

# NEWS BULLETIN

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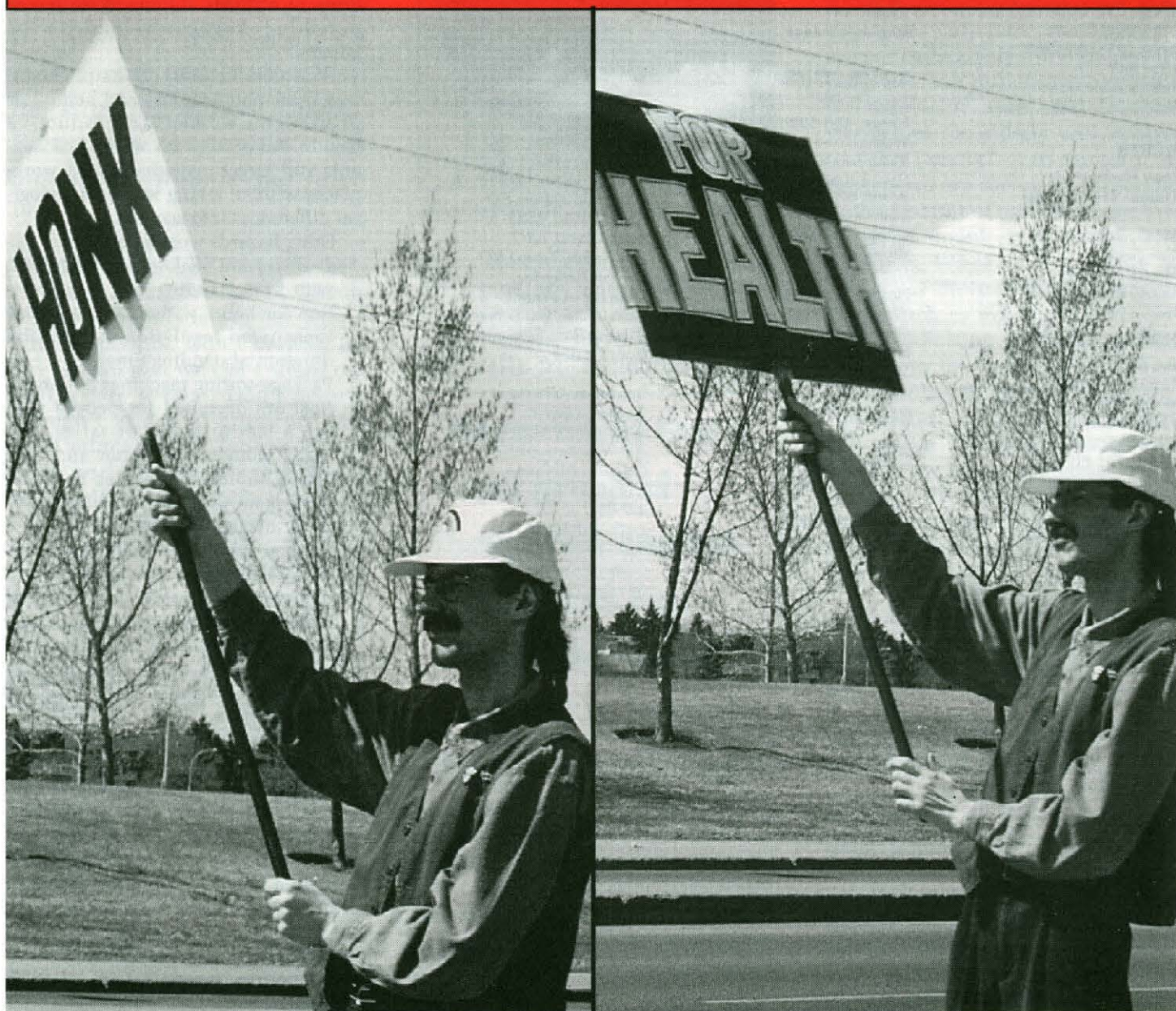
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## UNA SUPPORTS HEALTH CARE



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## Safety regulations biased against women

**O**CCUPATIONAL SAFETY regulations tend to be biased against women, according to a report released at a recent Women's Health and Safety Conference sponsored by the Ontario Federation of Labour.

The report found that such regulations are developed primarily for male-dominated occupations. Potentially dangerous work done mainly by women—lifting disabled children in day care centres, stacking clothes in laundries, repetitively stuffing envelopes or punching keyboards—tend to be ignored.

So do the harmful effects of chemicals from photocopiers and computer printers on women's reproductive health. But studies on workplace hazards still target male-dominated workplaces without taking women's biological differences into account.

Other hazards women face:

- \* Cashiers and bank tellers suffer back pain from standing in a fixed position for hours without a break. But there is no regulation to limit the duration of standing times.
- \* Package-sorting machines at Canada Post are designed for people who are 5 feet 6 inches or taller. But many women are shorter and thus strain shoulder muscles to reach equipment that can't be adjusted to lower heights.
- \* Women who sew in clothing factories lift more weights in a day—repeatedly picking up rolls of material—than men in the same factories who are hired to lift rolls of plastic. But no limits have been set on the total weights that women are obliged to lift.

Gender biases are also built into the benefits provided to injured workers. Repetitive strain injuries, for example, are suffered mainly by women who receive only 10% of their income through the Ontario Workers' Compensation Board's permanent disability plan. But workers who suffer back injuries on the job, mainly men employed in heavy industries such as construction, are paid 60% of their income.

## THE MOST DANGEROUS JOB: NURSING

Two recent studies are pointing to nursing and nursing home work as the most dangerous occupation. Nursing and nursing assistants are the most likely workers to suffer injury on the job.

A union study in the U.S. found that 17 out every 100 nursing home workers are hurt on the job each year. Almost half these injuries are back injuries. This injury rate has increased by more than half over the last decade, outstripping mining, construction and trucking as the most dangerous occupation.

A study by the Ontario government-sponsored Workplace Health and Safety Agency found that nurses and nursing aids are particularly susceptible to sprains and strains, due to the involuntary lifting they have to do at work. Moving patients is a major cause of their injuries.

# DON'T FOLLOW THE LEMMING

by Heather Smith

*Heather Smith recently spoke to a group of teachers in Prince Edward Island. She was asked to address the situation in Alberta and health care in particular. We are reprinting parts of her speech in order to give all UNA members information about the situation across Alberta. Please free to distribute this material to friends and family.*

I'M FROM ALBERTA, the second richest province in Canada with a population of just over 2 million people. Don't believe for one second that we can't afford our health care system. Don't believe we can't afford to appropriately fund education or look after the poor and disadvantaged. Don't believe Ralph Klein when he says he has the answer for Alberta, which he purports is the answer for the rest of Canada. Ralph Klein like most other politicians is just a pawn of corporate Canada bent on "restructuring" Alberta into the global economy. Like the popular button and bumper sticker says "If Ralph Klein is the answer, it must have been a stupid question". Fascist, draconian and machiavellian are adjectives increasingly being used to describe Ralph and his "team".

## THE EXPERIMENT

Alberta is Canada's petrie dish. We are cultivating a radical, brand



Heather Smith, President of UNA

new species—one in which Albertans are being transformed from a caring nurturing society to a society of the survival of the economically fit. A combination of

**"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has."**

*(Margaret Mead)*

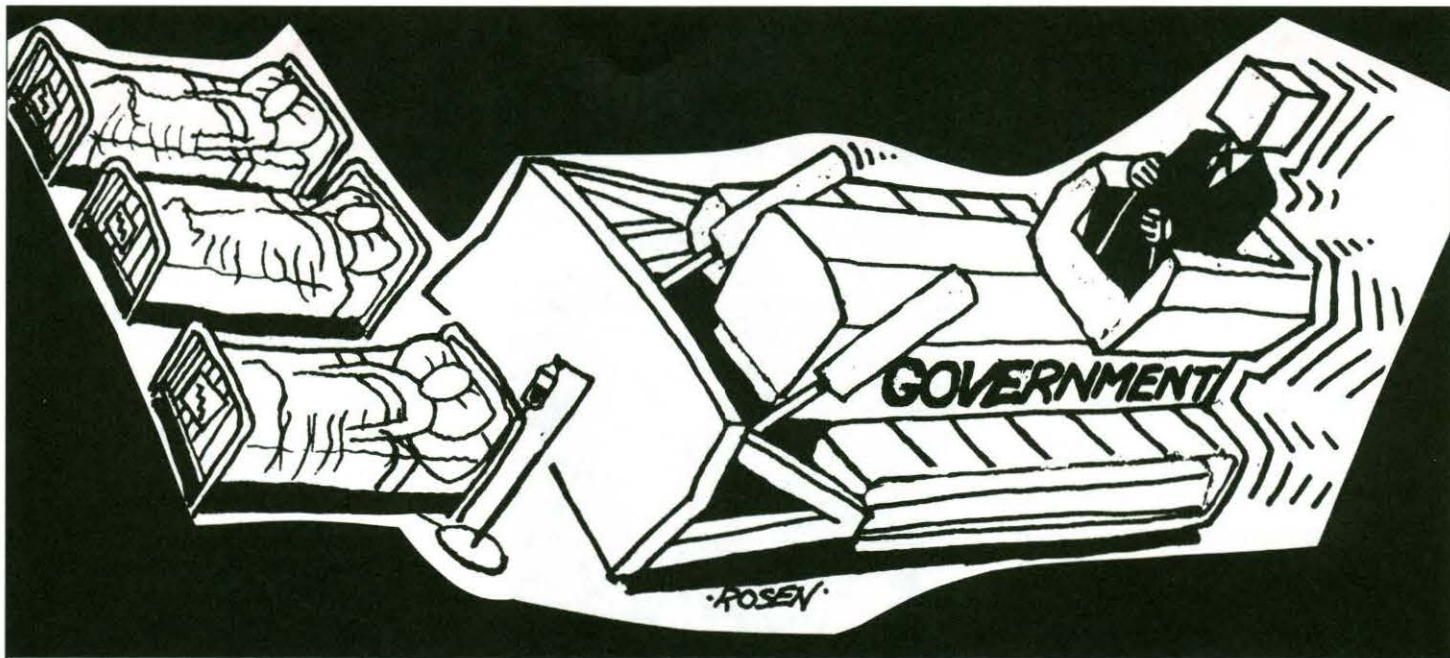
provincial and federal changes in the distribution of wealth which will ultimately "harmonize" us with our trading partners to the south.

## ROLE OF WOMEN

In Alberta, the "traditional family" ideology is constantly espoused. Where the economic burden is transferred from government to individuals, "the family" becomes a euphemism for "women" for "mom". There is little doubt that women have benefitted most from social programs and that women suffer disproportionately when programs are cut. As a society, if we are not collectively providing social programs, the responsibility to care for the vulnerable, the sick, the young and the elderly will transfer to "the family"—to women. In Alberta we are seeing an expansion in the amount of unpaid labour that the government expects women to perform. What is happening in Alberta is the transfer of women's work, such as nursing and kindergarten teaching, from the public domain to the invisible, unregulated and unpaid reaches of the private sector. In reality the "Alberta Advantage" consists of more than merely low taxes, depressed wages and debilitated unions. It also includes exploiting the unpaid labour of women.

## THE PLAYING FIELD

Maude Barlow, has called this shift to the extreme right "a social and economic watershed as great as the agricultural and industrial revolutions". This revolution is characterized by the creation of huge competing trade blocs with unlimited growth as their goal and transnational capital as their fuel. In a global economy power is transferred from democratically-elected nation states to large transnational corporations. Sounds like something out of a science fiction novel. But it is our new reality in Alberta—and



unless Canadians act quickly, it is soon to be the new reality in the rest of Canada.

## THE SCRIPT

Despite his claims, Ralph Klein is not an economic guru. He may not have graduated from high school - but he can read. The script is all prepared for him - all he has to do is follow the lines - New Zealand Act II, right down to "don't blink". The bad news for all Canadians is that the federal government has been so impressed with the Klein performance, they want to play it out on a larger stage right across this country.

Create an economic crisis - Albertans were told in the spring of

1993 that we had hit the "economic wall". Round tables were held across the province and like a scene from Clockwork Orange, individuals were corralled to watch a documentary on New Zealand. Discussion was restricted, analysis forbidden. Books were given to each participant with the government rhetoric - we can't afford to do business the old way, we can't afford to maintain spending on social programs. The solution was clearly laid out - restructure and transfer the burden from government to individuals and their families. Yes, it was recognized that it would hurt a little, but what is a little pain when talking about the future good of the province?

## THE TYRANNY OF CHOICE

The government claimed that seniors wanted to pay more, that the old system stands in the way of choice—if people want to pay for their health care, want private schools, then it's undemocratic to deny the public choice. Then they dusted off the old myth that the public sector is fat and lazy. The private sector can do it cheaper and more efficiently. Add in some of the old bogey men—like those big,

bad, self-serving unions—and paint them as a barrier to economic restructuring. And finally, point to labour, environmental and occupational health and safety legislation as standing in the way of reform and the mix is complete.

## THE PRIVATIZATION AGENDA

The priority of the Alberta government is privatization. Strangle the flow of dollars to the public system and create the niche for private providers. Divest government of funding responsibilities and accountability for the provision and quality of services.

Kevin Feehan, an Edmonton lawyer, in his presentation to the Alberta Healthcare Association (November 1994) said the following:

*"The drive towards privatization in Alberta is proceeding in spite of the economic reality that in this country, the cost of provision of health care has been relatively flat since the early 1970's. As a result the trend towards privatization is historically and politically driven but not economically mandatory".*



We don't give sponge baths anymore. It's not time efficient.



Underlying all of this is a desire by government to get out of any business that the private sector can undertake for profit, to get out of the economic "burden" of public services and all accountability for those services. Dismantle as much as possible public sector involvement in the economy. Throw open the doors to private sector profit-making.

In Alberta, almost overnight privatization mushroomed. First our liquor distribution, then all licensing. Massive budget cuts were announced to social services, health and education. True to the New Zealand script—we watched the pages of New Zealand's Sir Roger Douglas book unfold. Sir Roger himself was brought into the province in an advisory role to the Cabinet.

## **SILENCE THE OPPOSITION**

Critical to the "Douglas" success is the suppression of public reaction. Don't allow time for unions and interest groups to organize resistance. By hitting hard and fast, you fragment resistance. Everyone is so busy reacting to their own destruction, that new changes can be swept through. First to receive the attention of the government was social services. Cuts, reductions and major changes were announced. No sooner were

Albertans trying to absorb what those changes meant, than the government announced mammoth cuts to health care and education. The government just ignored public rallies of 5,000 and 15,000 people. While teachers and health care workers were realigning, the government moved to reorganize and privatize labour relations, Workers' Compensation and occupational health and safety. Who really needs a Human Rights Commission? After all, that's just a leftist, molly-coddling agency for the whiners in our society. Believing that all resistance has been effectively silenced, the government has most recently introduced another new bomb-shell—"Right to Work" legislation.

Any outcry from the public, from workers, from students has quickly been dismissed by Klein. But let one of his business pals suggest some difficulty with making profit, and Klein immediately removes whatever barriers are in the way. Nurses, teachers, social workers and other public sector workers are portrayed as self-serving. For-profit entrepreneurs are painted as the saviours of our democratic way of life. Union leaders are publicly ridiculed. Stories of pain and suffering are dismissed as nothing more than "little horror stories" created by the unions.

## **WHY ALBERTA?**

I guess the real question is how can all this happen? It is not a coincidence that Alberta is the petrie dish. Many Albertans pride themselves on being independent, self-sufficient and able to go it alone—a pride which has sometimes caused them to be labelled "red-necked". We are the birthplace of the reform party. We are portrayed as opposing gun control, adhering to Christian fundamentalism, and supporting white supremacist groups.

But not all Albertans identify with such stereotypes. Given solid information and actual statistical

**"In Germany they came first for the communists, and I didn't speak up because I wasn't communist. Then they came for the Jews and I didn't speak up because I wasn't a Jew. Then they came for the trade unionists and I didn't speak up because I wasn't a trade unionist. Then they came for the Catholics and I didn't speak up because I was Protestant. Then they came for me, and by that time no one was left to speak up."**

**(Martin Niemöller)**

data, Albertans are as able as any Canadians to identify when they are being sold a bill of goods. But it has been a constant struggle to get facts and information before the public. The media, at best, provides occasional glimpses of the truth - but the populist newspapers, radio and television stations are fully behind Ralph.

## THE MARKETPLACE

In Alberta we are being reshaped and reprogrammed to serve "the economy" or "the market". In the market there are owners, buyers, workers and consumers but NO citizens.

The National Citizens' Coalition calls the imposition of the market logic "economic freedom". In October 1994, the National Citizens' Coalition presented Premier Klein the "Colin Brown Freedom Award" (and \$10,000) for "advancing economic freedom" in Canada. The right wing National Citizens' Coalition is a major supporter of Right to Work legislation.

Laurie E Adkin, Assistant Professor, department of Political Science, University of Alberta asks: "Why should the market be privileged over political institutions as a system for making decisions about the kind of society we want to live in? The market is not a level playing field. Some of its players are much more powerful than others, with much more means to determine outcomes and limit choices. In the name of "market freedom", one area of political decision making after another is being pushed across the public/private border into the hands of elites. The freer the so-called market, the more participatory citizenship is eroded. Citizens have virtually no role in making decisions about the directions of economic and social development. Even the electoral process — hardly more than an infrequent referendum used to legitimate the actions of the Premier/CEO and his Board of Directors — fails to meet minimal liberal-democratic standards in Alberta."

## THE BACKBONE

In Alberta, the rural constituencies - all conservative - proud of their redneck branding - control the balance of power. The reality is

## The evidence of Alberta's new way of doing business is not pretty:

- Long term care facilities rationing adult diapers - 4 for each 24 hour period.
- A two year old child dying in a taxicab while in transport from an Edmonton Hospital to a rural hospital.
- An accident victim dying in an air ambulance when denied admission to an Edmonton hospital and forced to fly to Calgary.
- Housekeeping staff being trained to bathe, feed and shave patients. Mop a floor, mop a patient.
- A man struggling with trying to care for his 90-year old mother, including administering her enemas. He is one of many who has found the "community care" inadequate.
- A private for-profit nursing home reducing the meal allowance from \$3.75 per resident per day to \$3.25 per day and prohibiting staff from providing any supplementary nourishment or fluids.
- A Calgary resident putting his home up for sale and moving his aged mother to Manitoba when he is told he must pay additional monies if he wants her to have a weekly bath tub.
- A daughter sleeping on the floor in her mother's nursing home, because her mother has been transferred back to a nursing home shortly after hip surgery and the daughter knows there isn't adequate staff to look after her mother.
- A wife spending 10 hours per day with her husband in the hospital because there isn't enough staff to feed him his meals.
- The new "community" spirit placing seniors in foster homes - unlicensed, unregulated private homes. No standards and no requirement to have an understanding of the needs of the elderly.
- 50% of the acute care beds closing across the province.
- Workers being terrified, exhausted and coerced into silence. Those who challenge the assembly-line approach to care, the increased work loads and "customerization" of health care are disciplined as not being "team players". If you can't cope YOU must be inadequate - "if you just organize yourself better; knew how to set your priorities you would get off on time." Don't ask for overtime - or more staff will be cut.
- Expensive bank-type machines dispensing medications. You don't have to know what the drugs are or what interactions to look for, all you need to know is how to insert the patient bar code card.



Teach me to pronounce "re-engineering" without sounding totally sarcastic

that many remain untouched. If you are not a public sector worker, it is likely you escaped the wage rollback. Unless you are a parent, you have not been affected by education cuts and reduced kindergarten. If you are healthy and do not have aging parents, you do not know the impact of cuts for seniors.

Those with the ear of government have benefited.

## THE FEDERAL STAGE

The federal government has openly suggested that the Klein example is one to follow. We certainly hear the same debt and deficit rhetoric from Paul Martin. We do not hear a lot of facts about what is happening in Alberta to the sick, the poor, the elderly, the young and the women.

## THE FIGHTBACK

Just like in Alberta, I believe there is a real urgency for national action. We will be far more vulnerable and willing to accept massive cuts to social programs if we believe we have no other options. We must inform ourselves and help educate our fellow Canadians. It is much easier to protect and defend what we have than it is to lose our

social safety net and face having to struggle to regain lost programs.

My reason for saying all of this is not to depress you. In fact, fear and depression have taken too large a toll already in Alberta. The first step in defeating our enemy is to know that enemy. And then it is

time for energy and action.

Despite the immense struggle to deal with our own internal problems, the unions in Alberta have been able to work together. Teachers and nurses have never communicated to the extent we do now. We have all dedicated resources to public action — the "Alberta's Common Front" and its Defend the Rose campaign.

We are active participants in the public coalition "Friends of Medicare". We face a very real struggle within our own memberships — to overcome despondency and inspire workers to understand that they have power. We are not victims, unless we let ourselves be victims. We have already lost some of the battles, but we will not and cannot concede the war. Organize, organize, organize.

Ralph Klein boasts that Alberta is leading the rest of Canada. My message to you — don't follow this lemming off the cliff.

## Certificates

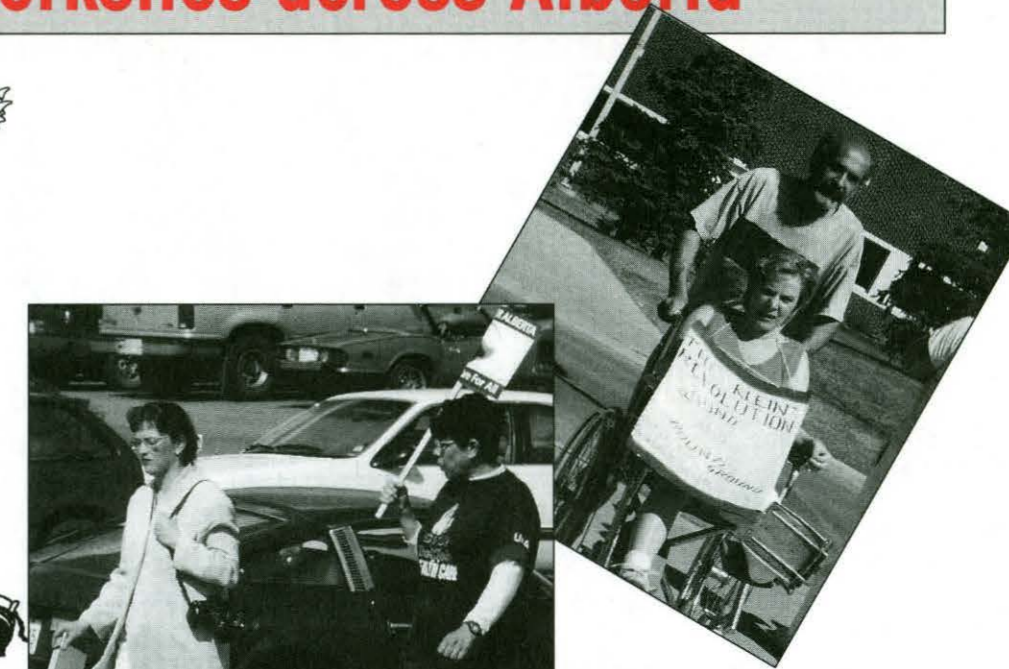
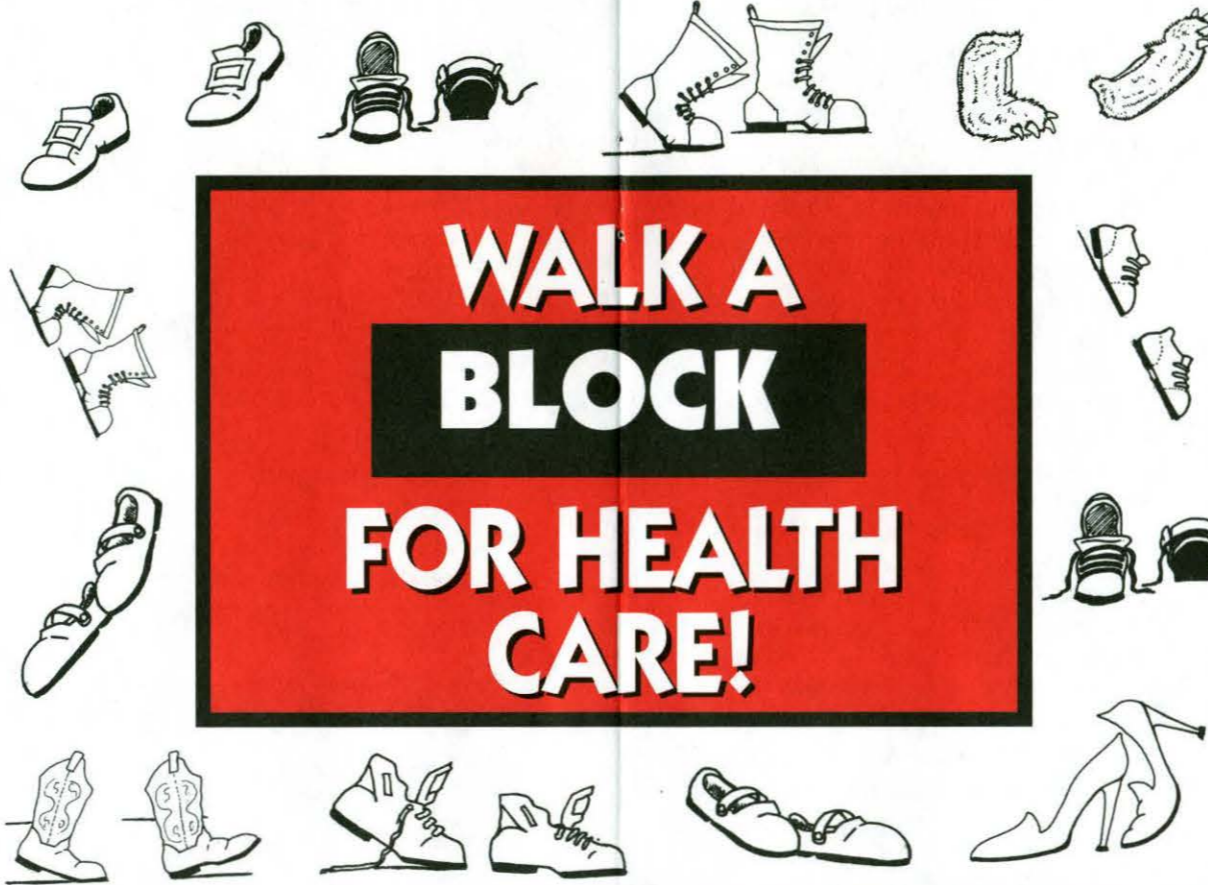
With the "disestablishment" of most Hospital and Health Unit Boards, it is necessary to seek amended Labour Relations Board certificates to reflect the fact that the Regional Health Authority is now the Employer. UNA will be seeking changes to the certificates so that the Regional Health authority is identified as the Employer. We will not be seeking any other changes at this time, as there does not yet appear to be any reason to merge any bargaining units. It is likely that in the future some changes will be necessary, particularly as it relates to the Health Unit Locals. We are setting up meetings across the province with the Regional Health Authorities to discuss these issues.

It appears that most Regions will be in agreement with our proposal. Region #4 has indicated that they do not believe that the Regional Health Authority is the Employer, and instead want the "sectors" to be identified as the Employer. We have made application to the Labour Relations Board, and it is expected that there will be a hearing over this matter. We will keep you informed about certification issues as they arise.

## Transfer Agreements

UNA is currently in negotiations re the transfer of services within the Edmonton (Region #10) and Calgary (Region #4) areas. Contact your Local President or call the UNA Provincial Office for more information. All transfer agreements will be subject to a full ratification vote by UNA members of the Locals involved in the transfers.

**On May 8th, UNA, Health Sciences and the Canadian Health Care Guild jointly sponsored WALK-A-BLOCK FOR HEALTH CARE events in health care worksites across Alberta**



# Federal Budget & Health Care

by Trudy Richardson

**T**HE 1995 FEDERAL BUDGET was announced midst fear and trepidation on the part of most Canadians. When it did not directly increase taxes; when it was not "my" job that was lost; and when it did not cause immediate pain—Canadians, by and large, breathed a sigh of relief and went about their business.

However, the federal budget has huge implications for each and every Canadian. The budget includes:

- \$25 billion to be cut over the next three years;
- 45,000 public sector jobs to be cut;
- farm subsidies to be decreased or eliminated;
- cultural institutions to be cut or eliminated;
- \$200 million to be cut from national infrastructure programs;
- a \$975 "head tax" on immigrants;
- a \$600 million increase in user fees;
- a 10% cut in unemployment benefits; and
- a new Canada Health and Social Transfer mechanism for payments to the provinces for health, post-secondary and social services.

## TRANSFER PAYMENTS

All of these cuts and decreases will affect the lives of Canadians, but the one that is the most critical for health care workers is the new transfer scheme for health care dollars.

Prior to 1977, the federal government was paying 50% of the provincial costs for these services. In 1977, Trudeau created the

Established Programs Financing Act (EPF) which became the new vehicle for health and post-secondary transfers. The Canada Assistance Plan (CAP) became the vehicle for transferring welfare monies. Instead of the previous one-for-one match, the federal payments became linked to growth in GNP. In the 1980's, the Mulroney government once again tinkered with the transfer formula making it GNP minus 2% and then minus 3%. To most Canadians these numbers mean nothing. In plain language what has happened is that the federal government has been steadily reducing the amounts of transfer monies it sends to the provinces. Whereas the federal government paid 50% of costs prior to 1977, they now pay 25% of costs. The tinkering of the Trudeau and Mulroney governments mean that between 1977 and the year 2000 the transfer payments would be \$97.6 billion dollars less than what they would have been using the pre-1977 formula.

## CANADA HEALTH AND SOCIAL TRANSFER

Paul Martin now wants to take an axe and reduce these payments even further. The plan is to reduce transfer payments to the provinces by \$4.5 billion over three years—\$9.4 billion over five years. And he is creating a new transfer vehicle—the Canada Health and

Social Transfer (CHST). This will eliminate the EPF and the CAP legislation which contain such important democratic rights as appeal procedures.

These cuts would bring the federal government far below their current 25% contribution level, and as their share decreases so does the federal government's power to enforce such legislation as the Canada Health Act. Already we see the Klein government trying to exempt itself from the principles of the Canada Health Act and Diane Marleau, the federal Minister of Health, hesitating to intervene in Alberta's rapid move to private health care. With fewer federal dollars, the result will be an even weaker federal presence in the areas of health, post-secondary education and welfare. In fact, under Paul Martin's plan we will see a weak federal government and more





powerful and independent provincial governments, each going whatever way they choose. This will be the end of our public medicare system.

## DEBT AND DEFICIT

The sad thing about this 1995 budget is that while it will fundamentally weaken the role of the federal government in Canadian society, it will do little or nothing to reduce the deficit or pay off the debt.

The federal budget is fundamentally flawed in that it does not address the three main causes of the debt and deficit:

- there is no employment strategy
- there is no plan to control high interest rates
- there is no plan to end preferential tax treatment.

The government's own research shows that social programs account for only 6% (health care 2%) of the federal debt/deficit. 44% is the result of tax loopholes in federal taxation legislation and 50% of the debt/deficit is the result of high interest rate policies.

## UNEMPLOYMENT

For each 1% that the unemployment rate rises, it costs the federal government \$6 billion dollars—

\$4.5 billion in lost taxes and \$1.5 billion on payments such as UIC.

## INTEREST RATES

For each 1% that interest rates rise, it costs the federal government \$1.7 billion additional dollars in interest payments on the debt.

## TAXES

Canada has a tax system which favours wealthy individuals and corporations. Prior to 1950 corporations paid a far greater percentage of the total tax income than did individuals. The following table will show you how radically this has changed:

	Ind. Portion	Corp. Portion
pre-1950	20%	80%
1950	50%	50%
1961	80%	20%
1989	88%	12%
1993	93%	7%
1994	94.5%	5.5%

And of the 5.5% that corporations are supposed to pay, they are collectively \$45 billion in arrears.

The cause of our national debt lies in unfair taxation, high interest rates and high levels of unemployment. Cutting our social programs

to extinction will not solve our financial problems.

## HARMONIZATION AGENDA

So why is the government cutting the social programs so drastically? The answer lies in the Canada/US Free Trade Agreement and the North American Free Trade Agreement. In these agreements we agreed to harmonize our national life with that of the US and Mexico. The cuts to Canada's social programs are dictated less by financial need and more by political ideology. Canada is shaping itself to the international corporate agenda which looks with distaste on social programs, public health care services and public pensions. We have agreed to "harmonize" our country to that of the US and the Martin budget moves us a long way towards that goal.

## ACTION-ACTION-ACTION

So we have to organize workers, seniors, parents—everyone—across Canada to lobby and pressure their Members of Parliament, the Prime Minister and the Minister of Finance to withdraw the federal budget and replace it with a budget which tackles unemployment, high interest rates and preferential tax treatment; which adequately funds our health care, post-secondary and welfare services; and which recognizes the role of a strong federal government.



*We are restructuring the economy*

# RIGHT-TO- WORK

*lower wages*

*First, let's get the name right!*

by Trudy Richardson

ON MARCH 14, 1995, MLA Gary Friedel (PC Peace River), introduced a motion on the floor of the Alberta Legislature which called for the government to initiate a study to examine the implementation of right-to-work legislation in Alberta. This motion passed despite the fact that the Minister of Labour, Stockwell Day, completed such a study in 1994 and came to the conclusion that right-to-work legislation was not in the best interests of Albertans.

This type of legislation makes it illegal for unions and employers to negotiate into Collective Agreements the obligation for new hires to join the certified union and to pay dues as a condition of employment. The union would still carry the responsibility to represent the worker; the worker would still be covered by the contract; but the worker would not contribute dues.

The first right-to-work legislation was introduced in 1944 in Florida and today there are 21 US states with right-to-work laws on their books. Most of these states are in the US South. A recent study makes it clear that right-to-work laws not only rob the union of financial support but have far-reaching effects both for the workers and for the

communities they live in. Right-to-work legislation is part and parcel of low-wage, low-benefit and anti-worker strategies that depress wages and living conditions directly for workers and indirectly for the communities in which they live. It is interesting to note that the average wage in right-to-work US states is \$4,343 a year less than the average wage in other states. Of the 15 states with the highest per capita income, 14 do not have such right-to-work laws.

Right-to-work legislation also destroys one of the fundamental principles of workplace democracy—that the majority of workers have the right to choose to unionize and to support collective action by the payment of dues. For a law to

**"You will find some people saying that they are for the so-called 'right-to-work' law, but they also believe in unions. This is absurd — it's like saying you are for motherhood but against children."**



*Harry S. Truman*  
33rd U.S. President - 1945-1953

allow someone to benefit from all the provisions of a Collective Agreement and the services of a union but not have to pay to support those benefits is the equivalent of people who did not vote for the Klein government not having to pay taxes. Win or lose, one of the rules of democracy is that the majority opinion prevails.

In addition, right-to-work legislation also takes away the free collective bargaining process by introducing government intervention into the process of negotiating a contract. The parties (the union and the employer) are prohibited from negotiating on certain issues such as union deductions, job security and union representation.

The poverty rate in right-to-work US states is 10% higher than in states without this legislation. And right-to-work states have a higher frequency of job injuries, well below-average workers' compensation benefits, lower pensions, poorer working conditions, higher unemployment, increased sales taxes and reduced spending on education. UNA agrees with the findings of the Minister of Labour that there is not much in right-to-work legislation for Albertans.

Yet here we are once again seeing this type of legislation being proposed in the Legislature. UNA is part of a union group that is working to develop a strong opposition to right-to-work legislation. We encourage all workers to become familiar with this issue and to tell friends, colleagues and family why such laws are detrimental to workers and dangerous for Alberta. UNA has sent a pamphlet on right-to-work legislation to all of our Locals who have been asked to make copies and distribute to all UNA members. Contact your MLA and Minister of Labour and tell them that you do not support this legislation. If you have questions or would like more information, call the UNA Provincial Office.

## Severance Talks Nearing Completion

**T**OWARDS THE END of the last round of negotiations the issue of severance was raised by the Union. Your employees were less than interested in the matter and reluctantly agreed to a Letter of Understanding in the hospital Collective Agreements - a letter stating that the employers would meet with the Union by October 1994 and negotiate severance in good faith. Well, here it is May 1995 and we are just now moving towards completion of the severance agreements.

It is clear that it has been the persistence of your President, Heather Smith, that has forced the employers to deal with the issue of severance. After the fiasco at the Royal Alex last summer towards the end of hospital bargaining, it seemed that the employers were convinced that the Union was falling apart and that they could agree to meet to negotiate severance packages for health care employees. It is thanks to the work of UNA that all health care workers in the province have been included in severance agreements. The severance packages are not everything that the Union wanted - they fall far short of our-in-going proposals. But they are a lot better than the employers ever intended to give when they signed the Letter of Understanding last summer.

A major time-delay was encountered when many of your employers first agreed that the Alberta Healthcare Association (AHA) would bargain on their behalf. Then the AHA dissolved and some of the employers met with us individually. For a while the employers thought that the new Provincial Health Authorities Association (PHAA), the successor to the AHA, would be doing the severance bargaining. Finally, it became clear

that we had to deal with 17 new Regional Health Authorities plus the Provincial Mental Board - although in some cases we continued to deal with individual employers. More than 9 months later we finally have severance packages in almost all Regions.

**REGION #1:** The employer met with the Union and agreed in theory that severance was fair but said they had no money in their budget. The Union asked for copies of the budget but the RHA refused to provide the requested financial information. The matter has been grieved as failing to bargain in good faith and is proceeding arbitration.

**REGION #2:** An agreement was signed and has been ratified giving two and one half weeks of pay per year of service up to a maximum of 43 weeks.

**REGION #3:** Region 3 met May 8 to continue severance talks but the employer did not feel they could finalize things until their budget was prepared. The employer did, however, agree with two weeks pay for each year of service up to 43 weeks and another week for age 50 and every year after 50 up to a maximum of 52 weeks. The employer is still not in agreement that seniority would be used as a determinant if more people applied for severance than the employer could agree to. The severance negotiations in this region continue.

**REGION #4:** This is the Region where the Union was told last December that the Regional Health Authority did not have to discuss severance as there were no layoffs planned. Within weeks of saying that, closures began at the Grace.

The Salvation Army Grace Hospital negotiated a severance package for nurses when they closed units in early 1995. The Union negotiated severance for instructors at the Foothills School of Nursing - two weeks of pay for every year of service with no maximum. Other facilities in Region #4 have no severance package and the Union has grieved failure to bargain in good faith. The matter is headed to arbitration.

**REGION #5:** The Union met once with the employers who did not see severance as necessary. A second meeting was planned but in a prior phone call, the employers said they had not changed their positions as they did not foresee many layoffs. Shortly thereafter layoffs were announced. The Union filed grievances and a May 24 meeting is planned to pursue the issue of severance.

**REGION #6:** An agreement offers two weeks of pay for the first ten years of employment and two weeks for every year of employment beyond ten up to a maximum of 45 weeks.

**REGION #7:** An agreement offers two

weeks of pay for each year of service up to 40 weeks plus an additional week for each full year over 55 years of age.

**REGION #8:** The Union met with the employer who said that there was no need to discuss severance as there would be no closures or downsizing in that Region. In fact, they predicted expansion and refused to meet on the severance issue. Since then an announcement has been made that Stony Plain will be closed. The Union has filed a grievance and is proceeding arbitration.

**REGION #9:** An agreement offers two weeks of pay for each year of service up to a maximum of 40 weeks.

**REGION #10:** An agreement was signed giving two weeks of pay for every year of service up to 40 weeks with an additional week of pay at age 50 and for each full year of age over 50 to a maximum of 52 weeks.

As of the date of this Newsbulletin, the Caritas hospitals and St. Michael's have not ratified the agreement, but scheduled meetings should resolve the matter. Youville Home in St. Albert expects to ratify this agreement. In addition, the Regional Health Authority also seems to be trying to use the severance agreement as a leverage to gain changes in future transfers.

**REGION #11:** An agreement gives two weeks of pay for every year of service up to 36 plus one more week for each full year an employee is over the age of 55 to a maximum of 45 weeks.

**REGION #12:** An agreement gives two weeks of pay for every year of service up to 40 weeks.

**REGION #13:** In Region #13 only employees with ten years of service can apply for severance. For the first ten years of service an employee receives \$12,000 and for each additional year receives two weeks of pay. And those employees over the age of 55 receive an additional week for each year over.

**REGION #14:** An agreement gives one and one half weeks of pay for every year of service up to 10 years of service and two weeks of pay for every year of service beyond 10 up to a maximum of 40 weeks.

**REGION #15:** Severance talks are still going on.

**REGION #16:** There is no agreement in Region #16 as the employers saw no need.

**REGION #17:** There is no agreement in Region #17 as the employers saw no need.

Alberta Hospital, Edmonton: UNA is negotiating directly with Alberta Hospital, Edmonton, rather than with the Provincial Mental Health Authority. Negotiations are on-going and at the moment the talks centre on one and one half weeks of pay for every year of service up to 25 weeks maximum. And an employee would have to have 5 years of continuous employment in order to apply. These negotiations continue.

# LOCAL AUTHORITIES PENSION PLAN ISSUES

by Richard West,  
UNA Labour Relations Officer  
Local Authorities Pension Plan  
Board Member

## SEVERANCE

**T**HE LAPP BOARD has implemented an enhanced retirement benefit for participants who are 55 years of age or older and who are in receipt of a retiring allowance (severance package) from the employer. This allows the participant to reduce the amount of penalty for retiring early. Employers should now have a document available: Enhanced Early Retirement Benefit. The Provincial Government currently retains control over the LAPP so this program still requires an Order In Council prior to implementation. To accommodate this situation, the LAPP Board has provided that members have an opportunity to pursue this option within 6 months of receiving a lump sum. The pension plan will only accept money from a retirement allowance which has

been transferred into a Registered Retirement Savings Plan.

Members interested should request the information from their employer or from the LAPP Administration for the cost and benefit calculation. (Phone 427-2782)

## LAPP COMMUNICATION

The LAPP Board recognizes that participants need access to more information. The first initiative is to increase publications to members. A new handbook is available from your employer. The LAPP Board is producing a Member News Letter which will be given to UNA Locals through the Friday mailouts and the Annual Report will soon be available by request.

Pension administration representatives are also available for workshops throughout the province. Employers and organizations need only request their assistance.

A new computer system is also being implemented which will give employers on-line access to pension earnings and calculations.



Recently pension administration has been very prompt with summaries but the new system would allow for immediate access and results.

## NEW BEGINNINGS

The provincial government has been very clear that the Local Authorities Plan is to be self-administered within the next 2 or 3 years. As part of this plan, the LAPP Board will consult directly with participants for their input through regional meetings. The Board is working towards this autonomy by having a comprehensive analysis of assets, investment policy and review of pension liabilities.

An actuarial evaluation was done which indicates that the plan's costs can be met with the current contribution rates. LAPP is the best funded pension plan in Alberta's public sector. The plan served 85,000 participants with 36,000 of those within the health care field. The assets as of December 31, 1993 were \$4.2 Billion. The rate of return from 1984 to 1993 has been 11.8%. This compares favourably with other large pension plans.

## COST OF LIVING ADJUSTMENTS

Members often do not recognize the implications of the LAPP being indexed to 60% of Alberta's inflation rate. Although current inflation is low, historically this indexing has made a substantial difference: a person receiving \$1,000 per month in 1970 has been increased to \$2,700 per month by 1990. This is an important concept to consider when making pension decisions.



# GOOD NEWS FOR UNION NURSES

ON TUESDAY, March 28, 1995, United Nurses of Alberta and the Staff Nurses Associations of Alberta publicly announced a joint union Interim Agreement. This agreement is the result of months of negotiations following the direction of the membership at the 1993 and 1994 UNA Annual General Meetings.

The long-term goal is to establish a new unified nursing structure in Alberta prior to January 1, 1997. This would mean that registered nurses and registered psychiatric nurses would be represented by a single unified nursing structure in Alberta.

What is currently agreed upon and forms the basis of the Interim Agreement is the ratified intention of both parties to move towards a single unified structure as well as identifying specific actions during the negotiating process.

1. Both UNA and SNAA agree that there shall be no attempt to raid any Local of the other.
2. Both UNA and SNAA agree that they will not support run-off votes. This means that if a Regional Health Authority seeks to combine into one bargaining unit, nurses who belong to UNA

with nurses who belong to SNAA, both unions will oppose a run-off vote and instead will seek a joint certificate.

3. Where the question of run-off votes arises or some other employer-directed situation occurs that would change the worksite union representation, both unions will make application to the Alberta Labour Relations Board to hold joint certification. This means, for example, that if a health unit of SNAA and a health unit of UNA in a single Region are merged, rather than go to a run-off vote to have one union dominate, UNA and SNAA will go to the LRB and seek to have the certificate changed to a joint certificate naming both unions as the official representatives of the members.
4. Each union will invite the other union to participate as an observer at all bargaining tables.

**This Interim Agreement does not mean that city-wide bumping or Region-wide bumping will occur.**

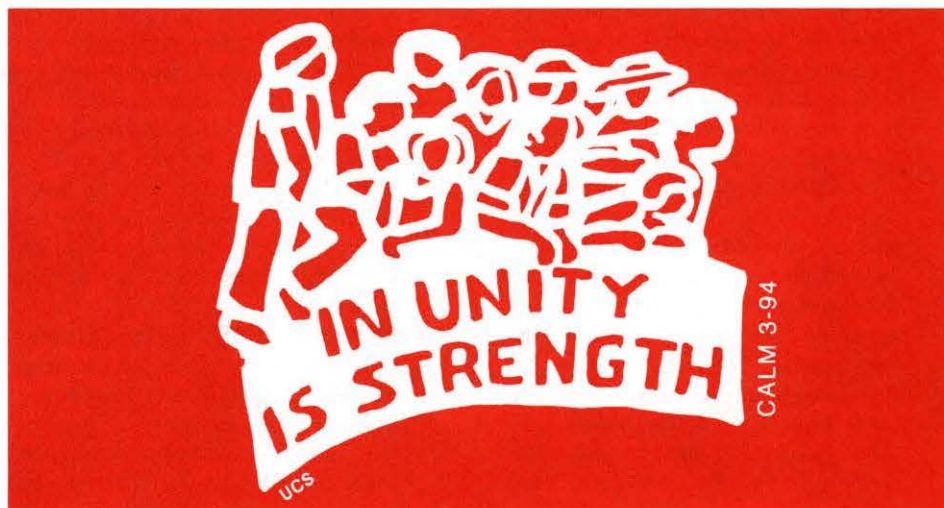
The unions have agreed to a long list of labour relations arrangements concerning joint certification wherein UNA members would continue to be fully represented by UNA and would pay the same amount of dues to UNA. The details of this part of the Interim

Agreement have been summarized and actual copies of the Interim Agreement have been made available to UNA Locals. If you wish to see a copy of the Interim Agreement contact your Local President.


What is important to know is that this Interim Agreement is just a first step in the process of forming a unified nursing structure in Alberta. No decisions will be made without full participation and involvement by the members. The mandate from the Annual General Meetings was to investigate possible models and report back to the membership. The Interim Agreement forms a necessary first step in this process and further steps will be taken at the direction of the UNA Executive Board and the UNA membership. Final decisions will be subject to full member-ratification by both unions.


Five committees have been formed with representatives from both unions and these committees are continuing to meet to put together recommendations on such things as Constitution and Bylaws; bargaining structures and processes; day to day operations; staff; finances; NFNU affiliation; and member services and education.


If you have questions please call your District Rep, Heather Smith, Sandie Rentz, Dale Fior or David Harrigan.




# 10 Goals For Improving Health Care For Canadians


 **Create good health.** We must create conditions for good health. That means we need public policies that make for healthy people: full employment at decent wages, housing, a strong social safety net, food, peace, a clean environment and a safe workplace. Public policies that allow the gap between rich and poor to widen will lead to a higher health costs.


 **Preserve and strengthen the Canada Health Act** the foundation of medicare. The five principles of medicare must be maintained: universal coverage, accessibility, portability between provinces and territories, comprehensive coverage and non-profit public administration. The federal government should maintain sufficient cash transfers to the provinces to guarantee access to health services as a right for all Canadians. The federal government should withhold cash transfers to provinces that violate the Canada Health Act.


 **Make the health care system democratic, accountable and representative.** Let all Canadians participate in health decision making, not just private corporations and unelected boards. Bring everyone - including patients, members of the public, and health care workers - into the reform and evaluation of the health care system. There should be elections for hospital and health care boards. Health care workers should be fully involved in workplace decision making, not just harnessed into "quality management" schemes to cut costs at the expense of appropriate care.

 **Provide a continuum of care from large institutions to the home.** This means providing good quality care with appropriate treatment and


supports while providing choice of location to the patient. Governments have used the rhetoric of moving to community care to downsize institutional care without actually expanding non-profit, accountable services in the community. Health care reforms should improve and increase services to seniors in the community.


 **Protect our investment in the skills and abilities of our health care workers.** Cutting frontline workers means cutting quality care. We have built up a tremendous resource in the skills and abilities of health care workers. Negotiating employment security agreements enables displaced workers to access comparable jobs in the health care system. Allow health care workers to retain their existing rights by encouraging unionization in emerging health care organizations. With secure employment, workers can participate more freely in the restructuring of the health care system.


 **Ensure fair wages for all health care providers.** The burden of providing health care is being shifted to poorly-paid workers in the community and to family caregivers to the home, most of whom are women. Health care reform should not rob communities of "good jobs" or contribute to the development of a low wage economy. Wage parity with existing institutional jobs recognizes that fair wages and decent working conditions contribute to quality of care.

 **Eliminate profit-making illness.** Public administration of medicare has saved Canadians billions of dollars. The practice of "deinsuring" health services by eliminating them from medicare coverage, the

move to user fees, the creation of profit-making health centres - all these changes creates a two-tier health care system. There is no room for profit and inequity in health care.

 **Reduce over-prescribing and make drugs affordable.** Drug companies are adding millions to health care costs by driving up prices. We need to repeal the drug patent legislation which prevents competition, and enact law reform that promotes lower drug prices. Controlling overprescribing and drug costs would free up millions for health care services.

 **Stop fee-for-service payments.** We should pay health workers on a salaried basis, not the fee-for-service system used by physicians, some health care providers and private labs. Fee-for-service (payment for the number and type of services provided) encourages overbooking, overprescribing, overtreating and the concentration of physicians in urban areas at the expense of rural areas.

 **Expand methods of health care and the role of non-physician health providers.** We must develop holistic approaches to health care that expand the role of non-physician health care providers. Nurses, midwives and others can handle many procedures in the full scope of their professions including areas neglected by the medical profession, such as services for women or cultural communities. More information should be made available to the public so they can make informed decisions and are aware of choices in treatment.

The Canadian Health Coalition has worked since 1979 to preserve medicare in Canada. The coalition membership is made up of groups representing women, senior citizens and health care providers, along with churches, trade unions and anti-poverty groups.

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