.

For those not able to afford such costs, the proposed alternative to long-term care facilities is called the CHOICE program. This is described as "a community based day program aimed at reducing the use of long-term care beds and acute care hospital beds. The program is a day program, providing physician, nursing therapy and medication management services. Transportation buses usually pick up clients from their homes to go to the programs which are located in long-term care facilities."

If any of this sounds familiar, perhaps you are remembering what Premier Klein called the 'Third Way', the key elements of which were:

- Sell off, demolish, or downgrade existing public health care facilities.
- De-list or ration some of the services previously covered under the national health care plan.
- Privatize the delivery of such discontinued services and the construction of new facilities.
- Open the market for private insurance companies to underwrite the costs of services no longer covered under Medicare.

While Alberta has abandoned the Third Way for delivery of health care, all of these same elements are now appearing in continuing care for seniors. Long-term care facilities are being converted to assisted living. The medical and personal care that a frail senior requires has largely become a de-listed service under Medicare, even though proper feeding, personal hygiene and administration of medication are medically necessary for frail seniors to sustain life. Most of the new seniors facilities are built and operated privately so that the operator recovers both operating and capital costs from the end user.

Finally, numerous insurers offer long-term care insurance. As the presentation states, "Alberta has hired a consulting firm to develop different scenarios for funding of health care services. This includes insurance programs for long-term care, drugs and non-urgent acute care cases."

The presentation on "Alberta's Continuing Care System" may not be of much concern to baby boomers who are healthy and wealthy. However, the prospects for those who experience a slow, steady decline in physical and mental capabilities are terrifying. Nor is the future very bright for the children of those baby boomers who will look after them and who will be required to pay more and more for the care of their loved ones once the expected inheritance has been spent. (It costs around $5000/month for most families in the US who have a parent in a seniors care facility.)

The fact that you paid health care premiums and taxes all of your working lives so that you would be taken care of in your declining years doesn't seem to square with government policy. They think you will be satisfied with unaffordable insurance for unavailable or unsatisfactory services.

*Noel Somerville is Chair of the Seniors' Task Force for Public Interest Alberta*

*This article previously appeared in the Edmonton Journal*


# More patient lifts are the positive news in Alberta's "Health Workforce Action Plan"

## Plan falls far short of the boost our health system needs in nursing numbers

On September 11, three cabinet ministers met at the Glenrose Rehabilitation Hospital in Edmonton to announce, with great fanfare, the new Health Workforce Action Plan.

The positive news the ministers announced was $27.5 million to buy patient lifts across the province and talked about core retention and recruitment issues.

However, the government's own strategy admits: "Despite the expansions, projections show that Alberta won't be able to produce the 15,000 health providers it needs by 2016."

The government's plan includes $5.2 million for expanding health training, including 258 new seats immediately. But only 37 of those are in general Registered nursing, 9 in graduate nursing and 35 in nursing specialties. There are also 128 extra spots for LPNs.

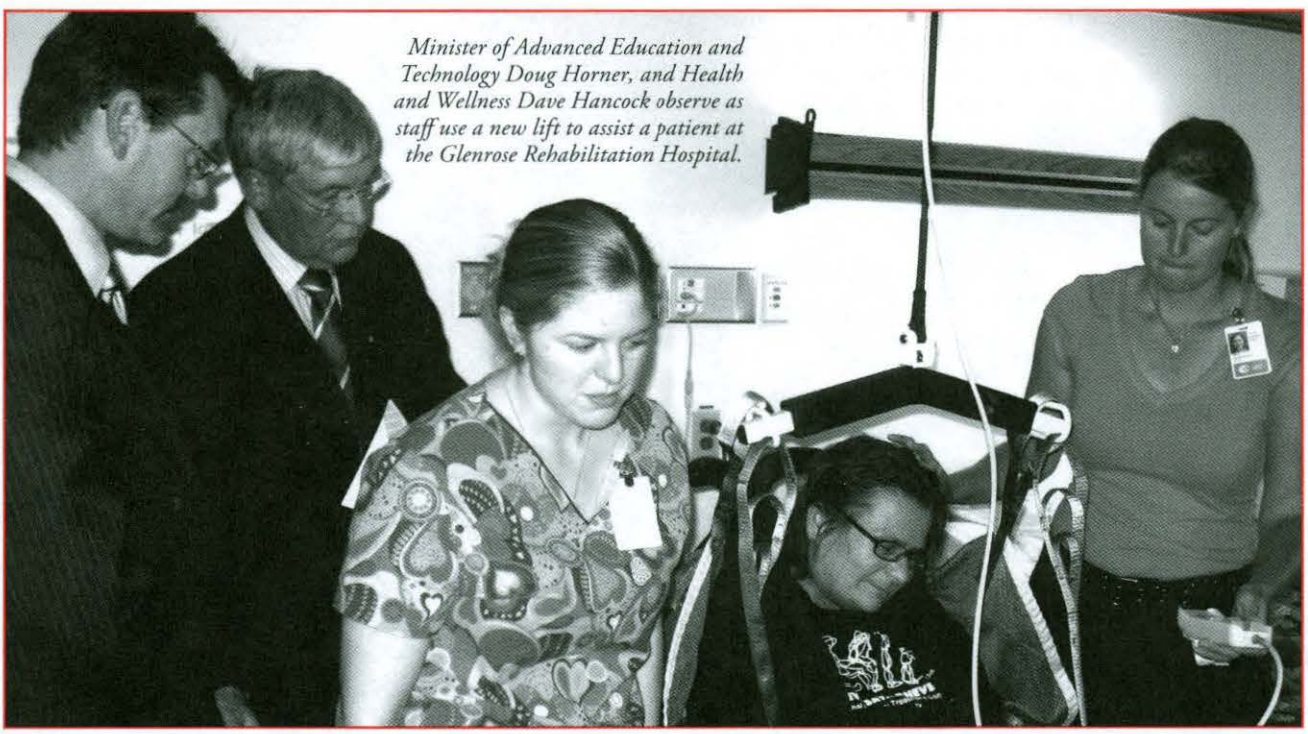
It might be acceptable for the government to suggest that the shortage is insurmountable and out of their hands, except for one damning fact: it was the Alberta government that short-sightedly and drastically cut the education of nurses and other health workers during the 1990s.

According to government numbers, in 1990 the province graduated 898 Registered nurses but by the end of the decade, 1999, only 440 RNs graduated. Since 2000 the numbers have been steadily increasing, and we are now graduating close to 1,500 a year.

However, the 1990s collapse in education has left our health system with a huge gap in the demographics of our health workforce. Today there are about 27,000 Registered Nurses and Registered Psychiatric Nurses providing care in the province but 10,000 of them are now over 50 and are starting to retire in significant numbers.

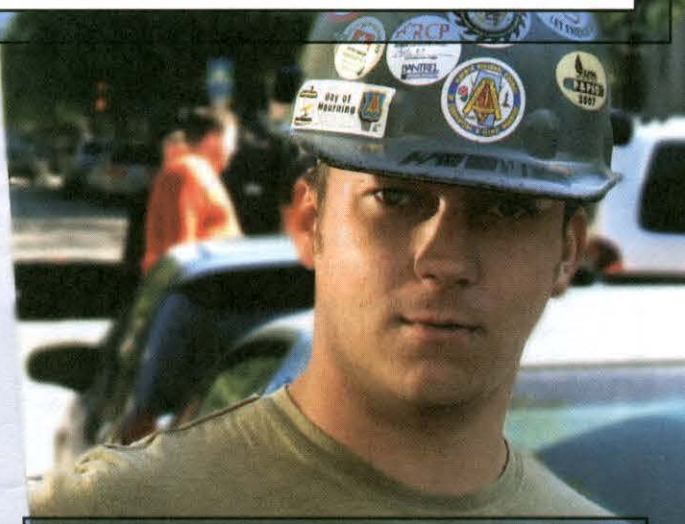
The government's action plan contains many good elements, including saving nurses' backs with mechanical patient lifts, and several strategies for increasing the education and recruitment of health workers. It even recognizes the importance of 'growing our own' health workers and that we need many more educators in nursing and other health discipline programs. It is however, too little, too late. This has serious implications for all of us who expect to retire and look forward to good care in our health system in the future.

The Alberta government must revisit its Action Plan and scale it up appropriately to adequately meet this pressing problem. To not do so would be seriously remiss in their responsibility to the people of this province.



*Minister of Advanced Education and Technology Doug Horner, and Health and Wellness Dave Hancock observe as staff use a new lift to assist a patient at the Glenrose Rehabilitation Hospital.*

# Construction trades defy law, protest unfair labour laws

## Unions legally challenging Alberta labour laws

Several of the building trade unions have filed statements of claim with the Court of Queens Bench challenging provisions of Alberta's labour laws.

"The government of Alberta has been flaunting the Supreme Court of Canada for many years in the area of labour law," says Alberta Federation of Labour President Gil McGowan. "A number of sections of the Labour Code have been implicated in decisions by the Supreme Court, yet the government has done nothing to correct these injustices."

For several days in September, construction workers in northern Alberta walked off the job to protest the province's labour laws that they say are stopping them from freely negotiating. The province's 4,000 union carpenters, scaffolders and roofers were particularly angry, because they are being blocked from striking even though they had a 97% strike vote. Unionized carpenters working in construction currently make about $31 an hour. Alberta law that says that when three-quarters (19 of 25) of the groups in the unionized construction industry have ratified a settlement with their employers, the remaining trades have to go to arbitration.

"The LRB decision [that required all trades people to return to work] is an outrage," says AFL President Gil McGowan, "but the main culprit in this injustice is Alberta's horrible labour laws."

"The carpenters acted appropriately and democratically in their efforts to stand up for their members," observes McGowan. "In any jurisdiction with truly free and open collective bargaining, they would be in a legal position to strike today. However, we live in Alberta, where workers are not afforded even the most basis of rights."

# Nursing News

## Health and Wellness info sessions to bring nurses back

In early December, Alberta Health and Wellness held information sessions in Edmonton and Calgary to bring more nurses back into the health care system. The department was particularly targeting nurses who left the profession and nurses with foreign credentials. The information sessions were promoted with advertising to reach nurses not currently working as nurses. "We want to do whatever we can to get qualified nurses working in our health system," Minister David Hancock said.

UNA President Heather Smith pointed out that beyond advertising, Alberta needs to provide real incentives for nurses to take the refresher courses, or the Canadian certification courses. "Advertising makes it looks as though the government is really trying to solve the nursing shortage, but it needs to put money into actual programs that will increase the number of nurses," she said.

## Rash of serious assaults in Ontario

Three more front-line registered nurses were assaulted in November, leading the Ontario Nurses' Association (ONA) to demand immediate legislation to protect RNs and allied health care workers.

The latest attacks on nurses occurred at Toronto's Centre for Addiction and Mental Health (CAMH) during the week of November 12. Two of the nurses are suffering from critical injuries that occurred in the attacks, while a third has suffered injuries not requiring surgery.

One of the nurses had been attempting to call a "Code White" (psychiatric emergency code) for a situation involving a patient. The nurse was attacked in the nursing station after the patient jumped a half-door. The nurse was taken to hospital with injuries that include a broken shoulder, while a second nurse suffered multiple injuries. The patient was transferred to another floor in the hospital with a more secure environment.

Another assault occurred at the facility when a patient pushed his way into the nursing station and attacked the nurse there. Security staff was unable to enter the unit because a security door required that they be buzzed in. This nurse was also taken to hospital by ambulance with multiple injuries, including a broken jaw.

In August, three other nurses had been injured in an attack in another Toronto psychiatric unit, the location of a previous, serious violent incident.

## Ontario Labour charges long-term care conditions violate human rights

The Ontario Federation of Labour has filed a complaint with the province's Human Rights Commission over the treatment of long-term care residents who stay for long periods in wet incontinent care pads.

"The rationing of incontinent care products means that residents are required to sit, walk or lay in pads until they are at least 75 percent or more urine-soaked before they are replaced," said OFL Executive Vice-President Terry Downey. "This is an appalling and unconscionable situation that must be addressed immediately."

The OFL has been pressuring the provincial government to "address the appalling situation affecting over 75,000 vulnerable elderly Ontarians who are residents in long term care facilities."

The Federation says that if the current complaints don't get major changes it will file complaints about inadequate care nursing home by nursing home.

## Court overturns LRB decision on Finning

In an important and strongly worded decision, the Alberta Court of Appeal overturned a controversial Labour Relations Board (LRB) decision which allowed Finning International to rid itself of a union collective agreement in 2005 by establishing a new company for part of its operations. At the time the decision was considered by many to fly in the face of available evidence.

"This is an important decision by the three Justices of the Court of Appeal," said AFL President Gil McGowan. "It reverses a terrible decision by the Alberta Labour Relations Board (LRB). Finning had created a new blueprint for union busting, and the LRB was letting them get away with it. Thankfully the Court of Appeal saw through it and has stopped it."

The unanimous decision pertains to a dispute in 2005, in which Finning International created a new entity, OEM Remanufacturing, to take over Finning's component rebuilding operations. In the transfer OEM evaded the existing contract with the International Association of Machinists (IAM) and instead signed a contract with the Christian Labour Association of Canada (CLAC).

An original LRB decision ruled OEM was a successor to Finning and that the two companies were, in fact, a common employer. The workers would have been protected by the existing IAM collective agreement with Finning.

Two months later, adopting a highly unusual procedure, the Labour Relations Board reconsidered the decision at the request of the employer. In that reconsideration, a five-person "superpanel" consisting of the LRB Chair Mark Asbell, two Vice-Chairs and two Board members overturned the original ruling. That decision has now been reversed by the Court.

## New law allows first responders to have assailants tested for blood-borne diseases

### Nurses and doctors not protected by provision

The Alberta government has just announced a new law that allows "first responders" who have been exposed by patients to bodily fluids to have those patients tested for blood-borne diseases including HIV and Hep C. But the new law does NOT apply to nurses or doctors.

According to an Alberta government spokesperson, the law was narrowly defined to cover police officers, fire fighters, paramedics and good Samaritans, the so-called "first responders". The law is restricted like this in all four provinces that have enacted it so far. They decided to confine it to these groups to see how the law fares as they expect it will be challenged in court.

The law allows first responders who are exposed to fluids to apply for a court order to obtain a blood sample for testing from an individual who may have exposed them to HIV, Hepatitis B or Hepatitis C.

The court order will also enable Alberta's chief medical officer of health to check the individual's health record as a first step. Any pertinent information would be shared with the emergency responder's designated physician.

## Feds cut national health network

The federal government has pulled the plug on the Canadian Health Network which has been providing citizens and medical professionals with a non-commercial source of online information about how to stay healthy and prevent disease.

The network includes 26 organizations, hospitals, universities and agencies across Canada that serve up information at www.canadian-health-network.ca. The website has been getting 380,000 hits a month, 40 per cent of them health-care professionals. In the last year alone, its usage has increased by 70 per cent. It has established a reputation as a trustworthy portal in a cyberworld of drug manufacturers, health-care conglomerates and self-promoting quacks.

The federal government ordered Canada's Public Health Agency to cut its grants and the Agency decided it had to stop funding the network.

## More women than men in Canada's unions

For the first time there are more women than men in Canadian unions, according to a recent Statistics Canada Labour Force survey.

The survey, which was be released on September 7, for Labour Day, showed that the number of women joining unions has increased steadily over the past decade.

Between January and June 2007, the survey found 2,248,000 women were represented by unions while only 2,237,200 men were.

The report also noted that the numbers also reflect the presence of unions in typically female industries such as retail, health care and hospitality.

## IN MEMORIAM
## Laurie Lang

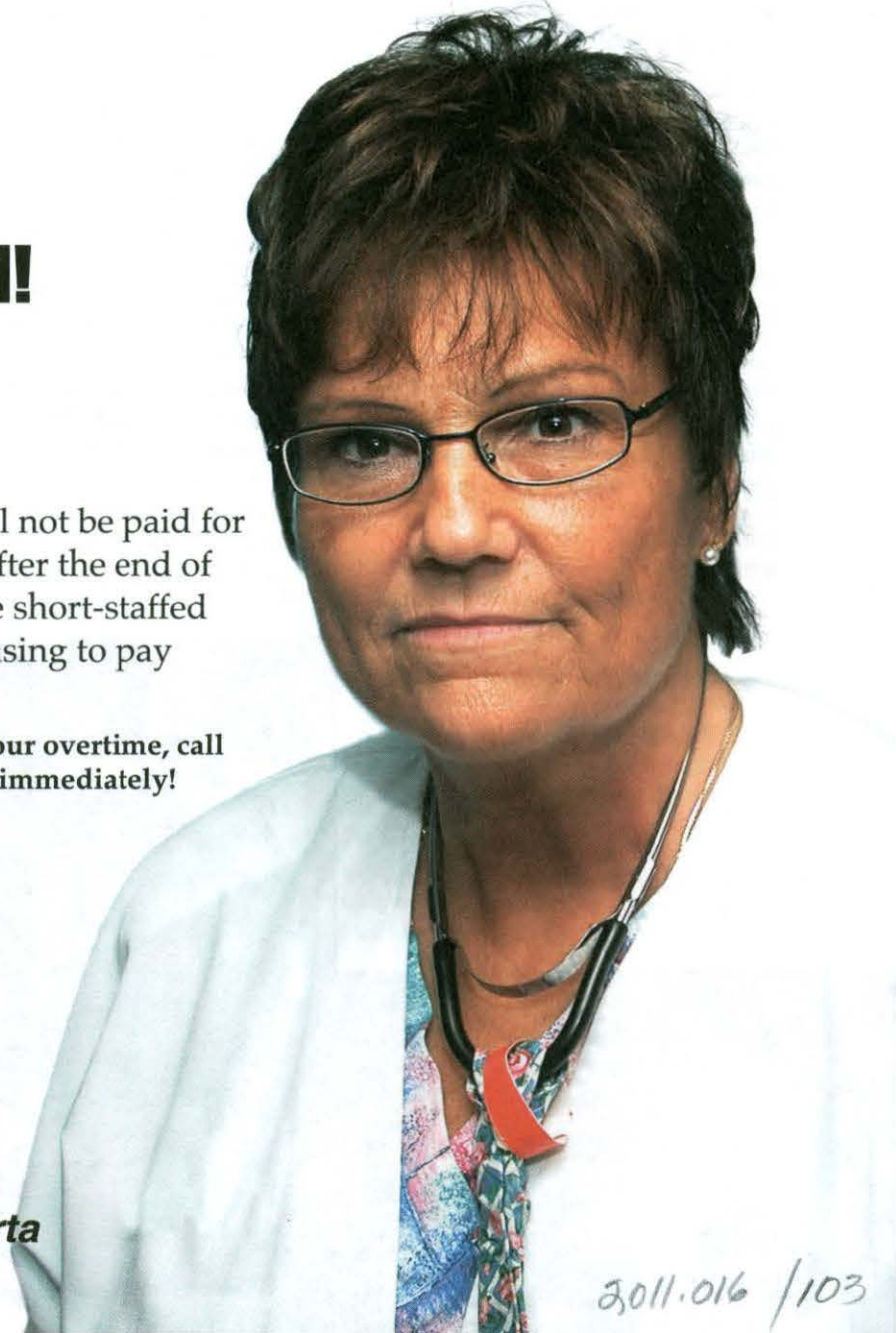
Laurie Lang, long-time president of Local #183 at Alberta Hospital Edmonton, passed away on November 23. Laurie chose to attend the recent AGM in Edmonton and valiantly stayed through the whole meeting. The UNA Provincial Executive Board, was able to attend Laurie's funeral in Edmonton on November 28th. Tributes to Laurie noted his tremendous contribution as a nurse, as a unionist and as a determined candidate for the NDP.

*Members of Local #77 at Smoky Lake showed commitment to their community and the Health Care Centre by collecting new stuffed toys for the Acute Care/Emergency pediatric patients. The response at the Local's AGM was overwhelming and a great boost for the Christmas giving spirit. The Local is also supporting the local Food Bank.*

*Nurses had a great time at the Local #77 AGM*

# Don't be intimidated!

# Overtime is Overtime!



## Get ALL your work time paid!

### If it's overtime, it's paid as overtime!

Have you been told you will not be paid for missed breaks or working after the end of your shift? Is your worksite short-staffed because Employers are refusing to pay overtime?

**If there is any question about your overtime, call your UNA Local or UNA Office immediately!**

**Provincial Office:**
(780) 425-1025 or
1 800 252-9394

**Southern Alberta Regional Office:**
(403) 237-2377 or
1 800 661-1802

***United Nurses of Alberta***