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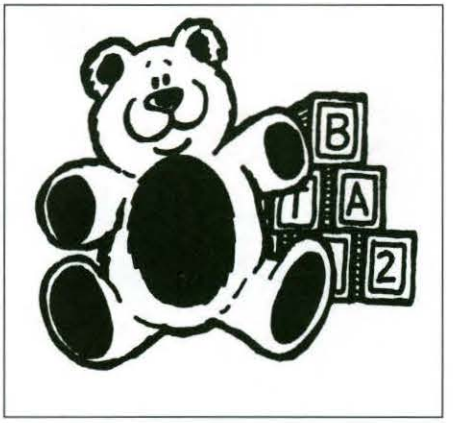
Labour Plans International "Toycott" on Anniversary of Toy Factory Fire

THE ALBERTA LABOUR movement is marking the anniversary of one of the most tragic industrial fires in history by proceeding with a plan to persuade Canadians to "get serious about toys".

On May 10, 1993, 188 workers were killed and another 496 seriously injured when fire swept through the Kadar toy factory near Bangkok, Thailand. As factory windows and doors were barred as a control practice in Asian factories, workers (many children) were forced to leap from upper story windows onto the bodies of co-workers below. Others succumbed to a lack of oxygen and poisonous gas from burning materials.

Kadar is just one of hundreds of small sweat-shops in Asia, where a growing proportion of the world's toys are produced under gruesome conditions including long hours, slave wages, and brutal, penitentiary-like conditions. Last year alone, over 30,000 workers died because health and safety standards are being set aside.



Even though they are produced in Asia, the brand names actually appearing on these products are those of the worlds biggest companies; e.g. Toys'R Us, Hasbro, Mattel, Fisher-Price, Bandi HK, Tyko, Arco, Kenner and Gund.

An international "toycott" to draw attention to these appalling conditions is being organized by the International Confederation of Free Trade Unions, and both the Canadian Labour Congress and the AFL-CIO in the States will be taking part. Their target is the Christmas of 1995 toy-buying season, and preparations are now being made to kick-off the campaign in early September, well in advance of the toy-buying season.

According to AFL President Audrey Cormack, the primary objective will be to educate Canadian retailers and shoppers about how their toys are being manufactured, and to encourage them to insist on toys that are made in factories which meet minimum labour standards; e.g., child labour, health & safety, and hours of work, etc. Eventually, the aim is to have all toys meeting acceptable standards marked with a special symbol, a smiling teddy bear.

A secondary objective is to draw public attention to the importance of health & safety standards in our own country, especially in Alberta, where the province is abandoning all responsibility for occupational health & safety through initiatives such as its recent "Partnerships" program.

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Survey Says: Ralph is Wrong!

United Nurses of Alberta commissioned the Population Research Laboratory at the University of Alberta to ask nine questions during an annual survey of Albertans. A series of seven agree/disagree statements were presented. The final two questions dealt with supplementary health insurance. A representative random sampling of 1240 Albertans 18 years of age and older completed the telephone interviews.

The results validate what U.N.A. has been saying – that the majority of Albertans do not support this government's vision of health care reform. There is widespread concern among Albertans about the quality of health care and the treatment of health care workers. As expected, individuals who would vote Conservative if a provincial election were held today were the least likely to agree with the attitude questions – but even among hard-core Conservative voters, around half agree or strongly agree with statements that are critical of government health care policies.

TABLE 1: PUBLIC SUPPORT FOR CONCERNS OF WORKERS IN THE HEALTH CARE FIELD

Statements about concerns of workers in the health care field who are directly affected by health care budget cuts: *	Percent who disagree/strongly disagree (n)	Percent who neither agree or disagree (n)	Percent who agree/strongly agree (n)
Budget cuts will reduce the quality of health care in Alberta over the next few years.	20.6% (254)	10.4% (128)	69.0% (852)
Health care workers who lose their jobs because of cutbacks should receive employer-funded assistance (e.g. retraining) to help them find work.	23.1 (284)	15.3 (188)	61.6 (759)
Health care workers who lose their jobs because of cutbacks should receive severance pay of two weeks' wages for every year worked.	19.4 (235)	15.3 (186)	65.3 (793)
Replacing registered nurses with assistants will reduce the quality of health care.	19.2 (235)	13.1 (161)	67.7 (828)
Increasing reliance on private, for profit health services will reduce the quality of health care in Alberta.	27.9 (335)	17.7 (212)	54.4 (652)
Changes happening to health care in Alberta are creating two health care systems: one for the the rich and one for the rest of the people	22.3 (271)	12.9 (157)	64.8 (787)
Members of the regional health boards in Alberta should be elected, not appointed as they are now.	8.0 (96)	12.4 (148)	79.6 (954)

TABLE 2: SUPPLEMENTARY HEALTH CARE COVERAGE AND CONCERN ABOUT HEALTH CARE CUTS

Supplementary health care coverage	Percentage Yes (n)	Percentage No (n)
Are you covered by any supplementary health care insurance, like Blue Cross?	63.3% (780)	36.7% (452)

Respondents with supplementary health care insurance were asked how much they agree or disagree with the following statements:*	Percent who disagree/ strongly disagree (n)	Percent who neither agree or disagree (n)	Percent who agree/ strongly agree (n)
My supplementary health care insurance will protect me from any major cuts in provincial health care services.	47.7% (347)	18.4% (134)	33.9% (247)

**NOTE: Respondents who reported having supplementary health care coverage (n=780) were asked how much they agree or disagree with the above statement, using a 7-point scale on which 1 is "strongly disagree", 4 is neither agree or disagree, and 7 is "strongly agree". This table combines responses 1, 2 and 3 into "disagree/strongly disagree",and combines 5, 6 and 7 into "agree/strongly agree". n=number*

What Can We Do?

by Heather Smith, UNA President

AS I'VE TRAVELLED Alberta and described the changes wreaking havoc in health care, the question I'm invariably asked is; "What can we do?" What can we as nurses do? What can your average next door neighbour do? The answer is: "A lot – an awful lot!"

As Albertans and Canadians we are not powerless. As nurses we are not powerless. We may choose not to vote, nor to talk to Members of the Provincial Legislative Assembly nor to Members of the Federal Parliament. As nurses we may find it less disruptive, less confrontational, not to record Professional Responsibility concerns. But we are not powerless.

It doesn't not take a lot of effort. It can be as small as signing a petition such as the Friends of Medicare petition, or circulating the petition to neighbours and family. At that level of community is where real power lies. The survey (see Survey Says: Ralph is Wrong!) is a powerful message to government. During this desperate time for our profession, we as nurses and advocates of health care, should take some heart. Individual Albertans are starting to feel the change. The public is not apathetic and uncaring. May 8 "Walk a Block" was our first call to all Albertans to show they cared. The public outnumbered health care workers two to one.

Premier Ralph Klein promotes the perception that his government is acutely concerned with the will of the people. "Down home governing" – where everyone is referred to as "folks". That is why it was important to create Regional Health Authorities – to bring decision making closer to communities and closer to people.

But is that reality or illusion?

On most survey questions the government had less than 40% support. On the question of appointed health authorities – there is only 20% support. If decision making in health has been brought closer to the people – then the government has a failing grade and Klein should do an immediate "about face". The "folks" have spoken.

But have our voices been heard? Not according to some.

Heather Forsythe, M.L.A. and member of the Health Workforce Rebalancing Committee, who are sitting in judgment of our profession and the registration of all health care workers, said very boldly to Sandie Rentz and me, that nurses haven't called her. "Therefore," says Forsythe, "they are not concerned."

Just this week when I spoke with A.A.R.N. President, Lillian Douglas, she said that the Chairs of the Regional Health Authorities want examples. They want actual incidents of inappropriate staffing and inadequate care conditions. Lillian said that when the A.A.R.N. appealed to their 23,000 members to give real examples – fewer than two dozen actually did so. For politicians and employers, the conclusion is there is no proof, therefore there is no problem. No complaint. No disagreement.

When I toured some northern Locals recently and talked with nurses about their patient care concerns, it became clear that many had never heard of the Professional Responsibility Committee. I wonder how many hospital nurses do not understand the power they have. The ability to go directly to the Regional Health Authority with unresolved concerns. It's not complicated – just let your Local Executive know that there is a problem. Document that problem. Support your Local Executive when they advocate on your behalf.

What holds nurses back? Is it fear, exhaustion, despair? In conversations about two weeks apart, two callers identified themselves as husbands of nurses. Each talked about concern for the mental and physical well being of their wife. Their wives come home exhausted, frustrated and angry – distraught by what they witness. Both men asked me: "Why isn't the Union doing anything?" "Why is the Union allowing these terrible conditions to continue?" "Why isn't the Union suing the government?" Each man indicated that his wife had not been willing to speak up at work. The wives had not asked for the support of their union representatives. They did not document. In essence they suffer in silence. No proof, no complaint and, therefore, in the eyes of their employer – no problem.

Many nurses did stand up for health care on May 8. I know that hundreds of you are busy in communities across this province trying to raise awareness. Our struggle has two fronts. First is the public/political front. The things we do and say because we are voters in this province and this country. The second front is the workplace. Where we are fighting the greatest battle for our profession; where we fight as patient care advocates; where

documenting a Professional Responsibility concern or an Occupational Health and Safety issue may affect the health and well being of our patients and fellow workers.

It's not just a matter of doing it once and saying I've done my bit. In an effort to defend staffing levels on your unit, your Professional Responsibility Committee may need you and your colleagues' daily notations of staffing levels; notes on whether nurses on vacation or off due to illness were replaced; and records of occasions when additional staff were requested but not provided. Our fight for our workplace is going to be a daily struggle.

Where the Collective Agreement, does not provide for Professional Responsibility Committees, it is still important that the concerns are identified. Members who work in health units will know first hand the unmet needs and hardship caused as costs for health care are transferred to individual Albertans. Members who work in long term care facilities must report the effects on residents – particularly in Edmonton where palliative, "sub acute" and "holding beds" (for patients over 18 years of age) have been introduced after massive reduction of Registered Nurse coverage. We want to know the effects, so that UNA can work with seniors groups and the Friends of Medicare to inform the public before it is too late.

In many facilities across this province the "really big changes" haven't even begun. While the Calgary Health Authority has assured our Locals that there will be no loss this year, Edmonton is poised to destroy more than six hundred jobs. Hundreds more jobs will be axed when the University Hospital and the Royal Alexandra Hospital implement changes in staff mixes later this year.

The Capital Health Authority intended to serve position eliminations before the end of June, but as this Newsbulletin goes to print, the new target date is July 7th. Chaos reins supreme in Edmonton. A member of my own Local was recently in Provincial Office and said that she expects to lose her job and lose her home. "But I consider myself fortunate, because I won't have to work under the terrible conditions that exist."

The struggle will continue for many months to come, but we have more allies than we might think and more power than the enemies of medicare would like us to have – we have knowledge and we have voice. Let us not be silent.

We've Come A Long Way - And Haven't Stopped Yet!

On June 20th the final meeting of U.N.A. Local #113 was held in Elnora. The Elnora Hospital was the first hospital in the province to undergo the transformation to a "Community Health Centre".

When all the records and books of the Local arrived in U.N.A.'s Provincial Office there was one item that found interesting - the 1978-79 Provincial Agreement. The salaries ranged from $6.66 to $7.96 per hour. Charge pay was 25¢ per hour. Shift premium was 20¢ per hour (there was no weekend premium). There was no disability coverage, no dental plan, no Professional Responsibility Committee, no Occupational Health and Safety Committee, no inservice provisions. On the fifth and subsequent occasions of sick leave the employee was not paid for the first day unless admitted to hospital or sent home by the employer.

Sick leave credits and vacation entitlement were not portable between employers. You were only considered to remain in the continuous service of the employer for the first eight month of education leave. An employee had to complete 12 months of continuous employment to be eligible for maternity leave. Maternity leave was not to exceed four months beyond the date of delivery.

Shift schedule were only posted two weeks in advance. The employer was obliged to schedule one weekend off in four weeks "or where possible one weekend in each three week period".

Overtime was only considered to be work in excess of 7 3/4 hours per day and paid at the rate of 1 1/2X for the first four consecutive hours then 2X thereafter. "An employee shall be paid seven dollars for each period of authorized on-call duty". For each call back the employee received a minimum of two hours pay at 1 1/2X (the 2X overtime rate did not apply to on-call duty).

UNA IN ACTION

UNA MEMBERS have been through a lot. We have watched the closure of hundreds of acute care beds and of even whole hospitals; we have seen untold thousands of our co-workers laid off with little or no recognition of their dedicated work; we are witnessing the transformation of our health system into an Americanized, for-profit business. We have had our wages rolled back; we have worked understaffed; and we have been told that the government is replacing us with lesser-skilled and inexperienced health care providers. It would seem that the work of registered nurses and registered psychiatric nurses can be done by anyone. As the health care system is restructured and reengineered, yet again we are undervalued, unrecognized and unsung.

This sad state of affairs could be dealt with through depression, loss of hope and withdrawal. But that has never been the stance of unionized nurses in Alberta. We have faced hard times before and been successful. We can do it again.

A survey report was just released by Dr. Graham Lowe, Professor of Sociology at the University of Alberta. In this survey, Albertans were asked to answer several questions on their attitudes towards changes in the health care system. The results are very interesting. The most important general finding to emerge from the UNA questions is that a large majority of Albertans agree or strongly agree with the union's position on changes in the health care system. (see Survey Says: Ralph is Wrong! on page 3)

In general, the survey results tell us that the public is behind us – a message we also received on the May 8 WALK A BLOCK events in many communities. This means that UNA members are looked to for leadership and commitment. We must continue the struggle – victory can still be ours.

One of the ways that we can engage in the struggle is to identify all of those instances in which the quality of health care is being destroyed. Take a look at your patients; listen to yourselves on coffee breaks; hear your own voices when talking about work with your friends and families. These are the concerns that we need to gather and present through our Professional Responsibility Committees (PRC) and our Occupational Health and Safety Committees (OH&SC). The final step in both these committees is a presentation to the Regional Health Authority (RHA) of your concerns and problems.

These RHA's were appointed for their political service not for their knowledge of health care. They need to hear from the providers of service what is right and wrong about their new system. UNA members must appear before them with well-documented problems and proposed solutions. There has never been a time in the history of this Union when the skill, knowledge and experience of our members have been more needed to protect our patients and ourselves.

Both the PRC and OH&SC are a result of nurses walking picket lines in sub-zero temperature. We had long and bitter strikes to force the employers to take our concerns seriously. Let's use those Committees now in our struggle to protect our patients and our licenses.

Both of these Committees can be used as a sword and as a shield. We can use these Committees to take the offensive – as a sword. We can and must report every patient concern we have; every instance of dangerous practice; every moment where cutbacks threaten the quality of health care. We must attack the health and safety causes of back injuries, physical abuse, and emotional exhaustion.

As a shield, we can use these Committees to protect and defend ourselves. A recent patient death in one of our hospitals was all the more tragic when we realized that 18 months ago the Local made a presentation to the former Board of Trustees outlining exactly the scenario that resulted in the death of the patient. Our Local had predicted that a shift from all RN staffing would put patients at risk.

PRC and OH&SC presentations provide more than a "We told you so" scenario. They protect the professional license of nurses; they provide some protection from civil suit; and they increase the credibility of staff nurses.

The public is behind us. We are supported. We are looked to for leadership and commitment. Now is the time for that leadership to come forward in every UNA worksite. Each member must seriously ask herself: "What can I do in my workplace that will protect my patients and ensure the health and safety of me and my co-workers?" Now is the time for UNA members to ask themselves what they want in their new contract and what they are prepared to do to achieve such a Collective Agreement.

One Local which has taken this whole restructuring head-on is Provost. They have filed a PRC complaint which decries the fact that there was no preparation prior to closure of their emergency. They list a number of complaints ranging from inadequate declaration to the public that the emergency was closing to the non-existence of signs showing where alternate care could be accessed. They also identified that no mutual agreement was secured between the nurses and the doctors re the triage process – i.e. determining what is life-threatening. There was no attempt made to consult with nurses before this medical duty was imposed upon them. The Local in Provost is following this complaint up to and including the RHA in Region #7.

We encourage all UNA members to contact their PRC and OH&SC with their concerns and complaints. If your Collective Agreement does not have these Committees, contact your Local President and ask her to include your concerns in the next Labour-Management meeting.

There is an old saying in union land regarding rights in a Collective Agreement – USE THEM OR LOSE THEM. Now is the time to use our PRC and OH&SC rights. Now is the time for UNA members to give leadership is this struggle to protect our Collective Agreements, our health care system and the profession of nursing.

It's Time Again

Hospital and Health Unit Bargaining

March 31, 1996 is a big day for UNA – the day our hospital and health unit Collective Agreements expire. In anticipation of the up-coming bargaining, UNA has sent bargaining questionnaires to each Local President for distribution to UNA members.

This is every member's opportunity to identify bargaining priorities and demands. In addition, each Local will have a Local meeting to develop contract proposals, discuss what they want in the next Collective Agreement and vote on Local demands.

All Local hospital and health unit contract demands must be in to Provincial Office by 4:30 p.m.,on August 11. And remember that the provincial Demand-Setting Meeting is schedules for **November 6 and 7, 1995**, at the Convention Inn South in Edmonton.

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UNA HEADLINE NEWS

Hotel De Health

Region #8, Westview, has recently made headlines when a group of 30 Alberta doctors proposed to run the Devon hospital as a for-profit business through a private company called Hotel De Health. Under the plan, Hotel De Health would market "elective" procedures such as hip replacements or gall bladder operations to American insurance companies who are said to be eager to send patients to this "Mayo North", thus avoiding the high costs of American hospitals. Advocates of this and similar plans to privatize Canada's health care system see no conflict with the Canada Health Act. The premier has said that he sees no difficulty if Albertans are prepared to buy fast elective surgery from private hospitals. Richard Plain, an Alberta health care economist, sees it differently. Plain says that the "Devon Plan" would contravene the Canada Health Act and "would destroy medicare as we know it today".

New Local Executives

As new Local Executives are elected please remember that you can apply to the UNA Executive Officers for funds to hold a "How To Run a Local" workshop in your Local.

Quotes Of The Month

"You won't find stories of the crisis in health care on the editorial pages – you'll find them in obituaries." – *Rose Pederson, Local #79.*

Certificates

Each UNA Local has both a Certificate and a Charter. The Charter is granted by UNA at the time the nurses first organize and formalizes the agreement that the Local will follow the UNA Constitution and UNA Policies. The Certificate, on the other hand, is issued by the Alberta Labour Relations Board and is the official legal document which makes a Local a bona fide trade union in the province of Alberta.

The certificate identifies who the workers are who fall into the UNA bargaining unit and also identifies who the employer is. Since UNA first came to existence, it has always been easy to identify the employer. Not so any more! Since the Regional Health Authorities have come into being, they have replaced most of the previous Boards of Trustees named on our Certificates as the employer. It is, therefore, necessary for the Labour Relations Board to change the employer part of most UNA certificates.

UNA has proposed a simple employer identification process: e.g. "The Westview Regional Health Authority operating as the Devon Hospital". The employers are opposed to UNA's description and would prefer a small but very important difference – "The Westview Regional Health Authority operating at the Devon hospital". The problem with the employers' version is that it would not cover nurses working anywhere but at the actual physical site e.g. it would not cover community health nurses working out of the hospitals, nurses doing ambulance work. the Foothills OR nurses working in rented OR suites at the Peter Lougheed Hospital or High Prairie nurses who work at an industrial site.

In the months ahead we will clear up this issue, but not without several hearings at the Labour Relations Board.

Severance in Region 4

Region #4, the Calgary Regional Health Authority, was the Region that told UNA last December that there was no need to negotiate a regional severance package because layoffs were so far in the future that it was premature to talk severance. We then immediately were faced with negotiating a severance agreement due to closures at the Salvation Army Grace Hospital. And then it was the Foothills School of Nursing. And now Region #4 has approached UNA to negotiate a regional severance package. It seems clear that it will a multi-union table as it was in Region #10. It also seems clear that the employer will offer two weeks of pay for every year of service up to fifty-two weeks. But unfortunately it is also apparent that what this employer wants is a "selective severance plan" – that is, the employer ultimately gets to decide if severance is needed or not on each unit and gets to choose who receives it on the basis of the unit supervisor's determination. The Unions oppose the employer's proposal and a further meeting is scheduled on July 14, 1995.

Office Closures

No, we are not closing our offices the way your employers close beds! UNA is planning to close each of its offices for one week over the summer – but not both offices at the same time. The Southern Alberta Regional Office in Calgary will be closed July 24-28, 1995, and the Provincial Office in Edmonton will be closed from July 31 to August 4, 1995. If you need to contact a Labour Relations Officer or if you have some urgent inquiry, services will continue to be provided through the office that is open. Calls will be automatically transferred to the reception desk of the office that is open and providing services.

Maternity Leave Benefits

In what feels like an eternal issue, UNA continues to challenge the employers' handling of maternity leave matters. Some years ago, the Susan Parcels case in Red Deer raised the question of how employers deal with maternity leave issues – everything from how much an employee has to pay for benefits while on maternity leave to the prepayment of benefits ect. The employers implemented the SUB-Plan notion and UNA challenged that issue. One of the items left outstanding was the question of whether or not the employer could put an employee off on maternity leave prior to the delivery date thereby forcing her to begin her maternity leave early – losing both maternity leave time after delivery and decrease amounts of pay. It was UNA's position that if an employee could not work up to the date of delivery, she was entitled to full sick leave pay and was not obliged to apply for maternity leave.

UNA filed both grievances and human rights complaints. We lost the first grievance and have filed for judicial review of that decision. However, before such a review could happen, the Human Rights Commission met and decided, without even a hearing, that UNA's position was correct and that the employers' actions were discriminatory. The HRC directed the parties to reach a settlement based on UNA's position and encouraged UNA to go forward with judicial review. The employers were furious that such a decision could be made without a hearing. After due consideration, UNA has asked the Human Rights Commission to hold a hearing on the matter. The saga continues – and meanwhile Susan Parcel's "baby" is now almost school age!

Annual General Meeting

Mark it on your calendars – UNA's Annual General Meeting is scheduled to follow the Demand-Setting Meeting. The AGM will be held on November 8 and 9, 1995, at the Convention Inn South in Edmonton. In preparation for the AGM Timelines sheet, Constitutional Amendment forms and Policy Resolution forms. The deadline for both Constitutional Amendment forms and Policy Resolutions is July 26, 1995. We will be sending out Nomination Forms and Auditor's Statements in early July and the deadline for nominations is September 22, 1995. Watch for those bright yellow AGM mailouts.

Internet

UNA is on the internet. We are the first nurses' union in Canada to reach out to that vast information galaxy. Our address is una@ccinet.ab.ca/una.html. Florence Ross is currently working with some UNA staff to set up our UNA Home Page and to make sure many of UNA's documents are made available through this information highway. If you are interested and want more information, call Florence – or talk to her on Internet.

What Your Dues Do For You

Under the Labour Relations Code, your Union must represent you in all matters pertaining to your employment. UNA receives dues from all nurses within our bargaining units and in return for this money, UNA must negotiate a Collective Agreement and then ensure that that contract is followed by the employer. This is called the duty of fair representation.

Over and above that statutory obligation, the members of UNA have decided that UNA dues will also be spent to deliver many other services including representation at Workers' Compensation hearings; at AARN and RPNAA hearings, at Labour Relations Board hearings; and at court hearings with insurance companies.

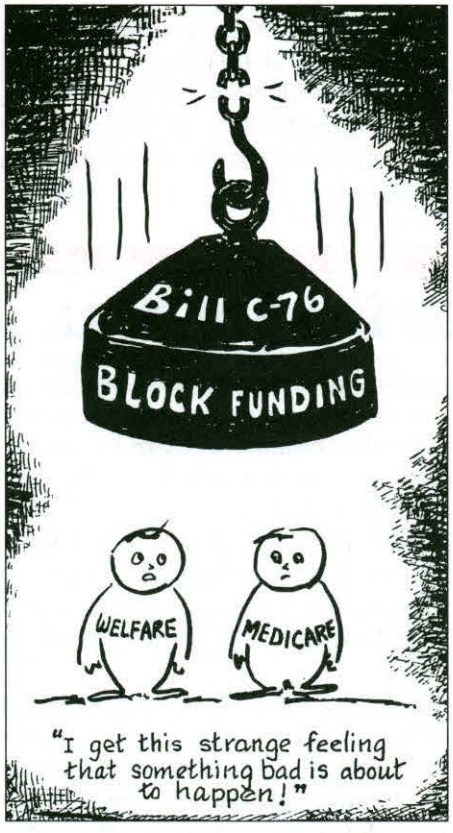
This latter service often goes unheralded, but for UNA members being denied short or long term disability benefits this service is of great importance. Nurses with serious injuries or illnesses who are denied insurance claims often face, not only a life of pain and suffering, but also great financial insecurity – even destitution. UNA provides legal counsel to fight these insurance companies and year after year we are up to a 90% successful – often securing hundreds of thousands of dollars for UNA members. This is one more thing that your dues do for you.

Bill C-76 – A Very Serious Threat to Medicare

(Reprinted with permission of the New Brunswick Nurses' Union)

LET'S PLACE the facts in front of us and ask why every nurses' union is concerned with the initiative in the last federal budget "to replace federal government transfer funds to the provinces by a single transfer – Canada Health and Social Transfer (CHST)?"

In 1971, renegotiations for the financing arrangements for health care began, and they lasted over six years, resulting in the Establishing Programs Financing Act (EPF Act, 1977). The EPF Act replaced jointly financed shared-cost programs with a formula for determining the federal financing contribution to health care based upon a combination of cash transfers and increased taxation power to the provinces.



Linda Silas Martin, Pres, NB Nurses' Union

Currently, the Federal government transfers funds to the provinces and territories to help them provide social programs to Canadians. Funding for health and post-secondary education is provided under Established Programs Financing (EPF) while funding for social assistance and social services is provided under the Canada Assistance Plan (CAP).

In 1985, the Mulroney government announced that it would cut its planned expenditures of health, according to the EPF formula, by 2% per year. This reduction rose to 3% in 1990-91, and federal spending on health was frozen at that level until 1995, when it would again be calculated by a formula based on the growth in GNP minus 3%. It means by year 2000 it would be drastically reduced to all provinces.

So what's next...

Beginning in 1996-97, these transfers will be replaced by a single transfer – CHST. Unlike the current system which is based partly on cost-sharing arrangements, CHST will be a block-funded, like EPF.

The provinces will receive $29.7 billion in transfers under the existing programs for 1995-96, about the same as 1994-95, to allow for a period of stability before change. Under the CHST, funding to provinces will be reduced from what it would otherwise have been in 1997-98 by $4.5 billion. The Equalization program, which benefits the lower-income provinces, is untouched and payments will continue to grow, ensuring that all provinces can provide comparable levels of service at comparable rates of taxation. (Soure: Department of Finance Canada).

The Federal government says that the new transfer will end the "intrusiveness" of previous cost-sharing arrangements and will reduce long-time irritants:

- Provinces will no longer be subject to rules stipulating which expenditures are eligible for cost-sharing or not.
- The expense of administering cost-sharing will be eliminated.
- Federal expenditures will no longer be driven by provincial decisions on how, and to whom, to provide social assistance and social services.

What will be its effect?

The loss of CAP and EPF legislation that provided national standards and equalization payments, articulates the rights and entitlements of citizens and procedures for appeal and enforcement of standards. This means:

1. Loss of effective federal governance.
2. Devolution of federal powers to provinces.
3. Provinces will be free to pursue their own innovative approaches to social security reform.

Nurses' unions believe that leadership on health care issues is essential at the federal level if Canada is to maintain and improve its world-class health care system.

We believe that the Canada Health Act will be useless unless federal fiscal provisions an responsibilities are restored. The Established Programs Financing Act is the legislation which deals with these issues. Federal fiscal power must not be undermined through a system which eliminates direct cash transfers and favours tax point transfers. In order to stop this erosion, we believe the Established Programs Financing Act should be priority.

Nurses believe that maintaining and strengthening Canada's social programs through federal funding and monitoring are important for Canada. "The measures in the federal budget move Canadians a giant step further towards an American health care system", says Kathleen Connors, President of the 50,000 member National Federation of Nurses' Unions. "Indeed," says Connors "this is clearly the Liberal government's intention. There is a remarkable statement in Mr. Martin's budget that the new system of Canada's health and social transfers 'will end the intrusiveness of cost-sharing'. What it will end is Canada's national health system." Connors criticized the severe cuts in cash transfers to the provinces as an attack on those who cannot afford costly but necessary health care on their own. "Mr. Martin has condemned many Canadians to a second-class health system similar to the American approach where nearly 100 million citizens cannot afford the health insurance they and their families need."

The new budget as part of Free Trade type initiatives brings us one giant step closer to US style of minimum standard, pay-as-you-go, and if-you-can health care. This cash portion of this single payment system (block funding) will run out quite soon and it is only this cash portion which supports the national standards of Medicare, so the Canada Health Act won't exist.

Could this "worse case scenario" become real?

In 1996, the federal budget will redefine Medicare, the health care programs and institutions in which nurses work. Could shortage of funding for provincial Medicare programs mean that public hospitals will become private institutions and probably be managed by US companies and/or US consultants who push the generic, non-unionized, underpaid health care worker concept? Who knows? But are we ready to gamble with our Health Care System?

Ask your MPs how he/she feels about this. All MPs should be concerned. Shouldn't we work together to find ways to improve our health care system, not destroy it?

Bill C-76 will be proclaimed in July.

Friends of Medicare

by Hubert Kammerer, MD

HEALTH CARE IN ALBERTA has come under serious attack. Recent changes have resulted in funding cuts, facility fees, deinsurance of medical procedures, increased health care premiums and privatization of health care facilities, including talk of selling hospitals.

Friends of Medicare is concerned by the current changes to health care in Alberta, especially the trend toward for-profit private clinics. We want the government to stop these clinics from charging patients facility fees while billing Alberta Health Care for doctors' costs.

Albertans support a national health care system, but our provincial government is rapidly leading us down the slippery slope to an American system of health care, a system where 40 million people are without health care insurance, a system where the rich have access to necessary services but the poor have none.

Since Alberta's deficit elimination plan was introduced in June 1993, the health care system has undergone many changes. Changes creates opportunities for improvements, as well as risks. Development of a two-tiered health system is one such risk which threatens the foundation of our health care system. Some Albertans especially seniors, are old enough to know what this country was like when we had a two-tiered health system, one for rich and one for the less fortunate. Now is the time for Albertans to stand up for the principles we believe in!

Development of a two-tiered health system will lead to an increase in total health care costs as has occurred in the USA. We will be trading a public debt for a much larger private debt. I am a family physician in private practice and am very concerned with the present direction of medicare in Alberta. For this reason, I have committed myself to be part of the Friends for Medicare.

Friends for Medicare support a national health care system that preserves the principles of the Canada Health Act – accessibility, universality, portability, comprehensiveness, and public administration. Private facilities should not receive public funds. Essential services should be entirely funded by the public system.

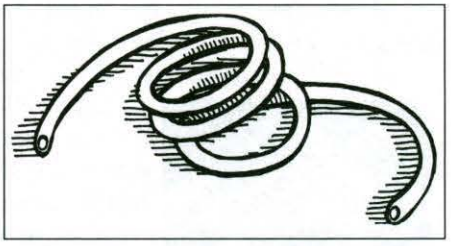
If you are committed to a national health care system,, we need your support. For more information about Friends for Medicare, write to Dr. Hubert Kammerer, at Baker Centre, PO Box 40005, 10025 - 106 Street, Edmonton, T5H 1G0

LATEX ALLERGIES ARE A GROWING PROBLEM FOR UNA MEMBERS

by Laura Frith, UNA Health & Safety Committee Local #121-Holy Cross Hospital, Calgary

THE ADVENT AND implementation of universal precautions in health care was developed to reduce the risk of exposure to infectious disease. Subsequently the use of latex and vinyl gloves proliferated, and now we have a new risk, latex sensitization.

Natural latex is the milky sap obtained from the rubber tree. During manufacture the sap is filtered to remove particulate matter and then preserved by adding either ammonia or sodium sulfite. A water soluble protein that occurs naturally in the latex is believed to be the antigen that triggers the allergic response. Liquid latex is useful in a number of products i.e. surgical gloves, condoms, diaphragms, elastic thread, catheters, and blood pressure equipment as well as numerous other products.



The first recorded reaction to natural rubber latex occurred in Germany in 1927; the next published cases occurred 52 years later. In 1988, a study at the Children's Hospital in Boston linked a number of anaphylactic reactions to the use of latex products during surgery.

Allergic reactions may vary with the route of exposure:

skin contact - urticaria

airborne - wheezing, bronchospasm

Various studies have suggested that systemic reactions occur on direct contact with mucus membranes, serosal surfaces or peritoneal linings. The level of latex protein exposure required to produce sensitization is not known. As yet, the FDA has not come up with guidelines.

There are certain groups at high risk for latex sensitization. One group that routinely uses latex is health care professionals including nurses, physicians and dentists. Other groups are those with spinal cord injury, myelodysplasia and chronic illness. The concern is that repeated catheterization and multiple surgical procedures increase the incidence of latex sensitization in patients, what does this mean to nurses?

Education of all healthcare providers on the clinical manifestations of latex allergy is imperative to protect nurses and patients from further sensitization.

In 1993, Calgary District Hospital Group Local #121 dealt with its first two cases of latex allergy. Nurses from two different departments had developed an airborne allergy to latex protein, confirmed by skin test. In the first case the staff member was unable to enter the hospital (20 minute time frame) without the development of watery eyes and coughing. At the WCB management meeting, the Union requested air flow and glove use information so that the employer could look at areas for possible employment for this nurse. This member was returned to work at the employer's out-of-hospital office as a UNA member.

At the next hearing, a few months later, the employer provided air exchange and glove use information. The other UNA member was able to return to a safe position. In January 1994 the Calgary District Hospital Group brought forward a memo and policy regarding latex allergy and the use of non-sterile, non-latex sensi-care glove in all departments (sterile gloves remain latex due to cost of non-latex sterile gloves).

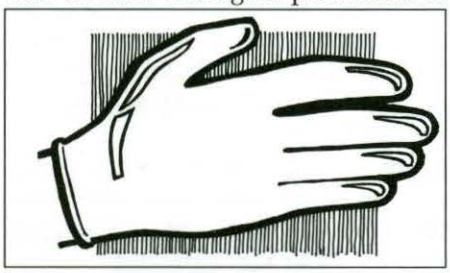
Local #121-H wrote to Health and Welfare Canada regarding airborne latex allergy. We received a reply from Andrew Douglas, Standards Officer. Here are some excerpts: "... There are many cases of severe latex allergy now diagnosed in Canada, some cases involve full-time disability compensation claims ... There are sever-

UNA LOCAL #121 at the Holy Cross hospital in Calgary had two members with severe latex allergies. The Local used their Occupational Health and Safety Committee to research latex allergies and to recommend allergic-free worksites for their members.

Laura Frith who represented the Union in this research and problem solving endeavour has written up her experience for the benefit of all UNA members.

If you suspect that you or a colleague is allergic to latex, contact your Occupational Health and Safety Committee or your Local President immediately.

al steps you can take to reduce latex allergen exposure in an occupational setting. Research is only beginning to demonstrate the cost effectiveness of various approaches ... In principle, hospital allergen levels should be greatly reduced by the use of low-allergen powderless



gloves (or non-latex gloves) ... Studies show that more than 5% of the latex-exposed worker population is latex allergic, but, in many Canadian hospitals little if any latex allergy testing has been done. Symptomatic workers often do not attribute their problems to latex."

The identification of latex allergy is of the utmost concern for the health care provider and the patient. As more people become sensitized by exposure to latex, ways and means of treatment become a concern. An important factor in identification of allergy to latex is the differentiation of contact dermatitis from latex allergy. Hospital admission data collection must include pertinent questions regarding latex and have a set-up on hand of non-latex equipment as well as an area for treatment for patients with sensitivities to latex. Hospital workers must come forward to their Occupational Health and Safety Committees and to their union representatives when skin reactions occur from gloves or other latex products. Repeated exposure and sensitization can mean personal illness as well as loss of employment.

Think of all the latex products used daily inside and outside of work. As a recent article stated "stop the sensitization" – be proactive – it's your patients and your health being affected.

Latex in Hospital Environment Update

Frequently contain latex
Airways, masks
Ambu bag (black reusable)
Anesthesia bags, tubing
Bandaids
Blood Pressure cuff
Bulb syringe
Catheters, condom
Catheters, indwelling
Catheter leg bags straps
Catheters, straight
Chux (washable rubber pants)
Dressing-Moleskin, Coban (3M)
Elastic bandages, Ace Wrap (brown), Esmarch
Electrode pads
Endotracheal tubes
Gloves, sterile and exam
surgical and medical
IV access: tubing injection ports,
Y sites, PRN adapters
IV bag ports, buretrols
Jobst spandex products
Medication vials
Penrose drains
Stethoscope tubing
Suction catheters
Syringes
Tape-cloth adhesive, paper
Tourniquet
Theraband strips and tubes (OT)
Urodynamics rectal pressure catheters
(Rusch, Dantec)

Examples of latex-free alternatives
Hudson, Vital Signs airways, masks
Clear ambu bag
Neoprene bag
Sterile dressing plastic tape
Use over clothing or stockinette
Silicone (Clear Advantage by Mentor)
Silicone (Kendall, Argyle, Rusch)
Velcro straps (Mentor)
Nylon bands (Dale Medical)
Plastic (Mendor, Bard)
Double, triple lumen for Urodynamics. (Bard, Rusch, Cook)
Disposable underpads
Tegaderm (3M), Duoderm (Squibb)
Steri-strips (Johnson & Johnson)
TEDS, Baxter elastic bandages
white cotton Ace wrap
Baxter EKG pads
Dantec surface EMG pads
Plastic tubes (Mallenckrodt, Sheridan, Portex)
Vinyl, neoprene, polymer gloves:
Neolon, Sensicare, Tru-touch (B-D), Tachylon,
Tachyl 1 (Smart Practice)
Use stopcock to inject meds
Cover Y sites and do not puncture
Flush IV tubing before use
Do not punture ports to add meds
Jobst has a non-latex material
Remove latex stopper
Jackson-Pratt silicone tubing
Zimmer Hemovac (PVC)
Keep tubing from skin, cover with cotton batting,
stockinette
Mallenckrodt, Yankauer, Davol catheters
Prepare medication in syringe right before use,
or use glass syringes
Plastic, silk tape: Microfoam, Micropore,
Durapore, Transpore (3M)
Dermaclear (Johnson & Johnson)
Place over clothing or stockinette
Cover with cloth
Make catheter with vinyl glove or
cover balloon with vinyl

Note: This list is offered as a guideline to individuals, families, and professionals. It is very difficult to obtain full and accurate information in the latex content of products, which may vary between companies and product series. Double-checking with suppliers before use with latex-allergic individuals is strongly recommended. Please Note: The information in this list is constantly changing as product content changes and as we learn more about latex allergy. Please contact the following individuals to share information about latex content or to receive updated lists: Mary Jo Dunleavy, RN, BSN, Boston Children's Hospital, (617) 735-7641; Robin Leger, RN, MS, Yale School of Nursing, (203) 737-2551; or Ellen Meeropol, RN, MS, Shriners Hospital, (413) 787-2069.

WORKING WOMEN: THE FACTS

OFL Women's Rights Bulletin/CALM

- The wage gap between men and women is closing ... but slowly. In 1992, women working full-time earned 72% of full-time male workers. This is up from 68% in 1990, and around 64% in the early 1980s.
- However, many women work part-time – 26% of those employed outside the home. For men the figure is only 10%.
- Seven out of ten working women are found in the teaching, nursing, health care, clerical or sales and service occupations.

POLITICAL ACTION

A NUMBER OF very important issues are facing UNA members in the next few months. Not only is our hospital and health unit bargaining starting up, but other major political events need to be addressed by UNA.

On May 8, 1995, UNA co-sponsored **WALK A BLOCK FOR HEALTH CARE** events across the province. This action ranged from hugely successful to little happening and in an attempt to de-brief the events we did a phone survey of all UNA Locals. For those of you who participated in the review, we thank you for your candour and your recommendations.

One of the strongest messages was a request by the Locals for more participation and consultation in the design and planning of future political actions taken by UNA.

In an attempt to respond to this request, we are asking each of you to think what kind of action we might take in order to profile and celebrate **NATIONAL MEDICARE WEEK, October 30 to November 2.** Our provincial Demand-Setting is set for November 6-7 and our Annual General Meeting is scheduled for November 8-9. If you have any ideas or suggestions on what action we might do during National Medicare Week or when we have so many delegates assembled in Edmonton, please contact your Local President or Heather Smith at Provincial Office.

A new piece of political action that has been suggested by our members is the production of small **health cards** which say something like:

> **If you are unhappy with the quality of healthcare available to you, please contact:**
> - **Your Regional Health Authority**
> - **Premier Ralph Klein**
> - **Shirley McClellan, Minister of Health**

And on the back of each card would be the addresses, phone numbers and fax numbers of each of these contacts. UNA Local #23 in Pincher Creek pioneered this idea and have been using it in their worksite for a couple of months. UNA Local #37 in Grande Prairie has also asked to pilot this idea and if it is successful, more Locals may want to do the same. We checked with our UNA lawyers who said that there is no legal problem unless nurses start handing out the cards to patients and families who have not complained—in other words initiating the action rather than responding to a complaint by offering a card. If your Local is interested in such an action, please contact Trudy Richardson at Provincial Office.

We are awaiting the final paper and recommendations from the **Workforce Rebalancing Committee** — remember that's the government committee that is studying the deregulation of health care professions through the abolition of registration requirements. We made presentation to this Committee and are anxiously waiting for their final report and recommendations.

And finally, the **Health Care Workforce Adjustment Strategy** provincial coordinators, Luc and Gabriel, have rented office space and are working out of UNA's Provincial Office. The coordinators work with the seventeen Regional Committees in making the best possible use of the $15 million the government earmarked to assist workers affected by health care restructuring. Feel free to drop in and chat with Luc and Gabriel when at Provincial Office. Their phone number has been changed to (403) 423-1779 and their fax number is (403) 422-1751.

Principles of the Canada Health Act

UNITED NURSES OF ALBERTA supports a national health care system that preserves the principles of the Canada Health Act to:

- **Accessibility**
- **Universality**
- **Portability**
- **Comprehensiveness**
- **Public Administration**

JUNE 95 Transfers in Region #10

A FEW YEARS AGO, UNA and SNAA signed an agreement whereby both parties agreed in principle that when services are transferred between and amongst hospitals, employees have the right to follow the services bringing their seniority with them.

Using this agreement, UNA and SNAA oversaw the transfer of Mewburn Pavilion from the University Hospital to Capital Care and the pediatric services from the Royal Alexandra Hospital to the University Hospital.

During the Tripartite meetings in 1994, the health care unions attempted to get the health care employers and the Alberta government to agree to a protocol regarding transfers. The employers and the government were "not interested".

During the 1994-95 rounds of hospital and health unit bargaining, UNA tried for nine months to negotiate transfer provisions into our Collective Agreements. Again the employers would have none of it.

In June, 1995, the Capital Health Authority contacted the health care unions for a meeting at which the employer produced charts and graphs outlining the major transfers to take place in Region #10. The employer indicated that multiple transfers would take place in the very near future but that the actual timing of the transfers could be changed depending upon a negotiated transfer agreement with the health care unions.

Dates for negotiation were set but before formal talks began, the employer announced that there was no longer any flexibility on the timing of the transfers which would commence immediately.

UNA and SNAA met with management and tabled our standard transfer agreement. In addition, the unions raised two other matters.

First of all, we raised the question about the ICU at the University Hospital. Our information is that within 4 months the ICU will go from 100% RN staffing to 60% RN and 40% LPN staffing. This would mean that if Royal Alexandra ICU nurses or Caritas ICU nurses with high seniority transferred into the University ICU, then with the change in RN staffing levels, University ICU nurses with lower seniority would be laid off while Royal Alexandra ICU nurses or Caritas ICU nurses would maintain employment at the University. This is a problem.

In order to solve this problem, the Unions tabled a demand that the employer announce a moratorium on their patient care design project thereby maintaining 100% RN staffing and thereby resolving the ICU problem.

The Unions also identified that we had a further concern. In one of the Royal Alexandra hospitals - the Women's Pavilion - over 50 casual nurses are scheduled for every 24 hour period. For University nurses or Caritas nurses to transfer into the Royal Alexandra while we have large number of Alex nurses on recall, just wouldn't work. In order to solve this problem, the Unions put forth a demand that the Royal Alexandra post permanent full-time and part-time positions for all those "holes" in the rotations.

On their part, the employers raised three matters. In any transfer agreement they would eliminate any red-circling - the maintenance of salary levels regardless of new position.

Instead of saying that an employee transferred with her job, the employer wanted to say that an employee transferred with her job only as long as she met normal recruitment requirements. In other words, there would be a type of competition for each of the jobs as per Article 14 of the hospital Collective Agreement.

In the severance agreement in Region #10, the employer will grant severance only if a nurse's position was eliminated or any other equivalent position in the Region was eliminated. During transfer negotiations, the employer wanted to add that the employee would receive severance only if the Unions would agree that the "empty position" created by the severance would be filled by the employer with a nurse from another hospital rather than from the recall list. If the Unions did not agree, then the employer would not grant severance.

UNA and SNAA reiterated that they needed some relief regarding de-skilling and the posting of casual hours as permanent positions.

The employer would not agree to any of the Union's demands nor would the Union's agree to the employer's concerns.

The effect was that negotiations broke off and there is no transfer agreement in Region #10.

WHERE TO TAKE YOUR COMPLAINTS

Albertans who have complaints about their care in hospitals can take their concerns to the Alberta Health Facilities Review Committee.

The committee is charied by Dennis Herard, MLA for Calgary Egmont and is located at 210, 10909 Jasper Avenue, Edmonton, T5J 3M9 - 427-4924.

The government will soon be announcing the members of this committee whose job will be to review the impact of health care resturcturing and more than $700 million in funding cuts on the health care system.

MYTHS AND FACTS ABOUT RIGHT-TO-WORK

THERE'S A nascent campaign afoot in Alberta to import U.S. - style "right-to-work" labour laws to this country. Such laws, which exist in 21 U.S. states, cripple unions by undermining their dues collection mechanism. They should really be called, "right-to-work-for-less" laws, because they prevent workers from creating and maintaining unions.

Claim – Compulsory union membership violates an individual's freedom, namely the freedom not to join a union.

Fact – Majority rule applies in all other democratic situations. There is no valid reason why it should not also apply to union membership.

Claim – Unions don't deserve to be stronger than voluntary support will sustain. Employer's shouldn't have to force workers (through the dues check-off) to support a union against their will.

Fact – Once a majority of workers voluntarily join a union and the union is certified, it is compelled by law to represent all of them, even those who refuse to join the union. All workers are thus beneficiaries of the union's collective bargaining and grievance services. They should therefore pay their fair share of the union's operating costs, even if they choose not to become members.

Claim – Unions shouldn't have an automatic guarantee of workers' support, but should be constantly vying for their loyalty, and earning it. The threat of withdrawal of membership is needed to ensure satisfactory union performance.

Fact – Labour laws already impose a duty of fair representation on unions, and also provide for the union's decertification if a majority of workers becomes dissatisfied with it.

Claim – Right-to-work laws will help spur economic growth by employers a docile, stable, and strike-free labour force.

Fact – Such laws, by weakening or destroying unions, may have the effect of raising employer's profits, but by lowering wages they also condemn workers and their families to a lower standard of living.

The study also noted that the push for "right-to-work" laws usually comes from employers and right-wing political leaders – not from workers.

Manitoba Nurses' Ratification Results In

Winnipeg – 23 June 1995 – Results of the Manitoba Nurses' Union's ratification of the tentative agreement which was reached last week have been tabulated with all locals but Health Sciences Centre voting to accept the package. Nurses at the province's largest hospital voted 63% to reject the tentative agreement which calls for a 2.66% temporary wage reduction which will be reinstated at the end of the agreement (March 31, 1996)

MNU President. Vera Chernecki said that although the majority of nurses in the province ratified the agreement, layoffs and increasing workloads are taking their toll. "We are being made to do more with less and take a pay cut on top of that."

Shirley Delaquis, Vice Chairperson of the bargaining committee, said "I am comfortable with this settlement in that it is the best we could achieve under the circumstances. I am glad that the government moved from their position of a permanent rollback and we were able to negotiate a tentative agreement."

Delaquis said that she hoped that this signalled a reasonable attitude from government in dealing with nurses. She said that although it is perhaps a sad comment in the state of labour relations in this province the negotiations were successful from the nurses' point of view because they were successful in staving off further concessions sought by government."

Government Right-To-Work Study

The Alberta Legislature adopted the following motion (by a vote of 32 to 31) on March 14, 1995:

"Be it resolved that the Legislative Assembly urge the government to initiate a study to examine the implementation of right-to-work legislation in the province of Alberta." The Honourable Stockwell Day, Minister of Labour, shortly thereafter wrote to Mr. Art Smith, Co-Chair of the Alberta Economic Development Authority, requesting that the Authority establish a panel to undertake such a study.

The Authority's Board of Management agreed by referring the matter at its April 7 meeting to the Human Resources and the Regulatory Task Committees of the Authority's Economic Council. The Board asked Elaine McCoy, QC (Team Leader of the Human Resources Task Committee) to chair the Joint Review Committee.

The Authority's Joint Review Committee, Right-To-Work Study (JRC), invites all Albertans to submit their views, in writing, on the subject of right-to-work legislation and whether it ought to be implemented in our Province.

All submissions will be made available on request to any member of the public unless the submission's author(s) states in writing that the submission is not for public review.

Written submissions will be accepted if received before **AUGUST 15, 1995**. The JRC expects to issue its report by November 30,1995.

Please mail or deliver your written submission addressed to:

Joint Review Committee, Right-To-Work Study
Alberta Economic Development Authority
McDougall Centre, 455-6th Street SW, Calgary, Alberta, T2P 4E8.

UNA ENCOURAGES UNA MEMBERS AND LOCALS TO PRESENT SUBMISSIONS.