

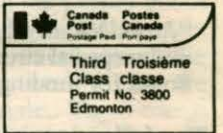
NEWS BULLETIN

VOLUME 15 NUMBER 1

UNITED NURSES OF ALBERTA

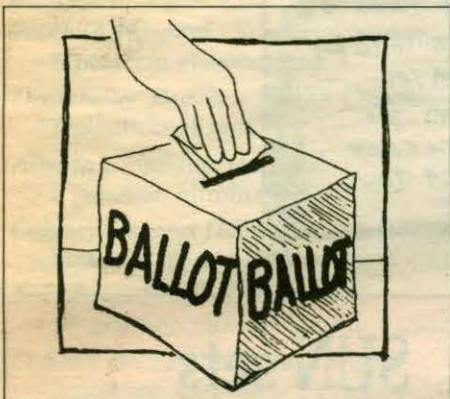
MARCH/APRIL 1991

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Principal Plaza
10303 - Jasper Avenue
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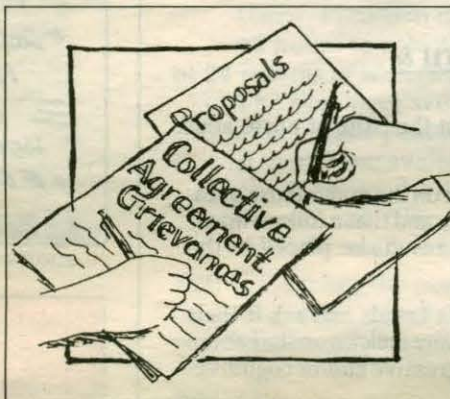


U N A Negotiations '92

Collective Bargaining Process



1. Districts
Elections of Negotiating Committee members
(Submitted to Board two weeks prior to May Board Meeting)



2. Local
Proposals
(Develops proposals and sends to Provincial Office)



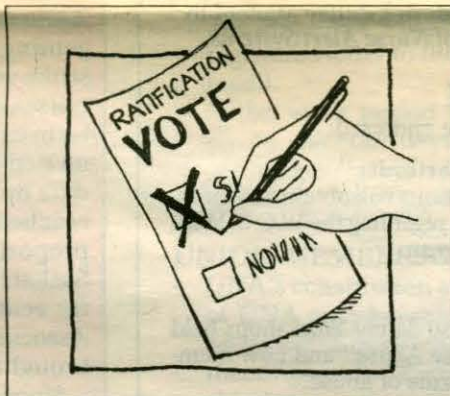
3. Negotiating Committee
Recommendations
(Reviews proposals and makes recommendations)



4. Local
Review
(Reviews recommendations; determines local support for each proposal)



5. Province
Demand-Setting Meeting
(Vote on support/non-support of issues; 2/3 majority required for support)



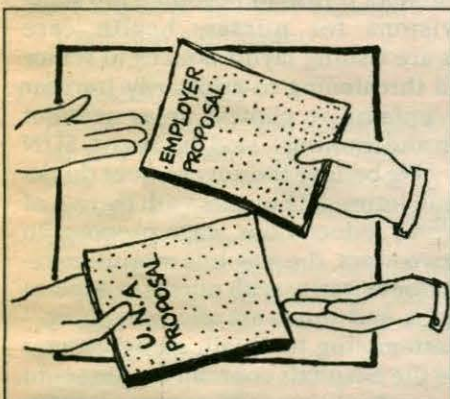
6. Local
Ratification of Proposal Package
(Ratification vote to be held as per Article 9 of the UNA Constitution)



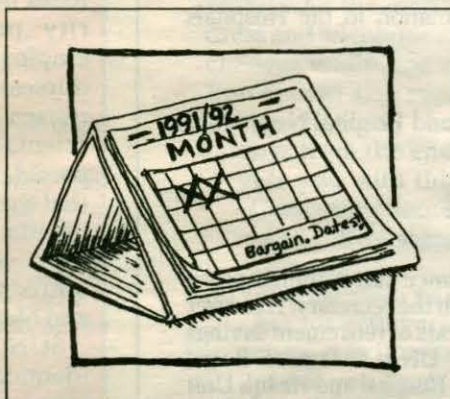
7. Local
Priority-Setting
(Each local submits a list of priorities for negotiating demands)



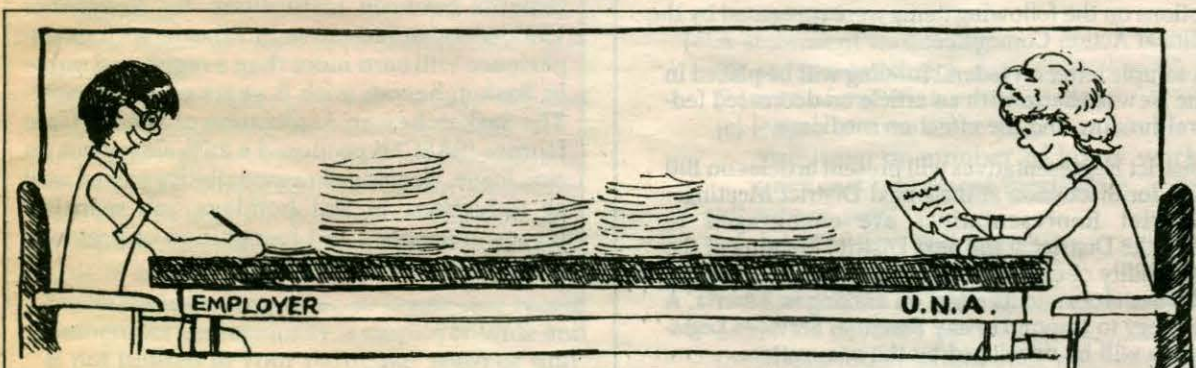
8. Negotiating Committee and Local
Authority to Bargain
(Local signs form which authorizes UNA to negotiate on its behalf)
Notice to Bargain
(U.N.A. notifies employers of decision to commence bargaining on behalf of hospital locals)



9. Negotiating Committee
Exchange of Proposals
(Meets with employer(s) to exchange proposals)



10. Negotiating Committee
Sets bargaining dates
(Dates of bargaining to be agreed upon by UNA and employers)



11. Negotiating Committee
Commencement of Bargaining

UNA
NEGOTIATIONS '92
QUESTIONNAIRE
INSIDE

INFORMATION ON
LAYOFFS AND
NEGOTIATIONS
INSIDE

UNA Executive Board Summary (Feb./March 1991)

LEGISLATIVE COMMITTEE

The policy which was passed reads:

"Any UNA member receiving 100% sick leave may under special circumstances apply to the Executive Board for funding for union business."

The following motion should be noted as Locals will be asked for input by their District Reps.

"The issue of L.O.A.'s of Executive Officers and Executive Board Members be taken to the Locals and Districts for discussion and feedback. Discussion should include replacement, process, time limits." (NB: The LOA's referred to in the motion will be from their elected offices.)

Chilean Appilleras

A concern was raised that UNA purchasing the Chilean Appilleras (a type of tapestry) was a possible violation of the policy on "Conflict of Interest". After lengthy debate it was concluded that this *did not* represent a violation of UNA's policy.

The Vice-President will continue to arrange to have the Appilleras made and sent to us. The cost of the Appilleras will be the price of the item plus postage and import duty/taxes as charged by the government.

MOTIONS FROM EXECUTIVE SESSION

Organizational Review and Development

A 2 day meeting will be held with all staff, the Director of Finance and Administrative Services, the Director of Labour Relations, the Executive Officers and a facilitator.

On the days of the staff retreat, 2 District Reps. will be available in each of UNA's offices to answer the calls, questions and concerns of UNA members.

Board Pollings

The following Board Polling was ratified:

Manitoba Strike

Two Board polls were passed to donate a total of \$40,000 to the Manitoba Nurses' Union while on strike.

ITEM RE: CHILE

The following motions were carried regarding future interactions with Oxfam and workers in Chile:

"That UNA write a letter to the Nurses' College in Chile inviting them to enter into a relationship with us."

"That Oxfam would work with the Union to develop a workshop which would allow participants to analyze the global system and make connections to their own lives."



UNA members from Edmonton and Calgary joined two hundred other people demonstrating against the Alberta budget. UNA President Heather Smith addressed the crowd, telling them that health care would be adversely affected by privatization and contracting.

FINANCE COMMITTEE

Computer Equipment

New computer equipment will be purchased for the Edmonton and Calgary offices, utilizing funds available

within the Capital Acquisition Fund. This is part of a planned strategy to upgrade service delivery and integrate new communication techniques in preparation for negotiations.

EDUCATION COMMITTEE

\$56,000 is to be used for a Labour Education Seminar for all Local Presidents. The seminar will be held September 23 (the day before the Hospital Demand Setting Meeting). The funds for the seminar will be taken from Unappropriated Members Equity. Details regarding the one day seminar will be provided in an upcoming mailing.

MEMBERSHIP SERVICES COMMITTEE

The 1993 Annual General Meeting will be held at the Banff Springs Hotel.

A lengthy discussion took place regarding the seating arrangements at Delegate Meetings. The following motion was carried:

"That seating for delegates be by district. That seating remain unchanged for all days of the meeting."

The issue of designating the seating arrangements was referred to the May Executive Board Meeting.

• Locals are encouraged to comment on this decision. Bring forward your views to the next District Meeting.

OCCUPATIONAL HEALTH & SAFETY COMMITTEE

The following motions about the issue of nurse abuse were endorsed:

"That a computer data sheet on the nurse abuse questionnaire responses be done and that a follow-up article on the questionnaire results be placed in the newsletter."

"District Reps. will contact Locals and ask if their hospital administration has any policies on staff abuse or policies dealing with aggressive and/or cognitively impaired patients."

"Locals with policies regarding abuse of staff are encouraged to forward copies of these policies to Provincial Office."

"A letter will go to all Locals in a Friday Mailout to obtain information on use of Nurse Alert Systems."

STEERING COMMITTEE

The following motions were endorsed:

W.C.B. "Window of Opportunity"

The Director of Labour Relations will obtain and circulate information to the Locals regarding the W.C.B. Window of Opportunity Program.

Nurse Abuse

The Occupational Health and Safety Workshops held in 1991 will highlight "Nurse Abuse" and how members should deal with all forms of abuse.

Negotiations

The following motion was carried:

"Only those members working at Hospital Locals shall be eligible for nomination to the Hospitals Negotiating Committee."

Timelines

Time lines for Health Unit and Hospital Negotiations were approved.

PENSIONS COMMITTEE

The following motion was made:

"That the Director of Finance and Administrative Services in conjunction with the Secretary/Treasurer investigate alternate methods of retirement savings to be made available to UNA Executive Board Members, Paid Presidents, Hospital and Health Unit Negotiating Committee Members and Cost Implications be provided."

POLITICAL ACTION COMMITTEE

Motions on the following items were presented by the Political Action Committee:

A sample letter on federal funding will be placed in the NewsBulletin with an article on decreased federal funding and the effect on medicare.

District Representatives will present articles on Bill C69 for discussion at their next District Meeting. District Representatives are encouraged to alert the District at the next District Meeting of the possibility of changes in the Legislation re: Essential Services and its effect on nursing in Alberta. A strategy to respond to any Essential Services Legislation will be developed by the committee.

PUBLICATIONS AND COMMUNICATIONS COMMITTEE

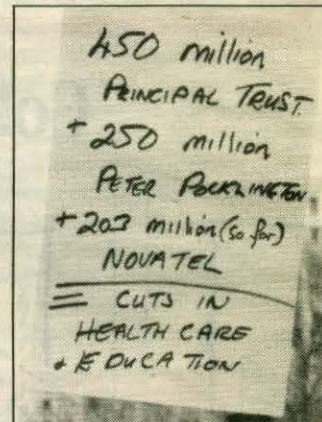
The Terms of Reference and Long and Short-Term Goals were adopted.

The following issues were discussed:

The NewsBulletin will be produced in-house as soon as this is feasible.

In 1991 there will be a NewsBulletin in the spring, summer, and fall, and an additional one after each of the following: the Demand Setting Meeting and the Annual General Meeting.

The Strike Manual and Media Manual will be reviewed by the D.L.R. and Labour Relations Staff. Recommendations for change will be submitted in draft form to the Publications and Communications Committee for discussion at the May Board Meeting. The Executive Board will be responsible for final approval of the two manuals at the May Executive Board Meeting. ☺



One of the posters at the rally against the budget questioned the priorities of the government.

SUN sets contract deadline

Nurses at the Saskatchewan Union of Nurses' Annual Meeting will be considering their bargaining committee's recommendation that a strike vote be conducted amongst the 6000-plus nurses employed in hospitals, health units, long-term care facilities, home care and the Canadian Red Cross. The union had set April 17 as the date by which a collective agreement had to be reached. Talks began in February with SUN proposing a 35% increase over two years. The Saskatchewan Health Care Association (SHA) for acute care facilities and the Saskatchewan Association of Special Care Homes (SASCH) brought minor rollbacks to the table.

Since the beginning of negotiations SHA member facilities have been laying off nurses. The Union claims that actions by the employer could lead to a nurses' strike. "While management negotiators refuse to negotiate job security provisions for nurses, health care employers are issuing layoff notices to senior nurses and threatening to arbitrarily transfer nurses to unfamiliar clinical areas without orientation and training", said Pat Stuart, SUN president. "We believe the government thinks that they can intimidate nurses with threats of layoffs. We've reduced our wage proposal to 22% over two years, the absolute minimum required to achieve parity with nurses in Alberta and Manitoba, and nurses are offered nothing."

SUN is attempting to obtain an agreement identical to the hospitals contract for nurses in long-term care facilities. SUN proposed a 35% wage increase over two years as well as a joint pension, reduced hours of work, more flexible schedules, and the right to transfer seniority and benefits between institutions. By November 1991, a registered nurse in Alberta with no experience will earn more than a registered nurse in Saskatchewan with 6 years of experience. The Saskatchewan Association of Special Care Homes (SASCH) proposed a 25% salary cut on sick leave, decreased responsibility pay as well as reductions in stat holidays, job security, leaves of absence and recognition of previous experience. ☺

Layoffs

The information provided in this article applies to nurses covered by the Provincial Hospitals Agreement. Nurses working at the Royal Alexandra Hospital, Alberta Hospital Edmonton or in a health unit should check their contract for differences.

During the past few months UNA members have heard many rumours about massive layoffs as hospital administrators struggle with the task of balancing their budgets.

We are now seeing the end results of their battle of the budget. Several UNA members have received notice of position elimination or layoff. Nurses are also being encouraged to take leaves of absence. Labour relations staff and local executives have been busy with these nurses - checking that the correct procedure has been used and ensuring that no causes for a grievance have arisen.

This article is divided between two topics. The first part covers the approximate numbers of nurses who have been affected and which hospitals have been involved. The second part reviews what you should know about position elimination, displacement and layoff.

LAYOFFS AND POSITION ELIMINATIONS

Foothills Hospital - School of Nurses

- 8 position eliminations

Drumheller Regional Health Complex

- 3 position eliminations

Alberta Children's Hospital

- 3 position eliminations

Calgary General Hospital

- between 50 and 100 position eliminations

Rockyview Hospital (Calgary)

- 15 position eliminations (I.V. Team)

Colonel Belcher Hospital (Calgary)

- 3 position eliminations to occur in August as the hospital becomes long-term care only

St. Michael's Hospital (Lethbridge)

- 28 position eliminations

Taber District Health Care Complex

- 1 position elimination

Devon Civic Hospital

- 12 position eliminations
- 4 laid-off

Glenrose Rehabilitation Hospital

- 20 position eliminations

Hinton General Hospital

- 2 position eliminations
- 2 laid-off

Edmonton General Hospital

- 48 position eliminations

Fort MacMurray

- currently 'rearranging' positions

Extendicare South

- 9 position eliminations

Olds General & Auxiliary Hospital

- 1 position elimination

THE BASIC FACTS

- Article 15 (Lay-off and Recall) applies to all regular and temporary Employees.
- Article 15 has no application to casual Employees. *Casual nurses cannot be laid-off.*
- Position elimination:
The Union's position is that the Employer has the right to eliminate positions - which may or may not result in a reduction of the work force.
- Layoffs:
The Union takes the position that if the elimination of positions results in a reduction of the workforce (after all bumping has taken place) layoffs occur in reverse order of seniority.
- If your hours of work have been reduced you are on layoff.
- The employer must give you 14 days' written notice of position elimination or layoff.
- If you are on a leave of absence, sick leave or on Workers' Compensation you cannot be notified of your layoff or position elimination until you have advised your employer of your readiness to return to work.
- Seniority is the key issue in layoff and recall. Remember that seniority is employer-wide and is not limited to your particular ward or unit.

Seniority is based on your date of hire.

- No new Employees can be hired while Employees are on layoff.
- If you receive notice of position elimination, lay-off, or displacement, **contact your Local Executive or the UNA offices in Edmonton or Calgary.** They will provide advice and determine whether any errors in procedure have taken place.

If you receive a notice of position elimination or displacement and you have:

- a) 24 months of seniority or more
 - You have 48 hours (not including Saturdays, Sundays or Named Holidays) after the receipt of the written notice to advise the Employer in writing of what you intend to do.
 - Your options include:
 - (i) displacing a less senior nurse from a position you select; or
 - (ii) taking a position which is vacant.
 - If you miss the 48-hour limit or fail to exercise your rights to displace another Employee or to select a vacant position, the employer:
 - (i) will place you in any available vacant position of the employer's choice; or
 - (ii) will, if there is no vacant position, layoff the most junior nurse and place you in that position.
 - If you select a position and the employer notifies you that your request is refused, it is the Union's position that you then have another 48 hours to select another position.
- b) 24 months of seniority or less:
 - The employer will assign you to any available vacant position.
 - If there is no available vacancy, the employer will proceed with laying-off the most junior person and filling the resulting vacancies with the more senior nurses.

NB: UNA takes the position that "ability to perform the work", as referred to in Article 15, means meeting the *minimum* requirements of the job.

RECALL

- When an Employee is laid off her name will be placed on a recall list by the employer.
- Recalls will be carried out by seniority. The most senior nurse will be offered work first.
- The employer will phone or will send a double registered letter to the nurse to advise her of the recall.
- If the work period offered by the employer for 14 calendar days or fewer, a laid-off Employee has the right to refuse the offer without adversely affecting her recall status.

UNION MEMBERSHIP

- UNA's constitution allows for the continuation of UNA membership for any member who is on lay-off. You can still attend and vote at UNA meetings and will continue to receive membership information.

IF YOU ARE LAID-OFF

On your last shift of work:

- Make sure the employer has your correct address and telephone number (notify them of any changes while you are on layoff).
 - You should also receive:
 - (1) Your final pay cheque (the employer has 10 days from the end of the pay period to provide you with this cheque).
- Check the cheque! Are all of your overtime and other premiums included on the cheque?
 - (2) Your vacation pay-out:
- Ask for your vacation pay-out on a separate cheque as it usually decreases the amount of tax you must pay. Check the cheque!
 - (3) Unemployment Insurance Record of Employment:
- This is required by law.
- Check that the reason for issuing the form is correct.
 - (4) A statement indicating:
 - (a) accumulated sick days
 - (b) rate of vacation entitlement
 - (c) length of time since your last increment (full-time) or number of hours worked since last increment (part-time)
 - (d) rate of pay
 - (e) dates of first and last shift.
- UNA's Collective Agreement allows for transportation of certain benefits between hospitals covered by the agreements. With the above information, your next employer can make the necessary adjustments. ☺

DLR Report

by David Harrigan

The late Tommy Douglas used to tell a story about white cats and black cats, and how, from the perspective of the mouse, there was no difference between the two. These days, with the many cuts to health care, the story seems particularly appropriate. The Federal government of Brian Mulroney, and its pro-business agenda has been systematically reducing its commitment to health care (along with education and other social programs) for years. Faced with an increasing burden of a higher percentage of costs, the Getty government has been remarkably silent. Rather than working together to provide proper funding for the health care system, the two levels of government has perpetuated a myth that health care has become too expensive. The "crisis in health care" has become an accepted fact in this and other provinces. With layoffs occurring throughout the province, and short-staffing becoming more the norm than the exception, a crisis does exist - but it may not be the one believed by most people.

The fact is, despite all the talk and rhetoric, the percentage of the gross national product spent on health care has not significantly increased over the past ten years. It is not the cost of health care that has gotten out of control, it's the priority-setting of those in power.

Our government still has millions and millions of dollars to dole out to any private company willing to stand in line for handouts. But at the same time that more and more Alberta taxpayers' money is handed out to private businesses, hospitals are suffering. Hospital boards throughout the province complain about a lack of funds. Perhaps not surprisingly, the answer that hospitals have come up with is not to reduce spending on renovations and construction, but rather laying off employees. Hospital boards, a large number of whom are appointed by the government, seem to believe that layoffs and contracting out are the solutions to their problems.

In the most recent budget, Treasurer Dick Johnston explained his plan for the ailing economy - eliminate jobs in the public sector and increase the move to privatization. Exactly how higher unemployment and lower paying jobs will be beneficial for the economy was not fully explained, but it is a dream that our employers have bought into with glee.

Clearly, the plan is to return to the days when employees, including nurses, would subsidize the system. By creating fear and a feeling of being lucky to have jobs, employers can avoid the nasty business of providing proper wages & working conditions to their employees. Already we've seen a number of employers layoff nurses and contract out work formerly done by support staff. Rather than insisting on the preservation of the very system they have been hired to manage, employers instead merely go along with the privatization agenda of the government. And while playing with all kinds of money in "job enhancement" programs that no one wanted, hospitals continue to layoff staff and blame the "high wages" of nurses.

It may not be surprising that all this is happening as we prepare for another round of negotiations. After all, we've seen this before in this province and we've learned how to deal with it. Locals of UNA know that the employers must be held to their contractual obligations. *Any layoff must take place in reverse order of seniority.* That is the agreement that was signed, and employers must be made to hold up their part of the bargain.

When considering what should be in the next collective agreement, we must not fall into the trap of thinking we're lucky to have to have a job. Nursing is a demanding and stressful profession that deserves proper treatment. The health care system in this province is too important to be lost. Let the hospital boards and the governments point fingers at each other and blame each other. Black cats and white cats, they're all the same to us. ☺

Did You Know?

"Total union membership rose to 4 million in January 1990—the highest number of union members ever".

—CALM

"The seven largest Canadian banks made profits of \$7.64 billion between 1980 and 1987—and paid an average of 2.48% in taxes".

—Action Canada Network

"The Canadian balance of trade with the U.S. dropped from a \$8 billion surplus in 1985 to a \$4 billion deficit in 1989.

—CLC Today

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Negotiations '92

The 3 Stages to Negotiating Your Collective Agreement

Irene Giesbrecht
Executive Director
Manitoba Nurses' Union

"Collective bargaining is more an art than a science. The goal of both parties is to reach a mutually acceptable agreement. The method by which this is attained is more creative than analytical." Collective bargaining is often an extremely slow process. It is a series of discussions and compromises by both the union and employer groups.

Basically, negotiations consist of three stages — the Initial stage, the Working stage and the Crisis stage.

1. Initial Stage

Representatives of the employer and the union meet to exchange written proposals which are to be discussed at future negotiating sessions. Some clarification of the articles in the proposals may be sought by both parties, however, specific discussion about monetary proposals (i.e. wages, fringe benefits) rarely occurs at this stage.

One important purpose of this meeting is to set the tone for future bargaining as well as to establish ground rules and to plan schedules for subsequent meetings. Usually, both parties agree to separate the economic items from the non-economic and to negotiate the non-economic proposals first. It is important that both the union and employer approach negotiations with the intent to compromise, otherwise the meetings will not be productive.

In contract renewal negotiations, the employer

usually seeks substantial revisions to the agreement to clarify contract language or sections which have created administrative problems.

2. Working Stage

The second stage of negotiating sessions occurs two to three weeks following the first meeting to allow both parties sufficient time to examine the details of each other's proposals.

The purpose of these series of meetings is to: clarify the meaning of specific proposals; establish the basic principles of each proposal; present arguments or rationale for each proposal; and receive the employer's counterproposals. Areas in which compromise is obvious are indicated by both parties and minor concessions are made on only one issue at a time. It is important to "keep your options open".

In subsequent meetings, the union will continue to reinforce its position while the employer negotiator can be expected to begin to give responses to some of the union's proposals.

Language or non-economic issues are usually dealt with first since minor concessions are more easily agreed to on lower-priority items. Specific contract clauses are discussed in detail. The employer negotiator will indicate to the union negotiator whether a specific proposal is acceptable or not acceptable, and state whether s/he is prepared to make a counterproposal. If the union's proposal is acceptable without change, no further discussions are held on the matter.

A specific proposal may be acceptable in principle or in part but the employer may want different

or revised language to that offered by the union. In this case, the employer negotiator will "table" the specific language that s/he is prepared to accept, along with the reasons for making a counterproposal. Both parties will strive to keep negotiations "moving" to the extent that some items are agreed and others dropped to eventually narrow the gap between the parties.

3. Crisis Stage (also called the "trading" stage)

During this stage of negotiations, both parties will attempt to find the "key issues" so they can establish which are the less important proposals that the other party may be willing to "trade-off". A lot of trading of proposals may occur at this stage.

The majority of breakdowns in negotiations occur during the Crisis stage and over five basic issues (union security, grievance handling, patient or classroom load, fringe benefits and wages). Almost always the union believes that these are the **must** issues for ratification of the agreement. The employer always believes that these are the **never** issues. A middle meeting ground must be found.

As long as progress is being made in the respective bargaining positions, there is justification in continuing the bargaining sessions. However, if the parties reach an impasse (deadlock) in negotiations, a decision must be made on how to resolve the deadlock. If an agreement is voluntarily reached between the parties during direct negotiations, the union will first seek ratification from the membership before signing the contract. ☺

Time Lines For Health Unit Negotiations

May 31, 1991	Election of Health Unit Negotiating Committee.
June 28	Deadline for receipt (at UNA Provincial Office, in writing) of Local and staff proposals for bargaining.
July 3-4	Negotiating Committee Orientation and Planning Meeting.
July 19	Local Proposals mailed to Negotiating Committee.
August 27-28	Negotiating Committee Workweek to review Local Proposals and Chief Negotiator's recommendations.
September 13	Package of proposals with Negotiating Committee recommendations sent to all Locals.
October 29-30	DEMAND SETTING MEETING - EDMONTON.
November 4	Final package sent to Locals.
Nov. 19,20,21/91	Annual General Meeting, Calgary.
November 22	Deadline for mailing Notices to Bargain and Authority to Bargain forms to Local Presidents.
November 26	Ratification vote on proposals package.
December 20	Deadline for service of Notice to Bargain and Authority to Bargain with copies returned to UNA
TBA	Exchange of proposals and commencement of negotiations.
TBA	Reporting Meeting to be held at the call of the Negotiating Committee.
TBA	Strike or Ratification Vote.
March 31, 1992	Collective Agreement Expires.

Time Lines for Hospital Negotiations

May 31	Name of each District's Representative and alternate to Negotiating Committee is submitted to Provincial Office.
June 28	Deadline for receipt of Locals/Staff proposals for bargaining.
July 3-4	Negotiating Committee Orientation & Planning Meeting.
July 15	Local proposals couriered to Negotiating Committee along with Director of Labour Relations' recommendations.
July 22-26	Negotiating Committee work week to review Local proposals and Chief Negotiator's recommendations.
August 19	Package of proposals with Neg. Com. recommendations sent to all Locals.
September 23	Negotiations Workshop - Edmonton
September 24, 25, 26/91	DEMAND SETTING MEETING, EDMONTON
October 11	Final package of proposals sent to all Locals.
November 5	Ratification vote on proposal package.
November 19, 20, 21/91	Annual General Meeting.
November 8	Deadline for mailing Notices to Bargain and Authority to Bargain forms to Local Presidents.
December 6	Notices to Bargain and Authority to Bargain forms should be properly executed and served by this date with appropriate copies returned to Provincial Office.
TBA	Exchange of Proposals.
TBA	Bargaining commences.
TBA	Reporting Meeting to be held at the call of the Negotiating Committee.
TBA	Strike/Ratification Vote.
March 31, 1992	Collective Agreement Expires.

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Negotiations '92

UNA Bargaining: A Brief Synopsis

1900 - 1930	<ul style="list-style-type: none"> - 85% of active graduates worked as private nurses. - Hospitals were staffed mainly with students and administrators. 	1981	<ul style="list-style-type: none"> - Negotiations begin again with nurses demanding: <ul style="list-style-type: none"> - wage increases between 40 and 52% - improved scheduling - voluntary O.T. - safety measures. - (229 demands in total.)
1930's	<ul style="list-style-type: none"> - Developments in medical science created a demand for hospital staff with medical knowledge. - During the Depression years, families could no longer afford private nurses, this resulted in a surplus of nurses. - As a result of the above, hospitals and governments saw the opportunity to transform the relationship of graduate nurses and institutions to employer/employee. 	Feb 16 - Mar. 11, 1982-	<ul style="list-style-type: none"> - The first ever Alberta Disputes Inquiry Board was enacted and it issued recommendations regarding the nurses' proposals. - UNA members rejected the recommendations. - On February 16 the nurses went on strike. - Bill 11 was passed and the nurses returned to work on March 11. - An Arbitration Tribunal report (final and binding) was released in mid-July. The nurses received: <ul style="list-style-type: none"> - wage increase of 29% - improved scheduling. - access to hospital boards. - a ban on nurses working alone.
1943	<ul style="list-style-type: none"> - The C.N.A. established a Labour Relations Committee. 	1982	<ul style="list-style-type: none"> - Health Unit nurses were locked out for a month by their employers. - UNA had suggested meeting with a mediator after it became apparent that the HUAA (employer's association) was unwilling to budge on major issues. - HUAA refused to have a mediator and gave UNA its final offer which was then rejected by the nurses. The nurses were locked out for the month of May. - A negotiated settlement was reached with the nurses receiving a 14% increase over one year, a clause providing for no dismissal without just cause and a \$250 prorated signing bonus for each member. Most nurses also received compensation for benefits lost during the lockout.
1944	<ul style="list-style-type: none"> - The C.N.A. endorsed collective bargaining for R.N.'s by the professional association. 	1983	<ul style="list-style-type: none"> - Bill 44 passed removing the legal right to strike from hospital nurses.
1964	<ul style="list-style-type: none"> - Alberta legislation was enacted for the certification of bargaining units for nurses. - The A.A.R.N. moved quickly to obtain certificates. 	1985-1986	<ul style="list-style-type: none"> - Health Unit nurses voted on April 1, 1985 to go out on a legal strike. - In November 1985, UNA charged HUAA with bargaining in bad faith after the HUAA tried to change wording in previously settled articles. The labour board report recommended that both sides continue negotiations while keeping in mind that substantive provisions which have been agreed upon cannot be altered. - The nurses eventually returned to work on January 27, 1986 after reaching a negotiated settlement which brought their wages closer to the hospital level.
1973	<ul style="list-style-type: none"> - The Supreme Court of Canada ruled provincial professional associations were not eligible to participate in collective bargaining. - Through restructuring, the A.A.R.N. continued to bargain "Provincial Staff Nurse Committee" which was semi-autonomous from the A.A.R.N. 	Jan 25 - Feb 13, 1988-	<ul style="list-style-type: none"> - On January 25 the strike by hospital nurses began and lasted until February 13. - Nurses began negotiations in October 1987 warning the employer that they would not accept roll-backs. - The A.H.A. proposed 3% wage cuts and demanded other concessions. - The nurses were ordered to not hold a strike vote; they held the vote with the majority in favour of strike action. - Threats of dismissal, court action and freezing temperatures did not deter the nurses. The Union was fined \$400,000 for criminal contempt and \$22,000 for civil contempt. A negotiated settlement was achieved with no roll-backs, a 9% increase in salary and an increase in the number of increments.
1977	<ul style="list-style-type: none"> - Tension increased between the A.A.R.N. and the P.S.N.C. - at the May 6th meeting the P.S.N.C. announced its decision to form an independent union. 	1990	<ul style="list-style-type: none"> - Hospitals and health units, V.O.N. and Red Cross agreements were achieved with no strike or lock-outs.
June 14, 1977	<ul style="list-style-type: none"> - UNA was formed. 		
July 4 - 9, 1977	<ul style="list-style-type: none"> - UNA had its first hospital strike after unsuccessful conciliation attempts in April. 		
July 20	<ul style="list-style-type: none"> - A Public Emergency Tribunal was established to look into the disagreement. 		
August 25	<ul style="list-style-type: none"> - Nurses were awarded: <ul style="list-style-type: none"> - 9% wage increase. - one-year contract. - *Rand Formula, 17 economic demands and professional responsibility committee were rejected. 		
1978	<ul style="list-style-type: none"> - UNA held its founding meeting! - Negotiated settlement was achieved with the Rand Formula included in the contract. 		
April 18 - 28, 1980	<ul style="list-style-type: none"> - After attempting settlement via conciliation, the hospital nurses went on strike on April 18. - The nurses demanded: <ul style="list-style-type: none"> - a 33.3% increase in the first year. - portability of benefits. - P.R.C. - improved scheduling provisions. - A.H.A. offered: <ul style="list-style-type: none"> - 29% increase. - a letter of understanding re: P.R.C. - On April 21 nurses were ordered back to work, they refused. - A settlement was reached on April 27: <ul style="list-style-type: none"> - a 24-month contract with a 39.8% increase. - improved scheduling. - professional responsibility committees. 		

All Hospital and Health Unit Local Members

Proposals for changes to the current collective agreement must be received by
the provincial (Edmonton) office no later than **June 28, 1991**

Moscow, November 1990

by Heather Smith, UNA President

As I review my article for the newsbulletin, the news headlines predict economic collapse and political chaos in the Soviet Union. I admit that I have tracked the events in the Soviet Union with enhanced interest since my sojourn to Moscow. I reflect on my two weeks, and realize that I experienced Moscow at a time of relative political freedom despite the political upheaval.

My personal interest in the Soviet Union goes back to my high school days. As an avid reader of history I read a multitude of books about this mysterious land. During my final year of high-school I corresponded with a school friend who lived in Moscow for a year as a governess to children at an embassy in Moscow. The images of what I saw and experienced in Moscow will not soon fade.

I have a multitude of stories, too many for this article. I regret that I must select only a few of my many pictures, which will be limited further by reducing to black and white reproduction. Memory has conveniently diminished the negative and enhanced the positive. In addition to our memorable Aeroflot flights, the congress and our sightseeing of Moscow, we had very special visits with Madeline Parent who has been a guest at several UNA annual meetings. There was mild trepidation in Montreal when we were only provided one way tickets to Moscow.

I went to Moscow with Trudy Richardson, Don Aitken (Alberta Federation of Labour), Bill Stevenson (Edmonton and District labour Council) and eleven strangers. New friendships evolved as we shared our unique experience.

For two weeks a diverse collection of Canadians from various provinces experienced an international meeting of unionists, against the backdrop of the Soviet Union in turmoil.

We were superbly treated, afforded relative luxury and well taken care of by our assigned Soviet host and interpreters.



Heather Smith stands on a bridge over the river. Behind her is the Kremlin and Red Square.

The W.F.T.U. Congress November 13 - 20, 1990

This was the twelfth Congress of the W.F.T.U. (World Federation of Trade Unions) which is held every four years. On this occasion 1000 W.F.T.U. affiliates and non-affiliated observers from 132 countries attended the Congress. There were rumors that this might be the last gathering of this organization, as world governments realign political support, concern abounded that Soviet trade unionists in seeking new links with western trade unions, would abandon the W.F.T.U. in favour of the I.C.F.T.U. (International Confederation of Free Trade Unions).

The United States and most of the other western trade unions split away from the W.F.T.U. during the years of the Cold War, when political ideologies became polarized.

The Canadian Labour Congress declined sending official representation, and pressured C.L.C. members not to attend this Congress as the C.L.C. is a member of the I.C.F.T.U. However, just days after our departure, C.L.C. representatives met with the same Soviet trade unionists in Moscow.

The Congress was disappointing. Two hundred speakers made speeches, not always relevant to the Congress or the W.F.T.U. The plenary sessions quickly became monotonous and boring. Side meetings with other trade unionists more than compensated for the tedious formal sessions. One joint meeting involved the Soviet Union and the United States. Another meeting was held with the Mexican and American delegations to discuss the Free Trade Agreement. Separate sessions were also held with the South Africa and Cuba delegates.

In the end the decision was reached to keep the

W.F.T.U. going, primarily based on the continued involvement of the Soviet and French affiliates. I believe this was a relief to the small and third world nations who feared the alignment of the Soviet trade unionists with the American dominated I.C.F.T.U.

Personal Impressions of Moscow

November is not the ideal time to visit Moscow. Most days were overcast. The temperature hovered close to zero, occasional snow or rain potentiated the cold with dampness. Diesel fumes permeated the air. Pollution enveloped the city in a hazy cloud.

Moscow appeared grey and dreary. Imagination was necessary to imagine the many parks in summer blossom. The architecture is a mix of austere grey buildings and colourful churches. By far the most impressive sight is the Kremlin. The gold church spires and yellow palace buildings within the Kremlin compound contrast drastically with the sameness of apartment complexes and factories outside the red stone walls.

Moscow is a massive complex of apartment blocks, the population of 8 million live almost exclusively in apartments. In addition approximately 3 million individuals enter Moscow each day to work or seek scarce supplies.

The indicators of a prolonged war economy abound. The whole city has a appearance of disrepair. Broken windows are sometimes boarded over, but more often not. Rubble remains in the streets and alleyways.

The stories of food shortages and lineups were confirmed. The absence of basic food and clothing in the stores attested to the economic chaos that abounds. In November a thriving black market, controlled a large portion of the goods (cost and distribution). Hard currency, meaning foreign dollars, opened many doors that were closed to the residents of Moscow.

A Glimpse of Moscow Society

Natasha, our interpreter, once commented that we might as well be from Mars, in terms of our ability to understand what life is like in Moscow. Natasha was right. Most conveniences we accept and expect in our everyday life are simply not available. Other tasks of daily life, such as shopping for groceries, required several hours of standing in lineups with virtually no choice - you take what is available.

We had two bus tours of Moscow. An odd combination of traditional landmarks, such as the statue of Lenin and the Bolshoi Theater were blended with the Macdonalds restaurant in Pushkin Square, and the two Pizza Huts (always with long lineups).

The extensive subway system is studded with beautifully ornate stations. The major streets are wide. Pedestrian underpasses provide safe passage under major intersections. It was clear that the vehicles had the right of way. If speed limits existed, it seemed that few adhered to such rules. Taxi rides through the dimly lit streets were an adventure and a true test of nerves.

Communication with the outside world brought new challenges. After several attempts to contact my family by phone, I sent a fax (which took two days to dispatch). At one point I purchased a calling card at another hotel, the card cost \$25.00 American dollars for two minutes of time, but again I was unsuccessful in reaching my home in Edmonton. However, once my fax arrived in Edmonton, there was no problem, provided the call was dialed directly to my room and not the hotel front desk.

Families are small, usually one or two children. Long waiting lists exist for apartments. The norm appeared to be that three to four generations lived together in a single apartment. Usually a grandmother, mother, daughter, son-in-law and children.

Long waits for basic repairs was taken in stride. It took a full week to return heat to a number of apartment blocks (remember this was November).

Marriage breakdown was a concern. Alcoholism is a social calamity. It was suggested that abortion is the major form of birth control due to limited availability of alternative measures.

No-one really understood what a market economy would mean. Trade unions as we know, do not exist. There is no collective bargaining in the current system. Little consideration has been given to potential labour laws. I was saddened to hear that few had considered the importance of protecting social programs in the new economy. Even health care may be privatized. To some extent health care has already moved towards privatization, as individu-



Protestors lived in make-shift huts just outside the Kremlin walls. On December 29, 1990 the Russian government forced the removal of the huts.

als unofficially pay additional monies for physician services. An American system of health care is advocated by some, who point to poor services and delays in the current underfunded system. The majority of physicians are women, attributed in part to the low financial compensation provided. Poor compensation has prompted physicians to seek additional payment for rendering medical services.

I did not have an opportunity to tour a health facility. One member of our group provided the closest view of health care, when she was treated with a combination of old and new technology (sulfa drugs, herbs and mustard plasters) for a respiratory infection. I had the impression that medical resources were scarce and precious. The physician was surprised at the speed of her recovery, as so many of her clients take much longer to recover due to the added emotional, nutritional and environmental factors which weigh on them. I was very surprised to see a collection of protestors living in make-shift huts just outside the Kremlin walls, on the Hotel Russia lawn, I interpreted the existence of this group of protestors as evidence of increased tolerance of political freedom of expression. I was disappointed to later hear that the government forced the removal of the protestors on December 29, 1990.

The economic structure was confusing. American dollars were the preferred currency. The value of the ruble varied. At the Beriozkas (the official stores for tourists) one ruble was worth the equivalent of 1.8 American dollars. We were told that the official bank currency rate was six rubles per dollar. An illegal black market rate of fifteen to twenty rubles for each dollar was very prominent. It is illegal for tourists to possess rubles without valid proof of legal purchase, or to attempt to take rubles out of the country.

There was a great deal of frustration with the political and economic instability. Prices had already started to climb and the inability to obtain basic necessities at official government stores meant that many turned to other sources, such as the black market.

The average income was three hundred to four hundred rubles a month. The factory we toured paid superior wages of up to seven hundred rubles per month to highly skilled employees. Day care was provided at a low rate for the employees. Day care workers earned significantly less at approximately one hundred and eighty rubles a month.

In Summary

Since the time of my visit, the Soviet Republic has been torn by declarations of independence. Support for President Mikhail Gorbachev is fractured and tenuous. The military and the K.G.B. resist the dismantling of a strong central government and fear the loss of control by the communist party. Promises of a better life in a free market economy, have not lessened the reality of food and other shortages. Rising prices have been coupled with attempts to curb public protests.

In this uncertainty unions will be created and unemployment and privatization will face Soviet citizens for the first time since the 1919 revolution. The difficult challenge of establishing labour laws in the republics lies ahead.

I consider myself fortunate to have had the opportunity to catch a glimpse of the Soviet Union from the inside. My wealth of pictures and several hours of video footage are my most precious souvenirs. I hope to create a short film for presentation to the 1991 Annual General Meeting. I wonder what form of the Soviet Union will exist in November of 1991. ☺

Letters to the Editor

April 2, 1991

The Honourable Nancy Betkowski
Minister of Health

Dear Ms. Betkowski:

I am shocked at the attitude of the provincial government in dealing with the health care issues of this province. Using band-aid solutions for budget shortfalls when it is obvious there needs to be major surgery.

I have been a staff nurse for almost twelve years within major hospitals in the City of Calgary. The misuse of funds I have witnessed over the years makes bed closures and staff layoffs a drastic answer to an ongoing administrative nightmare.

The government in the past and presently, has approved millions of dollars for renovations and reconstruction in major hospitals, only to have these new improved areas closed or moved to other hospitals after only being reopened a short period of time. The government also approved construction of new rural hospitals in numerous towns that are within minutes of major urban centres. Many of these rural hospitals have low occupancy and thousands of dollars in unused equipment in storage that is not being utilized due to lack of knowledge on how to use it or lack of demand, because the sickest patients get sent to the city.

The misuse of funds within the city is multifold. With each hospital board fighting for the dwindling funds in the health care pot it has become a political nightmare. As nurses we become the victims with very little input on how these health care dollars should be spent. For example, the "Job Enhancement Fund" consisting of eight million dollars is being divided up by a committee chaired by Marlene Meyers. Marlene is the President of the Calgary General Hospital. Ironical that they are presently closing two units at the cost of 100 nursing positions in order to save money. How more appropriate it would have been to utilize the funds from "Job Enhancement" to ensure that these nurses would continue to serve their respective communities.

The mandate of the Job Enhancement Advisory Committee (JEAC) is to advise the Minister of Health on initiatives in acute care hospitals and long term care facilities to promote retention and job satisfaction of nursing personnel and to consult on any other nursing-related issues referred to it by the Minister. I shake my head in disbelief that we as staff nurses are allowing this to happen. How can an administrator who chairs this committee make such a traumatic decision that has cost numerous nursing positions without any consultation with the staff nurses themselves?

The manipulation of health care dollars by the physician group is also apparent. They control the majority of health care spending by their ability to admit and discharge and transfer patients; also they control the treatments and tests that are to be done. I am not questioning their ability to do these functions but I must question as to the kind of controls that we have in place to monitor this practice. For example, due to long waiting lists for elective surgery, some practitioners will admit patients through emergency to do elective procedures after hours. Also, some patients are kept in hospital although ready for discharge so the physician can keep the bed available for his own patients when he feels it's appropriate to admit another patient for a procedure he has previously booked. (Thus ensuring he always has beds available for his admissions). Another example would be a number of tests that are ordered on particular patients in the name of research. I was under the assumption that research dollars should come out of a different pot than the fee for medicare system. I must say at this time that I have worked with many physicians who make a conscious effort to minimize health care spending but there are many that do not. As a nurse I feel rather helpless to control or even to have a say in this obvious area of abuse.

The inability of nurses to free themselves from the nurse/physician relationship also affects health care spending. If nurses were allowed to be independent practitioners and bill medicare for their

salary this would promote better delivery of health care and prevent many acute care admissions. Nurses are true advocates of health care in the community. They have the knowledge and expertise to provide education and provide care in this setting. They can promote wellness and hopefully prevent needless admissions to acute care settings. I know I am a visionary when it comes to how health care dollars should be spent. I believe nurses need a stronger voice in the shaping of the future of health care in Alberta. The very essence of our health care depends on this!

The implementation of new programs or the down-grading of existing programs must be done with consultation of the people that provide health care in this province, THE STAFF NURSES! I thank you in advance for the opportunity to voice my concerns. I await your reply.

Yours truly,

Karen I. Corry
Staff Nurse

cc Jim Hawkes, MP Calgary West
Bonnie Laing, MLA
Dale Hodges, Alderman
Bob Hawkesworth, MLA
Editor, NewsBulletin

Ed. Note: Shortly after announcing the elimination of 300 jobs at the Calgary General Hospital, Marlene Meyers resigned from the Job Enhancement Advisory Committee. Effective April 1 the new Chairperson is Nora Greenley, DON of the Alberta Children's Hospital. ☞

March 11, 1991

Ms. Heather Smith
President
United Nurses of Alberta

Dear Heather and Members of UNA:

On behalf of the members of the Manitoba Nurses' Union, I extend our heartfelt thanks for your generous donation to our strike fund and your words of encouragement and support throughout our 31 day strike.

Our province-wide strike involved approximately 9500 of our members and was a first for Manitoba nurses. We were committed, determined, united and set a courageous example as we braved sub-zero temperatures to fight a carefully orchestrated government campaign intended to divide us and turn the public against us. Nurses are the winners inside and outside their workplaces as a result of the strike. We've won respect and recognition for the responsible work we do. We will be taken more seriously now and in the future.

Again, thank you for your support. In addition to the UNA provincial support, many of your locals sent donations and letters. We are currently preparing a package which recognizes all the support we received throughout the strike for circulation to each of our locals.

Sincerely yours,

Vera Chernecki
President

Ontario's 43,000 Hospital Nurses Ratify New Two-Year Agreement

On Friday, March 22, 1991, members of the Ontario Nurses' Association ratified by 87 per cent a new two-year collective agreement covering 43,000 nurses at 176 Ontario hospitals.

This is the second contract in a row that has been fully negotiated prior to the expiry of the current collective agreement, without resorting to compulsory binding arbitration.

Under the new agreement, which covers the period of April 1, 1991 to March 31, 1993, nurses at the maximum rate (ninth level) of the salary grid see their wages increase by 29.3 per cent to \$26.67 per hour, effective April 1, 1992.

"At \$52,000 a year that will make ONA staff nurses the highest paid in Canada. This represents a significant step towards proper recognition for long service nurses in Ontario," said ONA Chief Executive Officer Glenna Cole Slattery.

The new contract increases the span between the minimum and maximum wage levels, which remedied a major concern for ONA members, said ONA President Eileen Davidson.

"Under the old collective agreement, we had a span of \$7,400 between a starting nurse's salary and a nurse at the maximum level after 10 to 15 years of service. We feel it was one of the major reasons why experienced nurses were leaving the profession in unprecedented numbers," said Ms. Davidson.

"This new collective agreement, which increases the span between the minimum and maximum level to \$19,000 redresses that problem and brings some long overdue financial recognition for the work that nurses do."

Following is the wage grid for a general duty registered nurse under the new collective agreement:

Level	Apr. 1, 1991	Oct. 1, 1991	Apr. 1, 1992
Start	\$16.81	\$16.81	\$16.81
1	17.71	17.71	17.71
2	18.10	18.10	18.46
3	18.97	18.97	19.49
4	19.74	20.00	20.51

5	20.51	20.77	21.54
6	21.28	21.54	22.82
7	22.05	22.56	24.10
8	22.82	23.59	25.38
9	23.59	24.62	26.67

Nurses at all levels will see improvements in shift and weekend premiums, responsibility pay and standby pay.

Shift premium increases to \$1 per hour for evenings and \$1.25 per hour for nights. Shift premiums had remained at 45 cents per hour since 1984. Weekend premiums will rise to \$1.35 per hour from the previous level of 45 cents.

The allowance for group, unit or team leader pay is increased to 60 cents per hour from the old level of 40 cents per hour, while the premium for responsibility pay (carrying out the assigned responsibilities of a higher rated classification) is increased from 75 cents per hour to \$1.20.

Standby pay is increased to \$2.50 per hour from \$2.10 per hour except for paid holidays, where the allowance is now increased to \$3.00 per hour.

Credit for years of experience was another key improvement in the contract. The employer is now required to give credit for recent related experience on the basis of one annual service increment (grid step) for each year of experience up to a maximum of Level 6 (5th year increment). This change will also be applied to currently employed nurses who were eligible to claim credit under the previous formula of two years of experience for each grid step. Their positions on the grid will now be adjusted effective April 1, 1991 to a maximum of Level 6 (5th year increment).

The collective agreement also contains improvements in parenting leave, overtime, health and welfare benefits and pension.

A dispute concerning layoff procedures has been submitted to binding arbitration in accordance with the Hospital Labour Disputes Arbitration Act.

The Ontario Nurses' Association is the certified bargaining agent for more than 55,000 nurses in the province. ☞

Essential Services Legislation

By Melanie Chapman E/PO

The Alberta Legislature has begun its spring sitting and rumours are circulating about what the government intends to do with the current Labour Relations Code which bars hospital workers from participating in a strike. The topic of essential services legislation has been raised as one of the alternatives that the government may choose to limit the effectiveness of strikes by hospital workers. Essential services legislation designates the number or the percentage of hospital workers who are considered to be essential and who could not legally strike during a legal strike by their union. This type of legislation would result in less effective and lengthier strikes as the pressure to reach a settlement would be removed from the employer.

Alberta Nurses

Prior to the 1980's, no legal limits were placed on the hospital nurses' right to strike. However, in the event of an "emergency" which affected the public health and welfare arising during a nurses' strike the government could simply legislate the nurses back-to-work. (Nurses in Crown Hospitals have never had the legal right to strike).

In 1983, Bill 44 was passed by the Legislature. The legislation removed the right-to-strike from hospital nurses and, in the place of strikes, stated that nurses would have to submit to compulsory binding arbitration. Severe penalties for an illegal strike could be imposed on any union which decided to go on strike.

After the hospital nurses' illegal strike in 1988, the government amended the legislation. The penalties

for an illegal strike were expanded to include decertification of the offending union.

Other Provinces

Nurses in Manitoba, Nova Scotia and Saskatchewan have no legal restrictions on their right to strike (although legislation limiting strikes during a provincial election exists in Saskatchewan).

British Columbia, New Brunswick, Newfoundland and Quebec have some limitation of the right to strike. In Quebec, essential service employees constitute 90% of the bargaining unit in long-term care and 80% of employees in acute-care. In Newfoundland if 50% of the bargaining unit employees are declared essential then the whole bargaining unit is deemed essential and binding arbitration is used to settle disputes.

Governments in Ontario, P.E.I. and Alberta have passed legislation outlawing strikes by hospital nurses.

UNA

The United Nurses of Alberta believes that there should be:

"...no legal restrictions on the rights of unions and employers to participate in the process of free collective bargaining".

UNA's Executive Board will be keeping a close eye on the Legislature this spring. Plans are already underway for a swift UNA response to the introduction of essential services legislation. ♡

You CAN Take It With You!

by Lesley Haag, LRO

When you transfer to a new hospital, the number of months you have worked on your present salary increment will be credited towards your next increment at the new hospital (Article 27.02 Provincial Agreement and RAH Agreement - This does not apply to Health Units). For example, if you have been on the fifth increment for eight months before changing hospitals, you will only need to work on the fifth increment for four months at the new hospital before you will be advanced to the sixth increment.

Certain hospitals have indicated to employees that they must "port their hours" (bring the number of hours worked at the employee's current increment to the new hospital) within six months of their date of hire or they will not be credited with those hours. There is no such 6-month limitation in the Collective Agreement. Employers must credit you with that time if you continue to be employed at the old hospital. In other words, if you accept employment at a new hospital but remain on casual staff with your present employer, does the time worked on your present increment count at the new hospital? The answer is yes. All time worked on your present increment up to your date of hire at the new institution counts.

Make sure you have a statement from your previous employer (or concurrent employer if you have remained on staff as a casual or otherwise) which states the date you moved to your present increment. The months worked at that increment will then be credited by your new employer.

If you have any questions or need assistance contact your Local executive or LRO. ♡

1991 Workshop Schedule



*If you make plans for one year,
sow wheat*

*If you make plans for ten years,
plant trees*

*If you make plans for a lifetime,
educate people*

(Chinese Philosopher)

Date	District	Workshop	Location
May 15	Provincial Workshop	1. Nurse & the Law 2. Nurse & the Union 3. Leadership in Nursing 4. Contract Administration 5. Political Action	Calgary
May 21 & 22	S.D.	Prof. Responsibility Committee	Lethbridge
May 28 & 29	S.C.D.	Prof. Responsibility Committee	Calgary
June 4 & 5	C.D.	Prof. Responsibility Committee	Red Deer
June 11 & 12	N.C.D.	Prof. Responsibility Committee	Edmonton
June 18 & 19	N.D.	Prof. Responsibility Committee	Rycroft
Sept. 11	Provincial Workshop	1. Nurse & the Law 2. Nurse & the Union 3. Leadership in Nursing 4. Contract Administration 5. Political Action	Edmonton
Oct. 8 & 9	S.D.	Grievance	Lethbridge
Oct. 15 & 16	S.C.D.	Grievance	Calgary
Oct. 22 & 23	C.D.	Grievance	Red Deer
Oct. 29 & 30	N.C.D.	Grievance	Edmonton
Nov. 5 & 6	N.D.	Health & Safety	Peace River

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*Denotes District
Chairperson

U

N

A

Negotiations '92 Questionnaire

(Hospital and Health Unit Agreements)

UNA is preparing for negotiations for the hospital and health unit sectors. This survey is intended to gather information which will aid Locals in developing bargaining proposals.

Please return your completed questionnaire to your Ward Rep or Local president *no later than June 1, 1991*.

Please keep your responses to these questions confidential.

Demographics

Local Name/Number: _____

Hospital _____ Nursing home _____ Health unit _____

Full-time _____ Part-time _____ Casual _____

8 hour _____ 12 hour _____ Other _____

Staff Nurse _____ AHN _____ Undergrad _____ Other _____

Term of Contract Desired

12 months _____ 24 months _____ Other _____

Job Security

1. Should anyone outside of the bargaining unit be allowed to perform your duties?

yes ☐ no ☐

2. Do you believe the employer should be allowed to contract out your work?

yes ☐ no ☐

3. What changes do you want made to the layoff article?

Compensation

1. Hourly wage should increase by

\$_____ per hour in a 12-month contract

\$_____ per hour in a 24-month contract

\$_____ per hour in a ____-month contract

2. Premiums

Overtime:

Rate should be _____ × the basic rate

Overtime should be voluntary only: yes ☐ no ☐

On-call: increase to _____ per hour

Transportation: increase to _____/km

Charge Pay: increase to _____/hour

Ambulance Duty: increase to \$_____ trip for _____ km

Educational Allowances: increase to

Clinical course: _____/hour

Nursing Unit Admin. course: _____/hour

One-year (diploma): _____/hour

Baccalaureate: _____/hour

Master's: _____/hour

Subsistence (Health Units) increase to:

Breakfast _____

Lunch _____

Supper _____

Scheduling

Like: _____

Dislike: _____

Recommended changes to scheduling article (Hours of work). _____

Time-Off

Please recommend improvements to:

1. Vacations _____

2. Named Holidays _____

3. Leaves of Absence _____

Occupational Health and Safety

1. What occupational health and safety concerns do you have?

2. What do you consider the most stressful part of your job?

3. What changes do you suggest should be made to the health and safety article?

Professional Development

1. What changes should be made to the Professional Responsibility article?

2. Have you *applied* for any educational leave since March 31, 1990? yes ☐ no ☐

If yes, was it granted? yes ☐ no ☐

What improvements do you want made to the educational leave provisions of your agreement?

Benefits

1. Please specify your desired improvements to the following benefits:

Dental _____

AHC/Blue Cross _____

Long-term disability _____

Short-term disability _____

Accidental Death and Disability _____

Vision Care _____

2. Do you want any change made to the cost-sharing agreement? (Current agreement with cost-sharing employer/employee: hospitals: 75/25; health unit: 50/50)

yes ☐ no ☐

If yes, what cost-sharing arrangements do you want? _____

Other

Please specify the other changes you believe are important.
