Yellow Ribbon Award

Recognized Holidays

We’ve Pushed Nurses to the Edge
The Magazine for Manitoba Nurses by the Manitoba Nurses’ Union

Issue Four, 2003

Front Lines is published six times a year by the Manitoba Nurses’ Union. The MNU was founded in 1975. Today it remains an active member-driven organization dedicated to meeting the needs of its members. Approximately 11,000 nurses province-wide belong to the MNU. That’s 97% of unionized nurses in Manitoba.

“To Care for Nurses is to Care for Patients”
Joyce Gleason

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Cover Photo: Premier Gary Doer, Health Activist Shirley Douglas, MNU President Maureen Hancharyk.
Nurses from every region of Manitoba converged upon the Fairmont Hotel in Winnipeg recently for the 28th Annual General Meeting of the MNU.

Approximately five hundred delegates discussed and debated issues ranging from internal items such as union budget to broader issues such as lobbying and bargaining initiatives. Union leadership reported to delegates on the progress the union has made in the past year as well as issues we face in years to come.

Hancharyk on Leadership

In her address to delegates, MNU President Maureen Hancharyk said that nurses demonstrate leadership every day in advocating for their patients and each other. “We have come through many tough times because of the leadership shown by nurses throughout the province,” she told delegates. Hancharyk cited many examples of nursing leadership in the past year including those nurses working in privately owned Personal Care Homes who faced down some of our most regressive managers to make great gains at the bargaining table. She cited individual leaders but said that there are many nurses throughout the province who daily show the courage to lead but never get the credit.

“... To the nurse who fears retribution and knows that if she just keeps quiet things will be easier on her but speaks out anyway, you have the courage to lead.” She said “That happens every day. Whether it’s standing up for a patient or standing up for nurses our members demonstrate daily the courage to lead.

She spoke of the success of the MNU’s efforts to reinstate the Diploma Nursing Program and the high standing of the program across Canada. “The first grads from the program have had success that is being described as spectacular,” she said.

Challenges

“By 2006 more than 2500 nurses will be eligible to retire. By 2010 over 50% of us will retire.” she told delegates, “The next few years will require that we be absolutely determined to find ways to support older nurses.”

Hancharyk also pledged to make improving the situation for Long Term Care nurses, with it’s workload, abuse by managers and deplorable working conditions, a priority for the union. Other priorities include full-time/part-time ratios, lobbying for expansion of the diploma program into rural Manitoba and the establishment of a laddering program. Mentoring our new graduates is also a priority.

“Many of us have spent years caring for our patients in an under resourced health care system. Some of us are tired and demoralized. That is understandable but it is critical that we dig deep and find the energy to mentor our young people.”

Hancharyk said that nursing students enter the system with trepidation and often there is not enough support. Many leave after just a few years. “We play a critical role in their future,” she said, “We must find the energy to inspire, to encourage and impart to them our love of nursing.”
Resolutions

Delegates passed resolutions calling for a reduction in the size of the Provincial Collective Bargaining Committee, facilitating the Regionalization process by amalgamating the Marquette and Southwestman Regions into the Assiniboine Region and implementing a modest dues increase ($2.00 bi-weekly). There was a resolution calling upon the government to expand the diploma program and to institute a true laddering program from LPN to Masters of Nursing. Resolutions calling upon the union to work with the Labour Secretariat to develop a zero tolerance policy and to lobby government for sufficient psycho-geriatric services for the people of Manitoba were also passed.
Douglas Inspires

Health activist and film and television actor Shirley Douglas received a thunderous ovation following her inspiring address to delegates.

“I watched the birth of hospitalization in 1947,” the daughter of Tommy Douglas, the then CCF premier of Saskatchewan and founding father of medicare said. “But I also saw the opposition of the American Medical Association, the Canadian Medical Association and the insurance and pharmaceutical companies of both countries coming into Saskatchewan to fight the election.”

After working in the U.S. she returned to Canada in 1977 to find a decline in the health care system. Her father warned her even then, “We are watching the death knell of health care in this country unless the people who are concerned about it get out and fight for it.” Douglas urged delegates to get out and fight for our health care system. “My father used to say that if you let a two-tiered system come into existence, one group will have the best care, the best surgeons, the best nursing, they will have the best facility in the world. The rest of the people will take what is left over.”

“For a lot of people it’s hard to see what’s wrong, that is why it is so important for groups like the nurses’ unions to educate people.”

Copies of Douglas’ address are available by contacting the MNU office.

Elections

An election for the position of Vice President of the MNU was held with Sandi Mowat winning the position.
The Yellow Ribbon Award was established in 1997 to recognize MNU members who have, throughout the year, exemplified the spirit of the yellow ribbon through their advocacy for nurses and patients. The ribbon emerged as a symbol of nursing leadership during the nineties as nurses fought closures of ERs, cutbacks to health care and lay-offs. The Yellow Ribbon award was presented to three very deserving individuals and an equally deserving group.

Mary Lakatos

Mary started nursing at Seven Oaks twenty years ago and began to serve as assistant to the senior ward representative. She has served as Grievance Chair for the past six years. Nurses at Seven Oaks say that she excels in this position and represents nurses with “pride and dedication.”

Stobbe says that many times it is her ability to understand a nurse’s situation and accurately communicate it to the employer that has preempted the need for the employer to proceed with any disciplinary action.

“Tenacious is an excellent description of Mary when she represents nurses when they are at their most vulnerable,” says Stobbe, “Our Human Resources Department has a healthy respect for her ability and perseverance in representing nurses.”

Glennis Black

Glennis Black is a role model for grassroots leaders. Members in the Marquette Region give her much of the credit for creating a solid region and worksite. She became active in the MNU when it was still MONA and served as President of her local during the strike of 1991. She has served as PCBC Rep for her region for the last three rounds of bargaining.

Local #12 member Judy Gabler says that Glennis traveled countless kilometres throughout the region during the last round of bargaining ensuring that her members had the facts and were united in their determination to get a good deal.

“During the last round of negotiations Glennis made many trips to different worksites throughout the Marquette Region and opened the eyes of the membership to issues no one else was able to.” Said Gabler, “Within our own worksite she has mobilized members that in past years would have nothing to do with the union.”

Local nurses describe Glennis as an excellent voice for nurses in the community saying that she promotes nursing and “tells it the way it is.”

Glennis is presently working in Chemotherapy. In nominating her for the award her coworkers cited her dedication to her patients.

“We all know that working in Chemotherapy can be emotionally draining” says Gabler, “I have heard Glennis on the phone for hours advocating for patients with Social Services, Employment Services, other medical personnel and so on. Her work doesn’t stop when she leaves the Neepawa Health Centre because I know she gets a lot of phone calls at home from chemo patients.”

Glennis is also very involved in her community serving on many Boards and committees to help handicapped children and adults.

Glennis is a role model for all nurses. She is a dedicated professional, union activist and community member- and an inspiring grassroots leader.

(Continued on Page 15)
The following commentary recently appeared in The Globe and Mail. It is written by André Picard, the Globe’s public health reporter and author of Critical Care: Canadian Nurses Speak for Change (HarperCollins).

The SARS outbreak beamed a spotlight on health-care workers, providing politicians, policymakers, journalists and the public with a rare glimpse into the daily reality of nursing life. Everyone from newspaper columnists to the Ontario Premier has been tripping over themselves to say “Thank you”. The praise is welcome, and long overdue, but nurses need respect, not rhetoric.

My work puts me in regular contact with nurses; in my experience, they do not want to be heroes. What they do want is the resources to provide quality care, and a decent environment in which to practice. Yet many nurses describe their work environment as toxic. They complain that they don’t have the time to care any more. This isn’t the fault of the SARS virus. It’s because of mismanagement of health-care human resources. Salaries are, by far, the biggest expense in our health system and nurses are the single largest profession, so when governments started cutting health costs a decade ago, nurses were hit first, and hardest.

While nurses were laid off en masse, cuts to support staff meant that remaining nurses were saddled with higher patient loads and more tasks. A series of draconian labour measures followed over the years including wage freezes and rollbacks (many nurses earn less today than a decade ago), casualization (full-time jobs replaced with casual posts), mandatory on-call (in some instances, for up to 23 days a month), mandatory overtime, loss of scheduling flexibility, the elimination of training and education programs, and loss of collective bargaining rights (virtually every labour action by nurses ends with back-to-work legislation). The result was an exodus from the profession, widespread burnout among remaining nurses, and fewer new nurses entering the profession.

With almost half the nursing workforce working part-time, continuity of care is lacking. More than 20 per cent of all nursing hours are now worked on overtime, leaving nurses tired and at greater risk of mistakes. Medical errors are rising. Casuals – nurses who juggle hours among a number of hospitals – now account for about 10 per cent of nursing hours. This, too, increases the risk of error. It also magnifies the threat of carrying infectious diseases from one institution to another (not only SARS, but also drug-resistant bacteria, influenza and other hospital-based infections).

SARS opened many people’s eyes to the health risks nurses face on the job, but it is not surprising that most nurses shrugged it off as just another in a long list of hazards. More than 40 per cent of ward nurses suffer chronic back problems due to a combination of 12-hour shifts on their feet and lots of heavy lifting (100-pound nurses)
As the summer quickly approaches, so does the occurrence of Recognized Holidays on a monthly basis. This article will identify and clarify the rights of full time nurses in relation to the granting of Recognized Holidays and Lieu Days.

Article 2202
Whenever a Recognized Holiday falls on her/his scheduled days off, the nurse shall receive an extra day off in lieu thereof; the Employer may, however, give her/him an extra day’s pay at her/his basic rate if mutually agreed between the nurse and the Employer.

This clearly states that if you are not scheduled to work on the day that a Recognized Holiday falls, you will receive an extra day off, or at your request, you will receive an extra day’s pay during that pay period.

Article 2203
A nurse required to work on a Recognized Holiday shall be paid at the rate of one and one-half (1.50) times her/his basic pay and in addition shall receive one (1) day off at her/his basic rate of pay.

Any full-time or part-time nurse who works on a Recognized Holiday gets paid at 1.5 x her/his basic rate of pay and receives another day off at her basic rate of pay.

Article 2204
A day off given in lieu of a Recognized Holiday shall be added to a weekend off or to scheduled days off unless otherwise mutually agreed.

This article makes it mandatory to have your lieu day off, which is earned in accordance with 2202 and 2203, added to a weekend off or to scheduled days off unless otherwise mutually agreed.

Article 2204
The Employer agrees to assign time off as equitably as possible over Christmas and New Year’s, endeavouring to grant each nurse as many consecutive days off as reasonably possible over either Christmas Day or New Year’s Day.

This article clearly states that a nurse will have either Christmas or New Year’s off and will have as many days off as possible over either Christmas or New Year’s. This is achieved for full-time nurses by having the three Recognized Holidays scheduled together to allow for an extended period of time off. For part-time nurses this is achieved by scheduling a number of days to work together over either Christmas or New Year’s thus allowing for more days off over either the Christmas or New Year’s period.

This can only be accomplished by the Employer altering the master rotation during the Christmas New Year’s period to ensure that a nurse only has to work one of the recognized holidays.

There is no inherent guarantee that a nurse will receive every other Christmas off but the practice in all facilities is that if you work Christmas one year you are scheduled off the next year unless you specifically request to work more than one Christmas in a row.

As much as reasonably possible, Christmas Eve and Boxing Day shall be assigned with Christmas Day; New Year’s Eve shall be assigned with New Year’s Day, unless otherwise mutually agreed.

This statement means that if you are scheduled to work Christmas Day you will also be scheduled to work Christmas Eve and Boxing Day and if you are scheduled to work New Year’s Day you will be scheduled to work New Year’s Eve unless the nurses and the Employer agree otherwise. This helps to ensure that nurses will have as many consecutive days off over either the Christmas or New Year’s period in accordance with the previous clause. In many instances, depending on the number of nurses in the facility/ on the unit, it allows for a few nurses to have both Christmas and New year’s off each year and this is rotated amongst all nurses.

Leona Barrett
LRO-Collective Bargaining.
Leona has been on staff with the MNU since 1991.
Prior to that she nursed for 15 years in the Emergency Department at HSC.

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**Article 2206**

A nurse may accumulate up to four (4) days off in lieu of Recognized Holidays to be taken with scheduled days off or to complete a partial week of vacation or at such other time as is requested and granted in accordance with 1501. Unless otherwise agreed between the nurse concerned and the Employer, accumulated lieu days must be taken within the fiscal year in which they were earned.

**NOTE:** 12 Hour Shift Memos allow for the accumulation of 3 to 5 days or a portion thereof, in order for a nurse to request two or three 12 hour shifts off - amount varies between Collective Agreements.

The intent of Recognized Holidays is to have them either scheduled on the day they occur or to have them and lieu days scheduled by the Employer with a weekend off or with scheduled days off. A full-time nurse whose regular day off falls on a Recognized Holiday or who is scheduled to work on a Recognized Holiday and thus receives a lieu day off, can request to bank these days. These days can be requested to be taken with scheduled days off or to complete a partial week of vacation or at any other time. Recognized Holidays and lieu days are not automatically banked unless the nurse requests to have them banked at the time that they occur.

The nurse must submit her/his request to take these banked days in accordance with 1501 which states: “Requests for specific days off duty shall be submitted in writing at least two (2) weeks prior to posting and granted, if possible in the judgement of the Employer.” This means that the request must be submitted at least four weeks in advance of the date you are requesting off and there is no guarantee that you will be granted the time off. However, accumulated lieu days must be taken within the fiscal year in which they were earned so they must be scheduled before the fiscal year end. Employers have been paying out “Stat Banks” at fiscal year end but there is no provision for this in the Collective Agreement. It is the Manitoba Nurses’ Union’s position that where full-time nurses have received payout of “Stat Banks”, they are entitled to overtime for hours worked in the preceding pay period which equal the number of “Stat” hours paid out. The reason for this is that the number of hours a full-time works in one year includes all vacation, income protection, Lieu days, paid LOA’s, bereavement leave and any other paid leave hours. Therefore, if the Employer has not scheduled the lieu days the nurse has worked more than full time hours in any one year and is entitled to overtime for the excess hours worked. If “Stat Banks” have been paid out to full-time nurses at your facility, please contact your Labour Relations Officer as your local/worksite should be filing a Union Grievance.

**Applicable for Home Care Nurses:**

**Article 2207**

Assignment of Recognized Holidays on the actual day of their occurrence shall be made as equitably as reasonably possible.

This ensures that Home Care Nurses will receive an equitable share of Recognized Holidays off on the day that they occur. This may require scheduling adjustments to ensure this happens as most master rotations which require nurses to work every other weekend results in the same nurses working the majority of Recognized Holidays or the same nurses having almost every Recognized Holiday off.

Although this provision is only applicable to Home Care Nurses and nurses employed at Concordia Hospital, nurses can request that their schedules be adjusted so that if a nurse is working on the Saturday and Sunday preceding a Recognized Holiday, she/he should be scheduled to work the Holiday Monday as well. Conversely, if a nurse is scheduled to be off on a Saturday and Sunday immediately preceding a Recognized Holiday, she/he should be scheduled off on the Holiday Monday. It is unreasonable to expect a nurse to return to work on the Monday of a long weekend when she has been off for the weekend and unfair to the nurse who works the Saturday and Sunday not to receive the benefit of working the Recognized Holiday at 1 x her basic rate of pay. This is not always possible, but should be done as often as reasonably possible. Schedules can also be adjusted to ensure that the same nurses do not have to work the majority of long weekends because the master rotation requires them to work every second weekend and Recognized Holidays generally occur every four weeks from May to September. This change in practice is a matter for discussion at your local/worksite Union Management Committee meetings.

Please feel free to call your Labour Relations Officer if you have any questions regarding Recognized Holidays.
Over the last two years the “meltdown” of the stock markets of the world, including Canada and the United States, have had serious consequences to retirement savings and pensions of Canadians. The combined impact of losses of plan assets to RRSPs and pension funds may total $100 billion. This has put a serious strain on pension plans and some may face significant liabilities.

Andrew Jackson of the Canadian Labour Congress indicated, “The impacts of collapsed stock markets will be felt in terms of an increased need for retirement savings, particularly in the form of higher pension plan contributions. Recent data also may suggest that many Canadians may postpone retirement”. Most middle income Canadians will not be able to replace two thirds of their pre-retirement income.

The baby boom generation, currently in their forties and fifties, dominate the workforce. This demographic pressure, plus the drop of stock markets, may have serious impact on future retirement family incomes. Insufficient savings is a higher risk for low income Canadians. Even middle-income families with an income of $75,000 may be facing insufficient retirement income.

There are many variables and unknown factors that come into play, but there are some leading indicators providing some answers to the following questions:

- Will this two-year market drop have a long-term impact on RRSPs and pension plans? The answer is yes.
- Will contributions to personal retirement savings and pension plans have to increase? The answer is yes and in some cases significantly.

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Nurses are drawn to the profession because they care for people. Now it’s time someone cared for Canada’s nurses. “Thank you” is not enough.
Delegates at the 2003 Manitoba Nurses’ Union Annual General Meeting were reminded of the power they possess in the fight to save Medicare. Actor-activist Shirley Douglas, daughter of Tommy Douglas; Kathleen Connors, CFNU President and Barb Byers, CLC, Executive Vice President each applauded the delegates for their commitment to the nursing profession and the leadership roles they have accepted in the union and labour movement. The three speakers detailed the many efforts being made across the country by workers, coalitions and other nursing unions in the fight to preserve the Medicare system and encouraged the delegates to take action. The mailing of a postcard to a member of parliament or the more involved action of organizing a postcard campaign are required to make the fight a success. Every action is an important component of the fight.

CLC National Campaign for Public Medicare Workplace Canvass:

The Manitoba Nurses’ Union, at the April 2003 AGM Education Day, launched their participation in the CLC National Campaign for Public Medicare Workplace Canvass. The objective of the Campaign is two-fold: one, to encourage healthcare workers, coalitions and other nursing unions in the fight to preserve the Medicare system.

(Continued on Page 12)
What is the No Sweat Campaign and the Workplace Procurement Initiative?

The Ethical Trading Action Group (ETAG) is a Canadian coalition of church, labour and non-governmental organizations advocating for government policies, voluntary codes of conduct and purchasing policies that promote humane labour practices based on accepted international labour standards. ETAG launched the No Sweat campaign in November 2000 in an effort to put labour rights issues on the public agenda, while encouraging students, teachers, public employees and other Canadians to promote the adoption of No Sweat purchasing policies by public institutions.

Garment companies tend to have their products made in countries where workers’ rights are often repressed. Governments, in an effort to create ‘free trade zones’ and a positive climate for foreign investment, deny workers limits on overtime, offer dismal low wages and do not tolerate workers attempting to organize.

The Workplace Procurement Initiative, (the acquisition by purchase, rental, lease or conditional sale, of goods, services or construction) is an important component of the campaign. Every year, communities and facilities spend a huge amount of money on uniforms for employees in healthcare, municipal and city workers, etc. An effective No Sweat purchasing policy adopted requires suppliers of licensed apparel to abide by local labour laws and international labour standards – no forced labour or child labour, no discrimination, the preservation and expansion of public health care. Groups across the province have distributed the tabloid within their communities in a variety of ways. In Winnipeg, the Winnipeg Labour Council set up at a few malls over a number of days, while in Flin Flon the Labour Council, for a minimal fee, had the tabloid inserted in the local newspaper.

It is crucial to remind members that the fight for Medicare is an important one. Often people resign themselves to thinking ‘what good would it do, what difference will it make, I am but one person’ but, it is through collective action that governments at both the provincial and federal levels will take notice. Assure members that every action will make a difference and whatever they are prepared to contribute will assist in the fight to sustain and expand the public health care system that is the envy of many industrialized nations.

Our Medicare system has a rich history. To gain a better understanding of the development of Medicare please access the following websites:


http://archives.cbc.ca/300c.asp?IDCat=73&IDDos=90&IDLAN=1&IDMenu=73

http://www.healthcoalition.ca/History.pdf

Medicare Monitor (con’t.)

discussion in the workplace between workers and secondly to develop a database of activists interested in participating in future actions to preserve and improve Medicare.

Over the coming months, the future of Canada’s health care system will be determined. Workers have a huge voice in this country and an organized mobilization will make that voice even stronger. Utilizing the tools of the Campaign will send a message to government that workers are prepared to take action to preserve and improve public health care.

The key tools for the Campaign are:

- Postage pre-paid, House of Commons addressed postcards;
- Manitoba Medicare Alert Coalition tabloid, and the;
- CLC Medicare leaflet

Union activists/members will play an important role in the dissemination of the public health system information. Both the postcard and the CLC Medicare leaflet can be distributed through the membership and community as a ‘one-on-one mobilization.’ By utilizing this technique union activists can encourage members to take action through the mailing of the postcard and filling out the tear away portion of the pamphlet. The tear away, collected immediately from the member, can then be sent to the MNU provincial office for cataloguing. It is highly recommended that a copy of the tear away be created for your local as a resource for future activities.

The Manitoba Medicare Alert Coalition tabloid, an excellent resource on the current state of the public system, both federally and provincially, could be included as a handout with the postcard and leaflet. The tabloid contains details and valuable statistics to support
Vacancy Selection Grievances

Vacancy selection grievances are always difficult matters for any Union to handle, in that it potentially pits one Union member against another Union member. When an unsuccessful candidate indicates that he/she wishes to challenge a selection process (as he/she is entitled to do, pursuant to the terms of the Collective Agreement), the Union is required to investigate to determine whether there are sufficient grounds upon which to base a grievance.

In any vacancy selection, there is one successful applicant and possibly one or more other applicant(s) who, although considered qualified for the position, may be unhappy with the results. In appropriate cases, where the investigation process reveals error(s) in the posting or selection process, a grievance may be filed and ultimately may be referred to arbitration. You should be aware that before a matter is referred to arbitration, a request is made to the MNU Board of Directors for funding. At that time, the Labour Relations Officer who is dealing with the matter presents the issues to the Board and a decision is made as to whether the Board as a whole will provide the funding necessary to proceed with an arbitration. This is not a small decision made by one person, or by a small group of people.

The Union cannot obviously represent both sides, since there would be a clear conflict of interest. Once a decision is made to proceed with the grievance, and to pay the related arbitration costs, it would be inconsistent for the Union to fund other legal counsel (e.g. on behalf of the successful applicant) to take a position contrary to that which is being advanced by the Union.

Although the successful applicant is entitled to hire private legal counsel to represent her/his interests at the arbitration, the position which the successful applicant would most likely be putting forward would be similar to (or the same as) the position being maintained by the Employer. If the matter is arbitrated, the Employer will obviously be producing evidence and argument to support the selection process and the successful applicant’s qualifications for the position in question.

In any adversarial process such as this, it is not always possible to present a case on behalf of the grievor without offending the successful applicant. It is important to remember, however, that the Union has determined that there are sufficient grounds for a grievance after an investigation of the facts, and based on the terms of the Collective Agreement. The Union simply cannot represent both sides of the issue. Nor can it be expected to fund positions that are directly contrary to those taken by the MNU Board of Directors, who are duly elected representatives of the membership as a whole.

Silas to Lead CFNU

Linda Silas will succeed Kathleen Connors at the helm of the largest organization of nurses in Canada, the Canadian Federation of Nurses’ Unions. A former President of the New Brunswick Nurses’ Union, Linda Silas is the first Francophone to lead the CFNU.

Upon winning the election, Silas notified Federal Health Minister Anne McLellan that she would be in touch.

“I want to let Minister McLellan know that nurses want the Romanow report and the Canadian Nursing Advisory Committee report – and nothing less. Talk to you on Monday,” said Silas.

Connors embraced her successor after announcing the election results at the Royal York Hotel in Toronto. Silas promised Connors, “We’ll make you proud.”

Pat Shuttleworth, the Vice-President of the British Columbia Nurses’ Union, was the runner-up.
The following Committees were elected to serve for the 2003 – 2004 Term:

**Executive Committee:**
Maureen Hancharyk, President, Chairperson
Sandi Mowat
Fern Beasse
Madeleine Graham
Karen Tertilinski
Janice McDonald

**Finance Committee:**
Fern Beasse, Chairperson
Maureen Hancharyk
Sandi Mowat
Myrna Malanik
Judy Kindrat
Cindy Hunter

**Education Committee:**
Debbie Rea, Chairperson
Betty Loewen
Betty Woodman
Teresa O'Rourke (appointed)
Margaret Johnston (appointed)

**Nominations Committee:**
Colleen Melnyk, Chairperson
Kim Fraser
Juanita Smith

**Resolutions and Constitution Committee:**
Lynn McGregor, Chairperson
Cherryl Lenton
Cindy Hunter

**Discipline Committee:**
Mike Brown, Chairperson
Wendy Toews
Elsie Karnes

Clive Derham, Non-MNU Member
Heather Grant-Jury, Non-MNU Member

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**YOUR MNU BOARD OF DIRECTORS**

Maureen Hancharyk, President
Sandi Mowat, Vice-President
Fernand Beasse, Secretary Treasurer
Michael Brown, Riverview 1a
Kim Fraser, HSC Worksite 10
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Margaret Johnston, Central Region
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Judith Kindrat, Brandon Region
Cherryl Lenton, Churchill/Burntwood Region
Betty Loewen, Concordia Local 27
Myrna Malanik, St. Boniface Local 5
Janice McDonald, Assiniboine Region
Lynn McGregor, Wpg. Long Term & Community Care Region
Colleen Melnyk, Seven Oaks Local 72
Linda Ouddleifson, Interlake Region
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Karen Tertilinski, Misericordia Local 2
Teresa Thorsteinson, HSC Worksite 10
Wendy Toews, Eastman Region
Debbie Winterton, Victoria Local 3
Betty Woodman, Grace Local 41
In a touching tribute by MNU leadership at our recent AGM CFNU President Kathleen Connors was given the Yellow Ribbon award for her leadership and dedication to nurses throughout Canada and, indeed, the world. Kathleen retired following the Federation’s Eleventh Biennial Convention this June. She and her husband, Cyril, plan to settle in Newfoundland.

Speaking of her retirement Connor said, “My goal for CFNU was to make it truly national. Now we have nine of Canada’s ten major nurses’ unions as members, from Newfoundland and Labrador to British Columbia. We are also seen by the Federal Health Minister and her deputies as a critically important constituency — one that must be consulted. And many in the national media regularly call for comments.

There is much more to do — the Board and the next president need to decide whether CFNU will remain a small, effective representative in Ottawa, or a major maker and shaper of health policy in Canada. The CFNU has national presence now and is well positioned to take off. And as Gandhi said, ‘It’s not for the sower to see the harvest.’

I’ve had a lot of fun. I’ve worked with some of the finest people anywhere. There’ve been a few tears, but a lot of laughs too. It’s really been great. But I’ve also spent a lot of time on the road, away from my family. So now I’m going to listen to what we nurses always advise — we must take care of ourselves as well as our patients. That means rest and it means fun too.

To everyone I have met in this wonderful work, please accept my sincere thanks. Whether I met you at a protest, major conference, or a small meeting, I have taken a part of you with me and I hope I have left a part of me with you. Because it is in this struggle — it is in this touching of hands and hearts in a great cause, that we find true meaning for ourselves and each other.”

Founded in 1981, the National Federation of Nurses’ Unions represented five unions with 20,000 total members. Today, the successor organization, the CFNU, is the largest organization of nurses in the country with 122,000 members and the only representative of frontline nurses in the nation’s capital.

St. Boniface Labour & Delivery Nurses

Cindy Kennedy, Heather Buechel, Helen Rademaker, Lee Rudd, Christiane Raby

Cindy Kennedy, Heather Buechel, Lee Rudd, Christiane Raby and Helen Rademaker are five Labour & Delivery nurses who identified that workplace changes were negatively affecting patient care and their nursing practice in addition to affecting them physically and mentally and impacting on their personal and family lives. When they set out to rectify the problems they did not anticipate it would become a cause. Their search for resolutions led them through a maze of meetings, committees, presentations and working groups. Despite pressure from the Employer, demanding schedules, and a lengthy process, they persevered to an IAC. They never faltered in their commitment to fighting for safe patient care and an environment that supports and respects nursing practice.

No Sweat (con’t.)

safe and healthy working conditions, fair wages and hours of work, and respect for the right to organize and bargain collectively. It also requires suppliers to make public all factory locations and open them up to independent inspection.

A ‘No Sweat’ procurement policy is not about searching for the perfect supplier or boycotting all suppliers that have violated labour standards. Boycotts can hurt already vulnerable workers that have dared to speak out about abuses they are experiencing. Instead, the ‘No Sweat’ policy encourages suppliers to stay within the bounds of fair labour practices while encouraging those who are in violation, to comply.

Participation in the No Sweat campaign and the Workplace Procurement Initiative is gaining momentum across the country. Several cities, towns, municipalities and universities have adopted procurement policies. The City of Toronto voted unanimously in October 2002 to endorse a resolution to “enact a purchasing policy requiring the purchase of garments, uniforms or other apparel items from ‘No Sweat’ manufacturers.”

As union members we need to take a firm stand against sweatshops. A postcard campaign is being conducted and postcards are available from the MNU office. The Government must endorse ethical purchasing through the adoption of a No Sweat procurement policy.

For more information on the No Sweat campaign and also the current fight against sweatshops please logon to the following websites:

http://www.nlcnet.org
http://www.people.fas.harvard.edu/~fragola/usas/index.html
http://www.behindthelabel.org/
http://www.maquilasolidarity.org
The MNU Labour School is scheduled for September 9th to 11th, 2003, at Gull Harbour Resort. The three-day session offers MNU members the opportunity to acquire knowledge and skills that will help them in their workplace and in their communities. Courses ranging from the grievance and arbitration process to public speaking are being offered.

When classes are not in session students can take part in organized activities or relax with friends. Most participants say that meeting nurses from all areas of the province and exchanging information is one of the most valuable aspects of the school.

New participants are encouraged!

The 2003 school will accommodate up to 108 participants. Sixty-seven participants will be funded by the provincial office. Forty spots are non-funded with one additional A.I.L. Scholarship available.

Interested in attending? Please contact your Local/Worksite President.

IMPORTANT TO NOTE
• Deadline for applications is 1630 hours, July 25th, 2003
• Late applications will NOT be accepted
• Fax or mail applications to the MNU Office
• NO phone applications will be accepted

Deadline for Application is 1630 hours, July 26th, 2003

No late applications will be considered

FAX ALL APPLICATIONS TO THE MNU OFFICE (942-0958)

ONLY OUR APPLICATION FORMS WILL BE ACCEPTED

NO PHONE APPLICATIONS WILL BE ACCEPTED