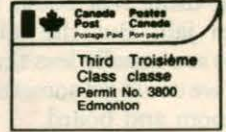


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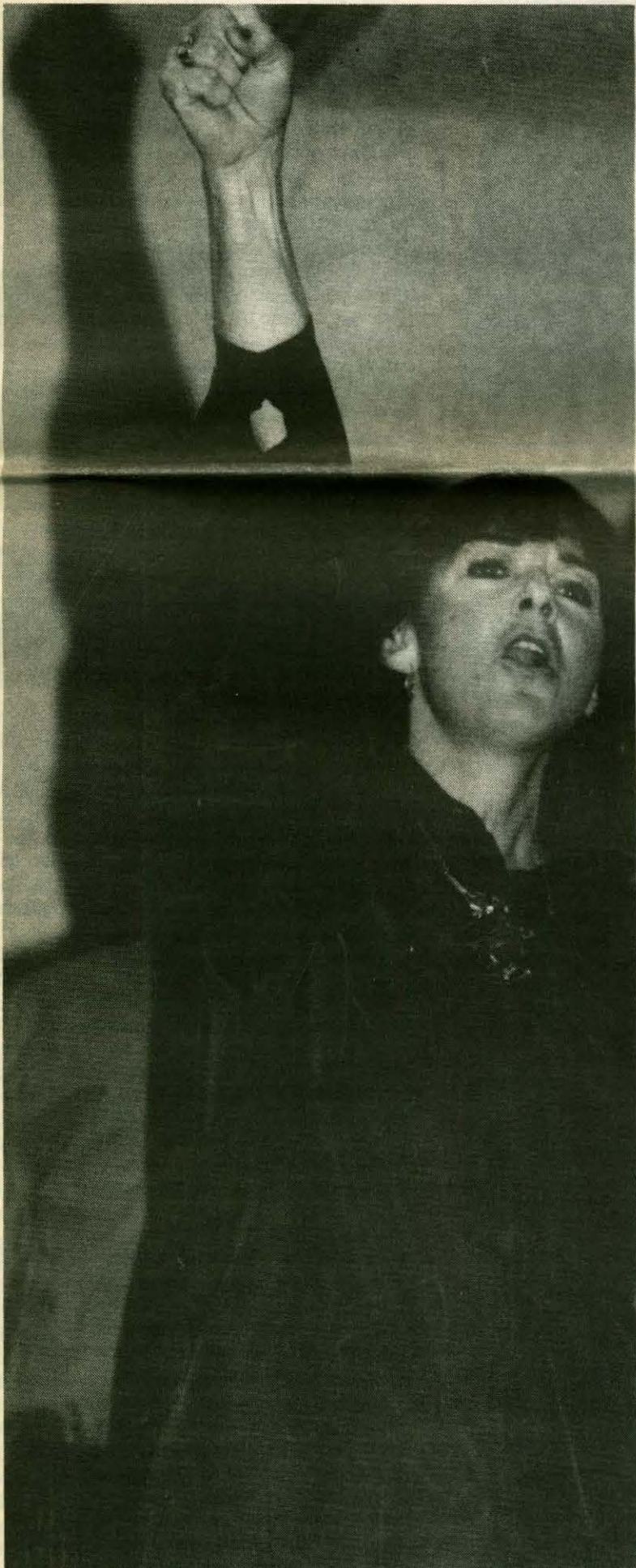
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UNITED NURSES OF ALBERTA

DECEMBER 1988

The Road Less Travelled

Margaret Ethier's Address to United Nurses of Alberta 1988 Annual Meeting



In the United Nurses of Alberta, we have often chosen a path that is not well trod. And it's not easy when you're the one who's clearing the path for others to follow. There were a few bushwackers along that trail this year. And the weather wasn't so balmy, was it? And the nights were pretty short and the days were pretty long.

But we had a ball - didn't we? Planning, scheming, fixing, and yes, even screaming. The old adrenaline pumping, there when we needed it. So we could fly as high, and as fast, as we needed to get the job done.

But we had a little help from our friends. Unions and other members of the public from right across Canada and other parts of the world opened their hearts and their bank accounts. Their message to us was: Do it. You're right. Don't give up. We are behind you all the way.

We expected the battle to be ours, and knew that we would have to be accountable for our decisions. And be prepared to pay the price when the time came. So it was heartwarming and humbling to receive such support from others. We received donations totalling over 1/2 million dollars. But just as important to us were the letters of support—which touched me, as I know they touched you, as you came in from your breaks off the cold picket lines.

I will always remember those letters and telegrams, and the words of support and encouragement to us. The letters that said: "Enclosed \$20.00. We are senior citizens, with only a pension, and that is all we can afford to give. But we think your cause is right, and what they are doing to you is wrong, and we want to help." I remember letters from Unions and their Locals and rank and file members. Saying: "Thank God somebody is doing it. We couldn't, or wouldn't, or maybe now next time we will. Thanks for doing it for us."

They gave messages of support and donations first to help us stay out to get what we wanted. Then when the fines started coming in, to help us pay the fines. Phone calls to the office saying: "Tell Margaret I am sending another donation, tell her not to give up."

Like you, I didn't think we were doing anything particularly earthshattering. Just bargaining in the climate we know and have to put up with our good old right-wing Alberta Government. I didn't think we were doing anything that deserved such praise or support.

But perhaps in the society that we live in today it is unusual to stand up for what you believe in. To be honest about what you are doing and why you are doing it. To look at a situation that involves risks, and rather than concentrating on the losses that may occur, instead concentrating on the gains that may be achieved.

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THE ROAD LESS TRAVELLED

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But we had weighed the gains and losses of the decisions that we were making. Anywhere we figured the gains outweighed the losses we decided to go full steam ahead. I mean after all what was the worst thing that could happen? We could be tossed in jail. But the jail sentences in these situations are usually less than a year. And besides that way we could get something off the government — free room and board.

Or we could lose our jobs. But since there are lots of jobs for nurses not only in Alberta, but throughout North America, that did not seem to be a big problem. On the other hand the worst thing that could happen if we didn't fight back was that we would have to put up with the same, or less, wages and working conditions for the next two years in our day-to-day work life.

In considering strike action members wanted to know all of the information regarding all of the possible legal penalties that might be imposed upon us. Do you remember what one of the biggest concerns was? Not civil contempt. Not Criminal contempt against the Union. But individual criminal contempt that resulted in a jail sentence. Not because they were scared to go to jail. But if the nurse had a record, would that mean she could be stopped at the border and couldn't take her vacation in Hawaii or some other exotic place? (You know nurses and their vacations.)

Two roads diverged in a wood, and I — I took the one less travelled by, and that has made all the difference.

Our lawyers' heads must have been just spinning with all of the questions we put to them. Prior to and during the strike. I don't know about you but after a while I found it best not to tell our lawyers everything we might or might not, do. Or everything we might or might not say. It just seemed to upset them so much.

I made up a little song for the lawyers about this whole scenario:

Strike, Strike, Strike, the girls are marching.
Cheer up Lawyers and be brave,
Oh, we know the fix is in.
But, on our lines we know we will win.
And remember lawyers, there are still appeals!

Didn't you feel sorry for the lawyers though? Experts in their field. But they weren't given too much of an opportunity in the courts to display their expertise, were they? Still they plugged on. Arguing that the rules of *natural* justice should apply to *all* people who appear in court including trade unionists.

Our lawyers may not have had too much job satisfaction in their presentations on behalf of us at the various court proceedings. But I think they achieved at least one major goal. Not one nurse was on the stand.

Now it wasn't because we were unwilling to be on the stand. We were more than willing. In fact, to this day, one of our major regrets is that we never had the chance to give our little speeches. Now I've heard what some of you were planning on saying. And since United Nurses of Alberta only hires very smart lawyers, I think they may have got wind of the content of those speeches too.

I had my speech all ready too. And it wasn't even original. Mae West said it a long time ago: "Contempt — your honor. I was trying to hide it."

The other side really started the ball rolling with the strike vote, didn't they? They couldn't seem to understand that the reason we joined a trade union in the first place was because we were tired of other people telling us what to do.

We are also very process oriented, both at work and in the union. I mean if we are supposed to give Morphine 15 mg at 1000 hours we don't give Demerol 50 mg at 1100 hours, do we? Further to that, if you are on second coffee, you do not take it upon yourself to go to first coffee.

Our people had gone to considerable trouble to set the date, time and place of that strike vote and heaven help anyone who tried to change this process. Therefore, neither the Negotiating Commit-

tee, nor I as President, would even dream of telling our members to change the date of the strike vote, let alone cancelling the strike vote. I mean, it would have been instant revolution.

Imagine somebody else coming along — who is not even a member — and trying to tell us that we can't hold our planned vote. Not only that, but these guys are from the other side. The employer. The A.H.A. The Department of Labour. Our dear old government.

It would be nice if they would try negotiations instead of legislation for a change.

Now being the fair minded person that I am I thought it was only kind of me to indicate that, in spite of any direction given by the labour relations board or the courts, the strike vote would be proceeding as planned by the membership.

But they didn't pay any attention to me. I guess they thought that was just militant Ethier and her hype. But *ordinary* nurses are not like that. How patronizing that they think *ordinary* nurses do not have an original thought of their own and are not capable of making decisions and backing up those decisions with action.

The rest is history as we know. Those *ordinary* nurses were lining up at the polls before they even opened. In fact we were thinking of stringing a banner across the Labour Relations Board building that said: "Thanks for the great voter turnout."

The members were so affronted by that Cease and Desist Order that at one point I thought we might have a strike on our hands, even if we got a settlement.

The day before the strike the Chairperson of a supposedly conservative District, called to ask me if it was true that some Locals had already gone out in Edmonton and Calgary. I said: "No, it is not true. And you tell your members to stay in until the official strike deadline at 0730 hours Monday."

Once we were on strike and the various legal directives kept coming at us people kept asking the same question over and over. "Now that this has happened will the nurses go back to work?" Nurses being the logical people that we are could not understand the logic of this question. After all, once we had failed to obey the first order, we had everything to lose, and nothing to gain if we went back to work without a settlement and a settlement was after all the reason we went on strike.

Of course, when cry-baby Getty came back off his vacation he figured he would fix us for good. Charging the Union with criminal contempt. When that didn't work he seemed a bit bewildered for the duration of the strike. Lapsing into occasional pouts. And repeating his favorite line: "I will not negotiate with law breakers." I was never too impressed with his bargaining skills anyway. I guess the Lubicon Indians aren't either.

Anyway, if he didn't want to negotiate with law breakers then his government should not have made the law in the first place, and his government should not have charged us with criminal contempt. Then we wouldn't have been law breakers. And more to the point, if his government and their representatives at the bargaining table had negotiated properly with us there would have been no need for the strike in the first place.

They thought they would really scare us with the Criminal Contempt charge. But by that time it was a bit of an overkill. With all of these orders to do thus and so — or else you're going to get it. Members told us not to send any more of the *court stuff* on the phone fanouts — just the important stuff — like negotiations.

I was kind of looking forward to the sequestering of the assets. The Energy and Chemical Workers Union had told us we were welcome to set up business at their office. I'm not above being sexist. And there are a lot of cute guys in that union. But not only that, I could picture this pure, sweet, simple trade unionism. A clean desk, a telephone, and my Local Executive phone number book. Isn't that what it's all about? Communication with the membership? And not getting bogged down with a multitude of paper and bureaucratic work.

Our members' money is another thing though. And we made sure that the government would not get its grubby little hands on our members' hard-earned strike pay. We just divided up a million of

their strike pay and sent it to the Locals. We knew there was no way the government would get the money off the Locals. Local Executive were like mother lionesses protecting their cubs. In fact, even though we had told the Locals to send back what was not used, I thought we'd never see another red cent of that money.

Well, I was wrong about that. Locals were quite methodical in paying out the necessary strike pay and returning the money not used to United Nurses of Alberta. But I was right about the government not getting the money.

Local accounts were closed. Some putting all the cash under the President's name or some other Local executive member, thereby violating one of our dearest unwritten policies: We don't trust anybody — including, and particularly, each other.

So the scare tactics of the employer/government didn't work this time and it would save a lot of time and trouble if they would realize it won't work the next time. It would be nice if they would try negotiations instead of legislation for a change.

But, it seems they never learn. The latest move of the employer/government is the *my door is always open* policy. It seems that every rinky dink employer, every department of the government, employers' agencies, nursing and other professional agencies are suddenly interested in the *concerns of nurses*. Starting with the Premier's Commission, lovingly referred to as the Hyndman Commission. I don't know about you, but if we're invited to one more *round table discussion* or if we're invited to make one more submission about the concerns of nurses I think I'll barf.

It is all so patronizing and contemptuous, you know. As if we were some sort of specimens to be studying up on like ants going in and out of an ant hill. Any concerns we have as nurses regarding our working conditions and wages are reflected in our proposals to various employers regarding changes to our collective agreements. Sometimes they agree to those proposals, sometimes they don't. Where they don't agree to those proposals we put them back on the bargaining table for the next round of bargaining.

We are a trade union for heaven's sake. Do they set up commissions to hear the concerns of pipefitters or accountants? What utter gall these people have in attempting to dismiss our legitimate concerns for changes to the contract and instead trying to treat us as some sort of protest movement that is looking for some nameless 'quality of working life' concept.

Maybe this latest move of the employer/government is just a new tactic of trying to talk us to death. And take up the time that we should be spending with our members. All I know is that these people certainly seem to have more time and money than we do. Of course, it is usually our money they are using anyway. Our money we have paid as taxpayers, and the money they should have paid us as nurses.

Speaking of money, how much do you think nurses are worth? \$20.00/hour? \$30.00/hour? \$50.00/hour? I think it's rather funny that when we're in bargaining, and even when we're on strike, you hear nurses saying it is not really the money. Now what I think they probably said is: *Yes, this is what we are bargaining for in money but we also have some other issues here and we want both.* But people want to tell us we are out there on the picket line for a much more nobler cause.

Perhaps people want to believe nurses would be on the picket line for a much nobler cause. Maybe protesting against health care cutbacks. Conscientious objectors — out to change the law. Can't quite seem to get it in their heads that nurses are like other workers. And the things that it would take to satisfy us are not much different than those that would satisfy other workers. So-called professional workers or so-called unskilled workers. Improved working conditions and wages, and being treated with respect. But they keep trying to put us in a special category.

It always reminds me of the woman in the home. She is always told that she is doing the most important job in the world and they wouldn't want to demean that job by placing any monetary value on it. And so they are paid nothing. The praise that is heaped upon them for the great job they are doing is supposed to be enough compensation for them. And once a year there is *Mother's Day*, isn't there?

They have tried the same stuff with us. Now there is this *Nurse's Week* once a year. It is funny they don't have *Accountant's Week* or *Doctor's Week* or *MLA's Week*, isn't it? But maybe those people would not be satisfied with a lump sum of payment of praise once a year. Maybe those people require proper

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Annual General Meeting, 1988

The 1988 Annual General Meeting of the United Nurses of Alberta was held October 18, 19 and 20 at the Edmonton Inn. On the first day the number of voting delegates reached 323 with 131 observers also attending.

The 1988 and 1989 budgets were quickly passed by the delegates, pleasantly surprising the Secretary/Treasurer.

1988 Elections

Heather Smith, President of UNA Local 79, defeated David Harrigan, Vice-President of UNA, on the first ballot for the position of President of the United Nurses of Alberta. Margaret Ethier, President of UNA from 1980 to 1988, had announced in August that she would not be running for re-election.

Susan Buck was acclaimed as a North District Rep to the Executive Board; Nora Spencer was elected as a Central District Rep; Donnie Meehan, Kathy James and Dale Fior were elected as South Central District Reps; and Wayne Whyte was acclaimed as a South District Rep. Isabelle Burgess, Val Holowach, Carmelita Soliman and Bev Dick were acclaimed as North Central District Reps. After the acclamation of these Board members it was discovered that North Central District was entitled, through increased membership, to a sixth District Rep position. An election was held for the new position with Irene Gouin emerging as the winner.

Constitutional Amendments

Many of the constitutional amendments involved 'housekeeping' changes (to provide clearer and less ambiguous constitutional language).

The 1989 Constitution, with a list of amendments, is included as an insert in this issue of the Newsbulletin.

Policy Resolutions

1. Alberta Department of Labour

Decisions to communicate or not communicate with the Department of Labour shall be made on an individual case by case basis, by the Executive Officers of the UNA in consultation with the Executive Director. The Executive Officers shall make their decisions based on the particulars of the case and how it relates to UNA's long and short term goals, objectives and principles. The decision shall be subject to confirmation by polling the Executive Board within 7 days of receipt of the request.

2. Loans to Another Trade Union

Any request for an interest-free loan from another trade union shall be assessed using the following criteria:

1. Must be a trade union.
2. Must be as a result of a strike or lockout.
3. Must be in writing.
4. Must present a repayment plan that requires all loans be repaid 6 months prior to the expiry of the Hospitals Collective Agreement.

Any interest-free loan meeting the above criteria may be approved by the Executive Officers and taken from the Emergency Fund.

Such loans could not exceed \$100,000 per year. For each \$100,000 loaned, the Emergency Fund must have a remaining balance of \$500,000.

3. Worksite Committees

Participation on any worksite committee not defined by the Collective Agreements shall not be construed as official representation of the United Nurses of Alberta.

4. Lubicon Indian Band

That the United Nurses of Alberta support the Lubicon Indian Band in their attempt to reach a fair and equitable settlement in their land claim with the Federal Government of Canada and the Province of Alberta.

5. National Federation of Nurses' Unions

That Membership Services Committee be

directed to make available to the Locals information about joining N.F.N.U. and that this motion serve as notice of intent for the 1989 Annual Meeting that UNA consider affiliation with N.F.N.U.

Guests

Nine guests attended the 1988 UNA Annual Meeting. Representing other nurses' unions were Kathleen Connors from N.F.N.U., Barbara LeBlanc from S.N.A., Vera Chernecki from M.O.N.A., and Monica Leslie and Glenna Cole Slattery from O.N.A. Hunter Wallace represented the Independent Canadian Transit Union. Madeleine Parent from the Canadian Confederation of Unions was also present. Flo-dia Belter acted as the UNA parliamentarian. Sheila Greckol (UNA's lawyer) was in attendance.

Hunter Wallace told the delegates that the UNA 1988 Hospitals Strike was "the best thing that's happened to the labour movement in Canada in the last

twenty years". Kathleen Connors, President of N.F.N.U., stated "During your strike I was proud to say I was a union nurse". She went on to compliment UNA members, praising the "courage and commitment shown by nurses in this province".

Madeleine Parent, a well known trade unionist and an activist since the late 1930's, spoke at length about the implications of free trade saying that "the horrible truth is that the Free Trade Accord will be even more catastrophic for our country than responsible economists predict".

Wine and Cheese

A wine and cheese reception was held at the Edmonton Inn. Entertainment was provided by the Union Choir who sang "Union Maid" as a tribute to departing UNA president, Margaret Ethier. The reception was also the setting for the formal farewells and gift-giving to Margaret.



An Interview With The President

Heather Smith was elected as the third President of UNA on October 20th. Heather, who graduated in nursing from the Algonquin Community College in Ontario, has been an extremely active member of UNA since 1980. She acted as president of Local 79 (Edmonton General) from 1983 until October of 1988. She has also been involved in various UNA committees including Hospital Negotiations.

In this interview Heather discusses her thoughts and perceptions about UNA and about nursing.

Q

What issues/concerns/changes do you believe UNA should be examining

A

There is a need for some internal re-organization that has been created by the resignation of the Executive Director. It is unfortunate that things did not work out with Ron.

The biggest issue for UNA is the plan to strengthen membership involvement in decision-making. This applies to all members and especially to the non-hospital nurses as one day our minority nurses may become the majority of members when health care moves into the community.

There is a need to raise the awareness of the role of the union at staff nurse level. UNA has to provide literature and information that is pertinent to the members and that demonstrates through provincial efforts the vital role that UNA can play in positively affecting the day-to-day working conditions of our nurses.

At present I am looking at providing issue-specific pamphlets (PRC, Health & Safety) to help members personally deal with their employers in a more informed manner. Professional Responsibility is one of my own priorities. There is a need to create a fluency within the membership of what the role is of the Professional Responsibility Committee and how members can utilize the committee to effect changes.



increased but there has been no move in 50 years away from the 40-hour work week. Nurses resort to working 12-hour shifts in order to get extended periods of time away from their employer.

It is essential that we create an understanding of the grievance procedure—what a grievance is and when it is appropriate. In the area of evaluations nurses should know how to be prepared for an evaluation, what can be said in an evaluation, and how UNA can help when it is used as a form of discipline.

Pension plans are also an item requiring attention—I refer also to income security and protection. Employers are increasingly dependent upon casual nurses who are forfeiting deferred income—when they are no longer employed as nurses that income is lost.

The union needs to provide information for the average staff nurse on negotiations so that there is an understanding of the process before it begins thereby increasing the ability of each nurse to influence the bargaining process.

I suggest that to enhance participation in the negotiating process that UNA should look at a province-wide negotiating questionnaire to establish the present priorities and positions of our members. These questionnaires would go out to the members prior to the commencement of negotiations, be collected by the Locals through the Ward Rep

system, and be forwarded to the Provincial Negotiating Committee. The information-gathering would be repeated during actual negotiations in order to ensure that provincial decisions reflect the membership's needs. This increase in membership education and participation will mean that UNA will have to move forward in the utilization of technology. I hope to start the process early in 1989.

In terms of present bargaining we have recently settled with the "Group of Six" health units—thanks to the UNA negotiating committee and Barb Surdykowski. It is unfortunate that this group of RN's who once excelled hospital nurses for financial compensation now, in 1988, lag behind. Negotiations presently continue for other non-hospital nurses with the hopes they will soon achieve wage and benefit parity with the hospital nurses.

Q

Heather, what do you see as a major issue facing the profession of nursing?

A

I think one of the major issues facing nursing today is the entry to practice requirement (EP2000). I have concerns about both the educational opportunities that will be provided to currently



It is also necessary to increase awareness of health and safety issues. Nurses should know what constitutes job risks—environmental, chemical, biological—that are part and parcel of our work (in particular shift work). The intensity of our work has

The biggest issue for UNA is the plan to strengthen membership involvement in decision-making.

—Heather Smith

practicing nurses and the financial assistance they can expect in order to take advantage of any educational opportunities. There are plans for a rather rapid introduction of a new approach to nursing education. Since my election in October concerns have been brought to light that the current schools of nursing will undergo major changes affecting entrance into the profession which may negatively impact upon current nurses obtaining their degrees. I would personally like to see the introduction of 'challenge exams' for recognition of education (both formal and informal) that individuals have obtained.

Financial compensation should be provided to the nurses for their education. There should be equity of compensation whether the nurse chooses to practice her skill in a hospital, health unit or nursing home.

Q

What other issues should nurses be focusing on today?

A

I think nurses should examine their role as decision-makers in the health-care system. I don't mean just deciding clinical nursing care but also looking at the broader ethical issues

that are becoming more complicated with escalating technology and quickly-changing treatments. We need to create an understanding that nurses can, and should, challenge decisions.

One of the avenues for influencing the direction of health-care is already in place. Nurses have, and should be using, Professional Responsibility Committees (PRC) that are in place in hospitals throughout Alberta. We should also be seeking strengthened 'ethical committees' and encouraging input at the staff nurse level.

Nurses should be increasing their political awareness and activity in order to be involved in health-care decisions taking place at the federal and provincial government levels. A recent opportunity for input occurred with the amendment to the Drug Patent Law which will reduce the availability of generic drugs. Alberta hospitals are the primary users of generic drugs in this province; as the availability of cheaper drugs decrease, patient costs will increase. Noncompliance with a drug regimen will occur with people unable to afford higher prices. Nurses are in a perfect position to observe the detrimental effects this will have on the level of health of patients.

Nurses should have input into health-care program funding. Previously the costs of health-care was cost-shared 50-50 between the federal and provincial governments. However federal funding is decreasing which increases the burden on the provincial government to make up the shortfall. Provinces are becoming more reluctant to fund programs to the previous level. I believe nurses should be encouraging the government to move the focus of health-care out of institutions and into the community. Of course reasonable levels of support care will have to be established, along with increasing the numbers of registered nurses practising in the community (and providing financial compensation to those nurses).

Another issue into which nurses should have input revolves around the increasing computerization in the health-care field. There are definite upsides to computerization but in terms of record-keeping there presently does not exist a sufficiently secure system to protect confidentiality. Computerization may also require a nurse to update records more frequently thus further reducing time for delivery of hands-on care.

Q

Would you like to comment on the AARN's reaction to UNA's examination of the AARN structure?

A

To tell the truth I am surprised by the actions taken by the AARN. All of our members (except for RPNs) have been sent letters by the AARN which were prompted by a UNA Newsbulletin article that suggested UNA was going to investigate options other than the present Alberta organization. Many RN's who have practiced in Ontario, for example, have been upset that in Ontario, where a different system exists, they pay \$35/year to practice and in Alberta the cost, now \$140/year, will rise to \$200 in 1989.

I believe the AARN has exaggerated its response to what is a simple request to investigate it. Why is the organization threatened by having its structure questioned? We are only *examining* the upsides and downsides to the alternatives. Any decisions to proceed further will ultimately be made by UNA and SNA (Staff Nurse Association) members. All the AARN has succeeded in doing is ensuring that everyone is aware that there *are* alternatives to the present Alberta structure. UNA is now getting more telephone calls from nurses telling UNA to "go for it".

Q

What is your opinion of the new labour laws in Alberta?

A

Labour in Alberta has been constrained by regressive legislation for a long time. Naturally UNA will be examining the laws and then providing information to the local presidents and members about the present and future impact of the Legislation.

UNA has always been firm in charting its own course whatever the legislation placed before it and there is no reason to think that will change. Our role as patient and health-care advocates will supercede the law. Our voices will not be silenced by legislation.

Q

The recent re-election of a federal government dedicated to privatization has exacerbated concerns that our health care system will deteriorate to one similar to that of the United States. Any comments?

A

The present government seems to favour, or offer, privatization as a viable and cost-effective alternative. In fact Canadian history has demonstrated that we already have a cost-effective health-care system. The U.S. spends 11.4% of its GNP on health-care—35 million Americans are without any health-care coverage and 25 million have inadequate coverage. In Canada 8.9% of the GNP is spent on health care and every Canadian is adequately covered.

The U.S. also has a higher degree of legal involvement than Canada. Individuals who are paying out of their own pockets look for faults within the system so that someone else will pay. Canada is fortunate that it does not have to pay the exorbitant compensation rates that are paid in the U.S.

Q

Many people who favour privatization say that it will cut down on abuse of publicly funded health-care.

A

There has been no demonstrated abuse of the health-care system. There are rare cases of individual overuse but it is often symptomatic of more complex problems for that individual. The present provincial government have studies which report that abuse is *not* a factor in the costs of Alberta health-care.

Q

How do you personally feel about affiliation with other labour groups?

A

While I personally do not feel it is necessary for UNA to affiliate with other labour groups it will ultimately be dependent upon the UNA membership to make the decision.

We should continue to work with organized workers and should return in kind the financial and moral support generously provided to the UNA during and after the 1988 strike by hospital nurses.

I do support affiliation with the N.F.N.U. as it has established itself as a credible national voice expressing the concerns of nurses. UNA has a lot to offer nationally and we share common goals (i.e. in education of members) with N.F.N.U. members. We are not the only group of nurses having difficulty with employers and with governments.



Q

Anything you would like to say in closing?

A

I would like to take this opportunity to extend Season's Greetings to the members of UNA. Best wishes for a safe and enjoyable holiday season!

The Needs of the Nurse

Nurses enjoy a lot of respect among Canadians, especially among those who have been patients in a hospital. But nurses themselves do not feel they enjoy much respect within the medical system. The unhappy state of nursing is among the compelling problems in our hospitals, and it must be addressed if the medical system is to function as it should.

Every province seems to be studying the problems of low morale among nurses, retaining staff and attracting new candidates. Alberta has a premier's commission on health care whose attention was quickly focused by the bitter, illegal three-week strike of nurses there last February. New Brunswick published a report last month calling for better working conditions for nurses and more participation in decision-making in hospitals. British Columbia is spending \$500,000 on a special program to train 45 critical care nurses to meet a pressing shortage. There are several studies underway in Ontario, including one by the Registered Nurses' Association of Ontario, and a report was released this week by the government's Advisory Committee on Nursing Manpower.

But it is, of course, woman-power that dominates in nursing, and the subtext of much dissatisfaction has to do with historic and systemic sexism. Nurses have been women, doctors have been men, and the allocation of status, power and income has been colored all too much by broader social assumptions. While many more women are now physicians, it would be naive to ignore the undercurrent of female-male power dynamics in considering the state of nursing today.

During the Alberta strike, nurse representatives spoke sardonically of the Florence Nightingale syndrome, which imagines nurses as self-denying servants of the medical profession—maternal saints with no personal needs. In truth, the sizzle on the steak is sexism, though money and other working conditions are the primary issues.

The latest Ontario report describes a perception among nurses that "they are offered limited recognition by employers, other professionals and, sometimes, by colleagues. This has a negative effect on their self-image, reduces job satisfaction and can impact on their ability to optimally provide quality care." (Nurses are also insulted when practicing nurses are not included on task forces studying nursing, which occurred in this case, and was noted as a problem in this report.)

More prosaically, dissatisfaction results in nursing shortages that reduce the efficiency of hospitals and squander investments in nursing education as many people leave the field. It is estimated that 6,000 of Ontario's 65,000 practicing nurses will quit the profession within 10 years of entering it, largely because of onerous working conditions and disillusionment. Shift work is often disruptive of family life, and many nursing skills are not fully utilized as nurses spend time on clerical and other tasks.

There will be no solution to these problems until practicing nurses are fully included in their resolution and nurses play a greater role in providing medical care. This means more involvement of nurses in hospital committees and boards, and in the public policy process. Certainly, it means an end to any lingering paternalism toward nurses as women.

This raises an obvious question: why are women now well represented in MD programs, while young men rarely consider nursing as a profession? Job stereotyping is one answer, to be sure, but men have traditionally enjoyed more choice of jobs in the labor market and taken other options. As women have more choice, many of them are also taking other options. It seems apparent that the status of nursing within the medical system will have to be good enough to attract both women and men if our hospitals are to get and keep the nurses they need.

**NEWSBULLETIN
DEADLINE
February 6, 1989**

NOVEMBER BOARD

Vice-President's Report

The first meeting of the 88-89 Executive Board of UNA was held November 14, 15, 16, 17 & 18 under the chairmanship of new President Heather Smith.

In a departure from the normal four day meeting, the board had agreed to arrive one day early to discuss the recent resignation of former Executive Director and plans for the future. After much discussion and examination it was decided that until the first Executive Board meeting of 1989 the following Interim Arrangements will be in place: all administrative staff will report to the Director of Office Operations. The Director of Office Operations will in turn report to the Secretary/Treasurer. All labour relations staff will report to the Vice-President, who will in turn report to the Executive Officers. These arrangements will be reviewed at the January Executive Board meeting. As well, each ex-Board member will submit proposals re: long-term goals and any possible restructuring necessary to achieve these goals.

From Tuesday to Friday, the regular business of the Board was handled. The first item of business dealt with was the issue of investigating the possibility of separating the licensing body from the professional body. It is still far too early to recommend any course of action, and it was decided to continue our investigation of the pro's and cons.

As a result of a motion from the South Central District, it was decided to record all votes at the January Executive Board meeting. If this procedure proves workable, it will continue to be done in the future.

The Executive Board also reviewed the Annual Meeting minutes, and will act on those items referred

to the Executive. Issues relating to negotiations will be examined early in 1989, to allow us to be well prepared for our next round of hospital negotiations.

The Legislative Committee examined the new labour code. Further information on this very anti-union act will be forth coming to all local Executives.

The Executive Board also approved the finance committees recommendation to send cash donations to Saskatchewan Union of Nurses and to UFCW Local 1118. SUN as we all know had to recently strike in order to gain improvements, and UFCW has been locked-out by their employers since June. Both of these groups supported UNA during our hospital strike.

The Education Committee reviewed their mandate and will be spending the next year developing labour seminars, in addition to our current workshops. As well, a new Political Action Workshop will be developed for the membership.

Membership Services Committee reviewed the method of registration used at Annual Meetings. As a result, a more stream-lined, efficient method of registration will be used in the future. As well, the possibility of establishing honorary membership in UNA is to be investigated.

Finally, the issue of using members as nominees to grievance arbitrations was discussed and plans are underway to facilitate this. Any member interested in this, please contact your district representative.

Dates of the 1989 Executive Board meetings are as follows:
Jan. 30, 31; Feb. 1, 2, 3; May 2, 3, 4, 5; August 22, 23, 24, 25; November 21, 22, 23, 24. Observers are always welcome.

Central Park Lodges

by Heather Smith

UNA bargains on behalf of three Central Park Lodges in Calgary, Medicine Hat and Grande Prairie [Heather Smith assumed the job of negotiator following the resignation of Executive Director Ron Lévesque]. On Wednesday November 23, 1988 proposals were exchanged between the parties. Bargaining is scheduled to occur on December 14 and 15 in Calgary. The current collective agreements expire December 31, 1988.

The Union is seeking a fifteen month agreement ending March 31, 1990. The main thrust of this round of bargaining is to seek parity with levels of compensation provided under hospital agreements.

The following list illustrates some of the significant differences in wages and contract provisions between C.P.L. and hospital nurses.

Central Park Lodges		
	C.P.L.	Hospitals
Education	15¢/hour for all advanced education	25¢/hour for clinical course, nursing admin., dual RN/RPN 30¢/hour for a one year diploma 65¢/hour for a Baccalaureate degree 85¢/hour for a Master's degree
Shift Differential	50¢/hour	\$1.00/hour
Weekend Premium	20¢/hour	50¢/hour
Charge Pay	30¢/hour	\$1.00/hour
Schedules	2 weeks notice	12 weeks notice
Pension	none	Local Authorities
Vacation	Less than one year = one day/month to maximum of 10 days one year = 15 days 3 years = 20 days	1st and 2nd years = 15 days 3rd to 14th years = 20 days 15th to 24th years = 25 days 25+ years = 30 days
Recognition of Previous Experience	2 years for each increment	1 year for each increment
Sick Leave	Accrue 1-1/4 days/month Capped at 90 days	Accrue 1-1/2 days/month Capped at 120 days
Wages	5 increments RN \$14.03 to \$15.32 Grad \$13.15 to 14.60	7 increments RN (1988) \$14.82 to \$17.63 RN (1989) \$15.41 to \$18.34 Grad (1988) \$13.67 to \$15.03 Grad (1989) \$14.22 to \$15.63

In addition the C.P.L. nurses are seeking improved orientation, improved dental benefits, a protocol for annual evaluations, seniority accrual and salary advancement for casual employees, clarification of overtime premiums and establishment of a joint (shared) RRSP.

NEGOTIATIONS

Settlement Reached For The "Group of Six" Health Units

by Barbara Surdykowski

A settlement has been reached on behalf of the UNA members at Leduc-Strathcona, Wetoka, North-Eastern, Big Country, City of Lethbridge and Vegreville Health Units.

The new collective agreement provides for the following improvements:

- a minimum payment of \$28.00 on a single call-in
- \$15.00 pay for the on-call period
- slight improvements in subsistence and per diem payments
- introduction of a new format for the part-time, casual and temporary article
- salary increases of 4-4.6% on the base rates effective April 1st, 1988
- salary increases of 4% on the base rate effective April 1st, 1989
- deductions to the car allowance will be made on the 5th and subsequent day of paid absences.

In addition to the improvements the negotiation committee successfully avoided concessions in the areas of hours of work and transportation.

The nurses will receive retroactive payment on all hours worked including overtime, paid leaves and paid sick-leave. Payment will be made by December 16th, 1988 on a separate cheque.

Ratification of this collective agreement occurred on November 28th, 1988. The agreement expires with the hospital agreement.

Negotiations with the Minburn-Vermilion Health Unit took place on November 30th. An agreement similar to that of the Group of Six was reached but the ratification vote has not yet been held. Negotiations with Alberta West Central Health Unit are scheduled for December 5th and 6th.

Red Cross Bargaining

by Lesley Haag

UNA Local 155 and the Canadian Red Cross Society exchanged proposals on October 30th and began bargaining on November 23rd and 24th.

The ingoing proposals included demands for benefits for temporary employees (who currently get no benefits), improved vacation time and various health and safety issues (including parking). Priority proposals looked for improved conditions in out-of-town mobiles, recognition for charge nurse on out-of-town mobiles and single-occupancy accommodation for nurses while out-of-town.

The Red Cross nurses are seeking wage increases equivalent to those obtained by nurses under the provincial hospital agreement.

The negotiating committee was able to resolve all of the non-monetary issues on November 23rd and 24th. There was a positive exchange of ideas and concerns with the employer and the committee hopes to resolve the monetary issues on December 14th and 15th.

Labour Notes

Are Strikes Back in Fashion?

This year is likely to reverse trends of the past decade toward fewer long strikes in big unions. Federal labor minister Pierre H. Cadieux cited 1987 as "one of the lightest in a decade for work stoppages." In 1987 lost time in management-labor disputes was the equivalent of .09% of hours worked. This year's pace is running at .10%, but that figure **doesn't** include the recent three-month walkout by 19,000 Bell Canada workers in Québec, Ontario and the Northwest Territories. Also not counted yet is the one-week strike by B.C. provincial government workers in September and the province-wide Saskatchewan nurses' walkout last month. Lost time in lockouts and strikes has been under .25% since 1982. The International Labor Organization says the reduction of strike and lockout time is a world phenomenon. The number of disputes dropped from 26,000 to 14,000 a year in 1974-1984, says the ILO. The ILO study covered 19 industrialized countries including Canada, the U.S., Italy, Norway, Germany and the U.K. "In contrast to the private sector" says the ILO, "the public sector has become more strike-prone" all over the globe. "Belt-tightening government policies have been the No.1 target of most strikes in Sweden and the U.K. Dissatisfaction with pay restraints has been a major cause of conflict and dispute in others."

Nfld. NDP Leader Backs Settlements

Would politicians put their futures at risk by defending public employee pay hikes? Newfoundland New Democratic Party leader Peter Fenwick thinks not. He quickly defended provincial employees when opposition leader Clyde Wells of the Liberals said the ruling Conservatives were too generous with provincial unions. In recent settlements provincial employees have been getting better-than-inflation pay increases, says Fenwick. But for quite a while they fell behind inflation. **Looking at 10 years of data Fenwick found that experienced nurses advanced their standard of living in Newfoundland and lost no ground to living costs.** Clerks are paid 95% more than in 1978. The cost of living rose 98% in 1978-88. But driver examiners got 68% increases, teachers the same and power engineers on the provincial payroll 74%. "I am very concerned that Clyde Wells should see this as a problem," says Fenwick. "It would suggest that he feels public employees should maintain a feudal relationship with their masters, take what they are given and never object."

Other Nurses

by Melanie Garces

Saskatchewan Union of Nurses

Members of the Saskatchewan Union of Nurses (SUN) spent their Thanksgiving holiday walking the picket line in a hospital strike that lasted 6 days. The nurses had been without a contract since December 31, 1987. When talks broke off on September 30th, 82% of the 5750 members voted to take strike action. During the strike Margaret Ethier, President of the UNA, and Heather Molloy, Secretary/Treasurer of UNA, delighted SUN members by appearing on the picket lines and speaking at the rallies. UNA has donated \$7500 to the SUN strike fund. Alberta nurses also held information pickets in Alberta when it became apparent that Saskatchewan patients were being transferred to our already understaffed facilities.

Chris Rawson, Executive Director of SUN (and a former UNA ERO), described the 39 month contract that resulted from the strike as "a good agreement." She stated that the nurses were able to achieve "significant gains in wages, job security and a vehicle for nurses to express their concerns about patient care—our 3 priorities for this round of bargaining."

SUN has Nursing Advisory Committees (NAC) similar to the UNA Professional Responsibility Committees. The Saskatchewan Health Care Association (SHA) attempted to limit the effectiveness of these committees by insisting that all matters referred to a committee remain confidential. Pat Stuart, vice-president of SUN, said that this was unacceptable to the membership because "the public has a right to know when safe patient care is in jeopardy and nurses have an ethical duty and a professional obligation to report when staffing levels are unsafe." SUN won the provision that if concerns were unresolved after being discussed with the hospital's Board of Directors the problems can be brought before an independent Assessment Committee (one representative each from UNA and SHA and one nurse from an agreed-to list). SUN work-situation reports are now recognized by SHA and nurses are entitled to union representation whenever a work-situation report is being discussed.

SUN also won a clause declaring that a decrease in shifts is equivalent to a lay-off. All hospital nurses now have bumping rights during temporary hospital bed closures. The nurses will now have paid training for non-compulsory certifiable skills.

Casual nurses have obtained "cancellation" provisions. Depending upon the reason for cancellation of shifts they will be entitled to five (5) shifts at the premium rate or straight time for the cancelled

shifts.

In the area of wages the nurses with the least experience and those with the most experience made the largest gains. At the low end of the scale wages will increase 16.1% (with the deletion of the six month start rate) and in the middle of the scale the increase will be 12%. Two more increment levels have been added over the thirty-nine months. The top rate will increase 18.1% to \$19.53/hour.

Unfortunately the battle with the SHA does not appear to have ended with the strike. Despite the inclusion in the agreement of a no-recrimination clause some employers have decided to make changes to posted schedules and have denied statutory holiday pay to those who worked on Thanksgiving Day as part of the essential services provided to institutions. In some cases the employers failed to recall nurses immediately following the strike. The SHA would not agree to a specific time or date when everyone would have to be at work. SUN members are now filing grievances on these and other strike-related issues.

SUN commenced negotiations on November 15th with the Saskatchewan Association of Special Care Homes. The nurses in the long-term care facilities have been without a contract since December 31st, 1987 and are hoping to achieve a settlement similar to the agreement for acute care nurses.

British Columbia Nurses Union

The British Columbia Nurses' Union ratified an agreement in mid-September with 15 privately-owned long term care facilities. The wage increase (equivalent to the percentage increase obtained by the general hospital nurses) brings the starting wage to \$15.07/hour and the top (6th year) increment to \$17.43 by April 1st, 1989. The nurses now have a portability clause enabling them to move between the facilities and maintain sick leave credits, vacation entitlement and salary. The employers have also agreed to introduce a retirement plan as provincial pension schemes are unavailable to employees of privately-owned facilities. Many of the prior individual collective agreements had expired in 1985 and 1986.

On December 7th, 8th, 9th the BCNU holds their "Objectives and Priorities Meeting" for hospital negotiations. The present Collective Agreement for 17,000 acute-care hospital nurses expires on March 31st, 1989.

THE ROAD LESS TRAVELLED

Continued from page 2

compensation and respect for the job they are doing throughout the year.

I don't think it's any coincidence that they treat us as little mothers. Instead of looking after children in the home, looking after patients. Mind you, I think they probably refer to us as *those big mothers* when we are on strike. But what we are talking about is that work traditionally done by women has been undervalued, and it is going to take a while, and a few fights, before we receive the proper value for that work.

So I think we had better be careful when we are talking to others, not to down play the fact that we do want financial recognition for our work. That we do think we're worth it. If the message is we're not really interested in the money, then the employer/government would be foolish to waste that money on us.

Do they set up commissions to hear the concerns of pipefitters or accountants?

Of course, there may be some nurses who think it sounds nicer to say "We're not really interested in money." And the public will support us because we're not selfish, money-grabbing people. In every hospital strike that we have been on, with the exception of the 1982 strike, money was one of the main issues of those strikes. We were basically satisfied with the money that had been offered in 1982 - 22%.

So our main concern in that strike was: the scheduling provisions; no nurses assigned to work alone; and making sure that part-timers had a letter of hire. In other words, working conditions. That was the one strike that we took the most public heat. People calling us *Baby Killers*, taking runs at us with their cars on the picket lines, threatening us via phone calls.

In this past strike the members had identified to us that money was the number one issue. When we went on strike the only priority issues left on the table were mostly money: salary, health care benefits, and vacations—with the only working conditions being: definitions of a ward or unit, and nurse-in-charge at all times. Strange then that the line seems to be that nurses went on strike for some mystical working conditions.

So we have to guard against other people putting words in our mouth. Trying to get us to go along with the agenda they have set for nurses rather than the agenda we have set for ourselves. I think that is probably the purpose of all of these round table discussions. Remember that old song about give us bread but we want roses too. United Nurses versions should be: "Skip the flowery talk and put some bread on the table." Enough bread to pay for our salaries, health care benefits, vacations, and enough bread to pay for the staff needed for health and safety conditions and professional responsibility concerns. Because we are worth it.

We have come a long way since we started United Nurses of Alberta in 1977. One of the reasons we have come as far as we have today is our principle of *Saying what we mean, and meaning what we say*. We haven't been afraid of taking the initiative—of setting our own agenda instead of simply reacting to the events around us.

Even if somebody else hasn't done it before. Even if somebody else doesn't approve. We'll decide what is best for us. Because it is our union, our contract, and our life. Some of the roads we have taken have not been that easy. We have faced conflict, confrontation along the way, and we will in the future. But that is because we don't believe in going back or standing still - we believe in moving ahead.

I have another quote, this time it is not from Mae West but from Robert Frost:

I shall be telling this with a sigh
Somewhere ages and ages hence;
Two roads diverged in a wood, and I -
I took the one less travelled by,
And that has made all the difference.

ALERT

Problems with Short-Term and Long-Term Disability Benefits? Help is Here!!

by Laurie Coates, ERO

Many nurses are having trouble obtaining short-term and long-term disability benefits from Great West Life Assurance Company (AHA's policy holder). The problems encountered with claims include:

- doctors' reports either arriving late or being vague about the extent of disability;
- employers are late sending in their forms;
- members are late filling out the appropriate forms;
- or employers are sending in reports of what they think about the nurse's ability to claim.

Please contact your Local executive or an Employment Relations Officer (E.R.O.) if you are experiencing difficulties obtaining your benefits.

In the meantime here are a few hints to help you deal with Great West Life.

1. Contact your employer and fill out necessary forms as quickly as possible (retain a copy for your files). Ask your employer for copies of all correspondence they have with Great-West Life.
2. If you are on short-term disability and find you will probably be going onto long-term disability, fill out the forms for LTD benefits as soon as you know. These forms can be obtained from your employer.
3. If you are on WCB fill out the necessary forms for STD and LTD within one year of the incident for which you are receiving WCB benefits.
*LTD claims must be filled out within one year of the incident in order for you to be eligible.
4. Make sure your doctor has filled out and sent all the required forms into Great-West Life and retain a copy for your files. Let your doctor(s) know that your payment of benefits are dependent upon Great-West Life receiving the required forms on time. As well, the doctor's forms must clearly state your limitations and prognosis so there is no room for Great-West Life caseworkers to make their own interpretations.
5. Keep records of your progress (doctors' letters and conversations, etc.) and discussions with Great-West Life representatives for your files and for quick reference.
6. If you have been refused disability benefits you may apply for Unemployment Insurance Sick Benefits until your disability claim has been appealed. At the time of approval of LTD benefits you can pay UIC back.
7. Do not be discouraged if you do not get benefits immediately. We are finding that many of our members are having to appeal decisions but are frequently successful on appeal.
8. If you have been refused disability benefits, or are having difficulty, contact your Local President, grievance chairperson or ERO immediately.

Nurses Assaulted

At 0220 hours on November 21st two registered nurses were physically assaulted by a male inpatient at the Lac La Biche General Hospital. The attack, which was unprovoked and unanticipated, resulted in one nurse, the recipient of repeated blows to the face, suffering facial bruises and a laceration to an eyebrow which required sutures. The other nurse involved received soft tissue injury to the nose.

Heather Smith, President of the United Nurses of Alberta, stated that "an act of violence committed against a nurse in the course of her job should be treated as is any act of violence involving a member of the public."

Ruth Topelko, president of the UNA local of Lac La Biche Hospital, stated that she is "pleased that the administration of the hospital has been supportive of the nurses involved in this incident."

The RCMP have been notified. Charges are pending against the patient.

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Money Matters

Local Executive—Part-Time Funding

by Heather Molloy, Secretary-Treasurer

As a result of the good work that is being done at the Local level by our Local Presidents and Local Executives, it has been a long-standing practice of U.N.A. to ensure that Local Presidents remain active and involved, and that the Local Presidents, and Local Executive have the necessary time and information needed to fulfill their duties.

Objective for Providing Funding:

U.N.A. recognizes that Executives of Local:

1. Have a commitment to their employer and thus cannot abuse employer time.
2. Have a commitment to their Locals members and thus need time to function in this role.
3. Should not be completely compromised financially for doing U.N.A. business.

Locals with 750 duespayers or greater be funded for three days per week.

Locals 500 - 749 duespayers be funded two days per week.

Locals 200 - 499 duespayers be funded one day per week.

Locals 100 - 199 duespayers be funded two days per month.

Locals 0 - 99 duespayers be funded one day every second month.

If your Local has not applied for funding and wishes to do so, please contact the Secretary/Treasurer.

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