

FRONT LINES

Issue Three 2005

The Magazine for Manitoba Nurses by the Manitoba Nurses' Union



Up for the challenge... Waaaaay up!

Up in The Pas, nurses are speaking to members of their community in the hopes that they will stand together with nurses in their battle to maintain quality health care in their region.



**We can't
afford to axe
nurses!**



Manitoba Nurses' Union
ALWAYS CARING · ALWAYS A NURSE

Highlights from the MNU Annual General Meeting

CFNU Conference – Keeping the Circle Strong

MNU Discount Program – Details and Merchants' List

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"

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Cover: MNU President Maureen Hancharyk and Darlene Jackson "meet the press" in The Pas.

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President's Message

Supreme Court Ruling causes some concern

Canada's Medicare system was dealt a blow with the June 9, 2005, Supreme Court ruling on a Quebec law banning private insurance for services covered under Medicare. The court ruled that the Quebec law contravenes the Quebec Charter of Rights and Freedoms. The Justices deliberated for a year before handing down their decision.

Jacques Chaoulli, a Quebec doctor, and George Zeliotis, his patient, initiated the court challenge in 1997. Zeliotis stated that the year-long wait he had for hip surgery he underwent in 1997 violated his right to life, liberty and security under the Quebec Charter. The pair challenged the sections of the Quebec Health and Hospital Insurance Laws that made private health insurance illegal.

Although the ruling applies only to Quebec, the legal door has been opened a crack for challenges in other provinces. Roy Romanow, the former Saskatchewan Premier who headed up the 2002 Commission on Health Care, stated that he believes that the recent ruling implicitly undermines the Canadian Health Act. The principle of universality, that is the right of every Canadian to universal and equal access to health care services, is enshrined in the Act. The Act requires that insured services are to be provided on uniform terms and conditions. Furthermore the Act bans the offering of private insurance for the medically necessary physician and hospital services.

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MNU President,
Maureen Hancharyk

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Quebec Government Reacts

The government of Quebec reacted by requesting an 18-month stay in the implementation of the ruling. The province is arguing that public safety could be threatened unless it has time to protect the public health care system from the harmful effects of a parallel private health care system. In a brief submitted after the ruling Quebec's Attorney General warned that allowing the private system to grow would draw medical personnel away from the public system, damaging the quality of care. By requesting this stay Premier Jean Charest has managed to resist calls from Parti Quebecois opposition to use the "Notwithstanding Clause" to overturn the ruling.

Should Manitobans Be Concerned?

Critics of the ruling say that it could clear the way for two-tier health care across Canada. However, this decision applies only to Quebec. Another test case would have to be launched in Manitoba to get a ruling that applies here and a Manitoba Court challenge could take years to work its way through various levels of appeal.

Manitoba's laws are clear in prohibiting residents from purchasing private insurance for procedures insured under the Manitoba Health Services Insurance Plan. Most hospital care, doctor's visits, diagnostic tests, surgery, emergency care, home care and palliative care are covered and not insurable under a private plan. Private insurance may be purchased to cover things such as eyeglasses, physiotherapy and ambulance rides for example. Also in our favour is the fact that the Doer government is committed to publicly funded health care and is unlikely to approve private insurance unless forced to do so by the courts.

Although the above may give us some comfort it is also a reality that our cherished publicly funded universal health care system is under attack. Right wing groups and business interests are very excited about this ruling. It may just be the foot in the door they need to start making a profit on the healthcare of Canadians. We must remain vigilant.



Responsibilities of a Committee Member

The Workplace Safety and Health Act defines the role and responsibilities of the members of the Workplace Safety and Health Committee and provides protection for the employee representatives when they act in their capacity as a committee member. Articles 7A and 11 of the Collective Agreement further ensure that the Employer must abide by the Act.

The Union has the right to elect/appoint the worker representative(s) and at least one half of the committee must be made up of representatives from the non-management employee group. There shall be two co-chairpersons, one of whom is chosen from the worker members by the worker members. These two people take turns chairing meetings and have the right to participate in all decisions of the committee even when it is their turn to be chairperson. The names of the committee members must be posted in a conspicuous place.

The Employer is obligated to pay the committee members for all time spent carrying out their duties, even if it means overtime pay. There can be no discrimination against an employee because of their participation on the committee and/or actions that they might take in their role as a committee member.

If you spot a hazard or have a concern about a workplace safety and health issue, please contact your representative immediately.

The Workplace Safety and Health Act states:

- 40(10) The duties of a committee include:
- (a) the receipt, consideration and disposition of concerns and complaints respecting the safety and health of workers;
 - (b) participation in the identification of risks to the safety or health of workers or other persons, arising out of or in connection with activities in the workplace;
 - (c) the development and promotion of measures to protect the safety and health and welfare of persons in the workplace, and checking the effectiveness of such measures;
 - (d) co-operation with the occupational health service, if such a service has been established within the workplace;
 - (e) co-operation with a safety and health officer exercising duties under this Act or the regulations;
 - (f) the development and promotion of programs for education and information concerning safety and health in the workplace;
 - (g) the making of recommendations to the employer or prime contractor respecting the safety and health of workers;
 - (h) the inspection of the workplace at regular intervals;
 - (i) the participation in investigations of accidents and dangerous occurrences at the workplace;
 - (j) the maintenance of records in connection with the receipt and disposition of concerns and complaints and the attendance to other matters relating to the duties of the committee; and
 - (k) such other duties as may be specified in this Act or prescribed by regulation.



▲ Darlene Jackson, President of The Pas worksite (left) and MNU President, Maureen Hancharyk were in The Pas June 7th for a media conference to help kick off the campaign.

Jackson noted that Thompson Regional Health Centre's decision several years ago to remove Head Nurses was described by one physician as "catastrophic". That decision has now been reversed.

Nurses, Doctors Present Their View

After intense lobbying, nurses and physicians were allowed to make a presentation to the hospital board in June following the release of the recommendations (it should be noted that requests by nurses and physicians for a copy of the report were denied). Each group was allotted thirty minutes for their presentation.

In their presentation, nurses told the Board that deleting the Head Nurse would remove the only back-up for Staff Nurses Monday to Friday. Deleting the Nursing Supervisor positions will remove the only resource person for nursing staff and physicians on evenings, nights and weekends. In an emergency or crisis, the Nursing Supervisor is an extra pair of hands. Recent events at the facility, clearly demonstrate how critical this extra pair of hands may be.

Physicians told the Board that they feared that the result of these changes will have a deleterious effect on patient care with delays in transporting seriously ill patients and an overall diminished quality of patient care delivery in The Pas and area.

In their presentation to the Board, physicians stated that it was their understanding that in other Regional Health Authorities similar changes have resulted in dire consequences for patient care, for morale of nursing staff and the working conditions of medical staff. Presenters stated that they were concerned that the decision to remove these nurses was not made in the best interests of patient care but for alternative reasoning such as the desire for uniformity in the region.

Following their presentations it was reported by some of those present that the Saskatchewan consultant spent an hour and a half refuting their presentations. Nurse and physician groups were not allowed to be present for the consultant's remarks and were therefore unable to defend their position to the Board.

"Unfortunately this situation has been personalized by some of those involved. That is very destructive. We would prefer to work constructively on this," said Jackson. "As nurses, we know the value of having a senior nurse position to provide guidance to less experienced nurses and to provide an extra pair of hands during a crisis. The reality is that in northern facilities these positions are essential. Maybe some of the larger centers can afford to lose them but we can't."

The Pas nurses have begun to reach out to the community in their fight for these nursing positions. They have begun a postcard campaign and are speaking to members of their community in the hopes that the people of The Pas and surrounding communities will stand with nurses in their battle to maintain quality health care in their region.

"I believe that the deletion of these positions will have a very negative impact on the quality of care we are able to deliver. Nurses in The Pas won't give up without a fight. Our patients and our community are too important to us."



Postcards – featuring "why we wear our Yellow Ribbon" on one side, and a petition letter of concern to Premier Gary Doer – and buttons showing support, were handed out to concerned community members.

AGM Highlights

Delegates to the MNU's 30th Annual General Meeting celebrated this significant anniversary by acknowledging the accomplishments of the past thirty years. However, the main focus of discussions were on issues affecting nurses now and in the future. Delegates debated a large number of resolutions covering a wide range of subjects from improving rural health care in Manitoba to providing assistance on the international scene. Some of the resolutions and highlights are detailed below.



The Delegates and the Executive welcome MNU President Maureen Hancharyk to the podium.

Rural Health Care

Delegates passed a resolution pledging to lobby government to commit to the efficient use of health care facilities in rural Manitoba. The motion stated that while millions of dollars have been spent to upgrade rural health facilities and to purchase and operate diagnostic equipment, the equipment is not being effectively used, forcing people to travel long distances which is difficult and expensive. The efficient use of rural hospitals would cut patients' travel costs, provide a higher quality of care to rural patients and reduce waiting lists for services provided at urban hospitals. Meetings have already been held with the Minister of Health to discuss this issue, with more scheduled.

Nursing Education

A resolution calling upon government to institute a truly inclusive and comprehensive nursing education program which would allow nurses to advance from one level to the next with relative ease, was passed by delegates. The movers of the motion, Terry O'Rourke of the Norman Region and Debbie Rea of Assiniboine Region, stated that an inclusive program, rather than three separate and distinct programs would utilize monetary and human resources more efficiently.

Delegates voted to continue to lobby government to institute a truly comprehensive nursing education program which would encompass LPN, RPN, as well as RN diploma to RN baccalaureate.

Long Term Care

The current staffing guidelines for personal care homes (PHCs) were adopted by the provincial Department of Health in 1973. The funding for nursing staff is also based on these 1973 guidelines. The level of

acuity and level of care required for residents has increased dramatically since 1973. Nurses throughout Manitoba report that they are greatly concerned about their ability to provide safe, quality care under antiquated staffing guidelines.

Delegates resolved to lobby government to revise the current staffing guidelines in PCHs to more accurately reflect the needs of the residents. A resolution calling upon the government to ensure that all future PCH beds are publicly funded was also passed. The resolution stated that the numbers of elderly Manitobans is increasing and will require more PCHs. The union supports the concept of publicly funded, publicly administered PCHs, believing that the bottom line should be quality patient care, not profits.

International Assistance

After intense debate, delegates voted to consider an International Assistance Fund to support MNU members in their endeavours to provide help on the international scene. The MNU Executive Committee will be responsible for the amount, the reallocation of budget and the criteria necessary to access funds. Delegates will then vote on the establishment of the fund at the 2006 AGM.

Delegates passed a number of other resolutions including a call for government to establish a palliative care unit at the Brandon Regional Health Centre, a reaffirmation of the MNU's commitment to support the Manitoba Government's efforts to preserve universal health care and to lobby against privatization.

A resolution calling upon the Provincial Collective Bargaining Committee (PCBC) to investigate and recommend to the next Provincial Collective Bargaining Conference a compensation method which would allow adequate compensation for the long distances rural Home Care nurses must travel to care for their clients was also passed. Delegates passed a resolution allowing for additional funds for Board members to attend regional local meetings.

Hancharyk's Address

In her address to delegates MNU President Maureen Hancharyk outlined the many accomplishments of our recent past.

"After years of languishing near the bottom across Canada in terms of wages and benefits we are now a very competitive fourth across the country and we are very confident we will remain there," she said.



MNU President Maureen Hancharyk (left) and CFNU President Linda Silas (right) address the delegates.

She told delegates that we are not only fourth in the country at the top rate for GDRNs and RPNs but that we are second in Canada at the start rate. LPNs in Manitoba are at the highest start rate in Canada and as of October of this year will be the highest paid at the top rate.

“In the past five years we have negotiated wage and benefit increases of 47.8%. After a tough fight we have ensured that pensions are once again protected.”

Hancharyk also urged delegates to focus their energies to ensure that all members are equally represented. She told delegates that if internationally trained nurses do not feel that we have supported them then we have failed. If aboriginal nurses in our union do not view the union as advocates then we have failed. If our gay and lesbian nurses do not feel that they can declare themselves in our union then we have failed. If young and older nurses do not feel equally valued then we have failed. She challenged union leaders to ensure that we act upon the core values of our union – advocacy, social justice and inclusiveness.

Hancharyk said that initiatives of the past year such as the round table discussions with internationally trained, young, aboriginal, and gay and lesbian nurses are a start.

“From those discussions we learned that we have much to do. We have not accomplished enough to date, but this year we did make some inroads.”

She cited the Representative Workplace Memorandum negotiated in the last round of bargaining and the drop-in center at the MNU office which will help internationally trained nurses develop knowledge of Canadian culture, language, and conflict resolution skills as significant accomplishments.

Hancharyk told delegates that nurses in this province have a proud legacy of caring.

“Caring is what gives us the discipline to work night and day in a beleaguered health care system,” she said. “Caring is what pushes

us to stand up to challenge a flawed administrative decision, or to fight for a change in the treatment of a patient.”

In reference to the upcoming discussions with government on the Healthcare Access Improvement Committee she said that the union will, in good faith, discuss initiatives to improve our opportunities to deliver quality patient care while, at the same time, ensure that employers abide by the contract.

Video Wins Award

MNU’s latest video, which was shown at the annual meeting and will be distributed to every local, recently won an Advertising Association Signature Award. The award was for the song “Together We’ll Be Strong” which was produced locally for the video. The video features nurses from all over Manitoba discussing their work. Patients and family members are also featured. Each local/worksite is encouraged to show the video to members, and to the public, at every opportunity.

Silas Brings National Perspective

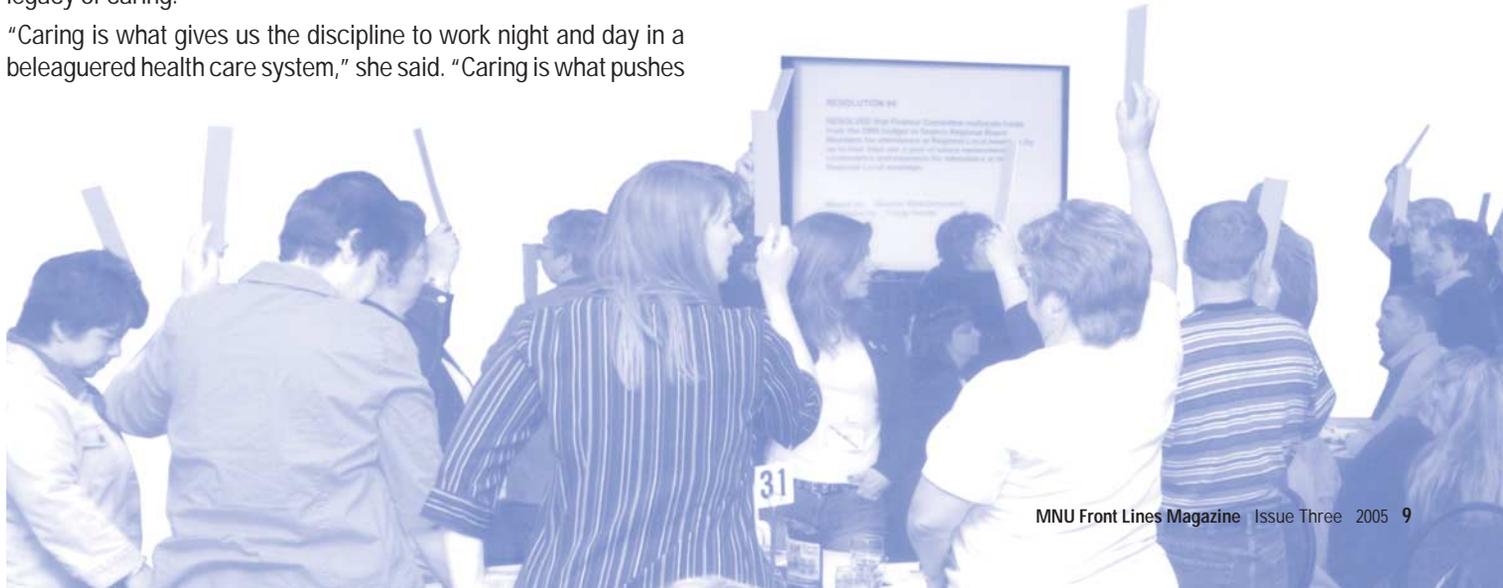
Always dynamic and articulate CFNU President Linda Silas brought a national perspective as she reported on issues concerning Canada’s unionized nurses. She gave delegates an update on CFNU research projects on retaining and valuing experienced nurses and nurse patient ratios. The fight against privatization is a major priority for our national union. Silas reminded delegates that even a labour friendly government can talk about privatization schemes. She challenged delegates to mobilize nurses to become politically active and to run for political office.

Yellow Ribbon Award Winners

Three very deserving nurses were awarded the Yellow Ribbon Award for union and community activism this year.



Yellow Ribbon Award recipients, (left to right), Elizabeth Sack, Yvonne Oxer and Carole Anderson.





*President Linda Silas
addresses a resolution*



*UNA President Heather Smith
accepts the Bread and Roses Award*

KEEPING THE CIRCLE STRONG

“Courage my friends, it’s not too late to make a difference!” Quoting the great Tommy Douglas, CFNU President Linda Silas addressed almost 500 delegates at the 2005 12th Biennial Convention. Silas told nurses that the increasing nursing shortage, the urgent need to keep publicly-administered, publicly-delivered health care in the hands of those who need it, and the need to stop P3 partnerships in health care are issues that nurses must continue to fight in the next two years.

The 12th Biennial Convention, held in Regina, Saskatchewan, saw nurses enthusiastically debate motions, network and caucus, and feast on classic prairie cuisine at the Western Canadian Banquet.

Resolutions passed at the convention set CFNU’s direction for the next two years. Nurses supported continued involvement with the Aboriginal Workforce Participation Initiative, urged the government to implement the badly-needed national child

care system, and offered continued support to the Canadian Health Coalition and other health advocacy groups.

Keynote speakers addressed hot issues. Canadian Labour Congress President Ken Georgetti highlighted the nurses’ role in labour’s campaigns. Medicare expert Dr. Arnold Relman reinforced the lack of evidence supporting privatization of health care arguments. Dr. Marcia Angell debunked big pharma’s myth that higher drug prices enables more research and development. CBC radio host Michael Enright offered tips on breaking through the media clutter and getting the message out.

Linda Silas was acclaimed to her second term as CFNU President. The race for Secretary-Treasurer was hotly contested between incumbent Pauline Worsfold and Manitoba Nurses’ Union member Cindy Hunter, with Worsfold re-elected to her third term in office.



CLC's Ken Georgetti tells nurses to keep up the fight for Medicare



CBC radio host Michael Enright on how to navigate the media



NBNU President Marilyn Quinn votes on a motion

The Bread and Roses Awards honoured nurses with outstanding service to unionism and CFNU. Ontario Nurses Association's Linda Haslam-Stroud proudly accepted on behalf of ONA past-president Barb Wahl. United Nurses of Alberta members cheered as president Heather Smith received her award. Friends and supporters of CFNU were also honoured. Long-time CFNU staffer of 23 years, Administrative Assistant Linda Sidney and out-going president of Fédération des infirmières et infirmiers du Québec Jennie Skene were the recipients of "mini" Bread and Roses Awards as "friends" of CFNU.

The convention would not have been possible without the assistance and organization of Saskatchewan Union of Nurses President Rosalee Longmoore, and SUN's Board of Directors and staff. According to Silas, "With courage, determination and caring, nurses can make a difference." Clearly, the direction set at the 12th Biennial Convention proves this to be true.

See you in Newfoundland and Labrador in 2007!



Secretary-Treasurer Pauline Worsfold (left) and President Linda Silas celebrate with Linda Sidney (centre)

Pension & Benefits Corner



Bob Romphf,
Labour Relations Officer - Benefits

Pension and benefit update

If you have further question please contact Bob Romphf - Labour Relations Officer, Benefits at the Manitoba Nurses' Union office 1-800-665-0043 or 942-1320.

PENSION

The new contribution rates started July 1, 2005, which will be a matched employer/employee amount of 6.4% up to the YMPE and 8.0% above the YMPE. This will help protect pension benefits, which have been prioritized by our Union.

The HEPP plan Actuaries have completed their evaluation for 2004 and have given a positive report to the Board. This was reviewed at the HEPP Annual Meeting held on June 21, 2005. HEPP may face future challenges with the investment world currently flat and the employers' inability to attract enough new younger members to health care.

GROUP HEALTH CARE PLAN

There has been very positive news on the Group Health front. Through a successful lobbying campaign and pressure from our Union and MCHCU the HEBP Board reviewed the plan and has been able to restore the previous individual limits on paramedical benefits. These will now be \$450/person per Paramedical Practitioner.

There are ever-increasing demands on the drug and paramedical benefits in this plan. Members are demanding better coverage and are using the Enhanced Plans more and more.

Our Union has lobbied for a long time for better benefits for retirees. The Retiree

Group Health Plan has just been reviewed along with in-depth member surveys. The Plan will improve the prescription drug coverage from \$250 to \$450 per family per year. The next area we need to work on is trying to get some travel coverage in the Retiree Plan.

DISABILITY AND REHABILITATION PLAN

The Disability and Rehab Plan seems to have turned the corner from facing serious deficits to moving into positive territory. This has been achieved through a number of avenues including comprehensive and effective outreach and early intervention by the HEBP assessment and rehab staff along with employer realization they must provide rehab and accommodation to employees. This has also been bolstered by solid rehab improvements in our Collective Agreement.

TIP - MEMBERS ARE REMINDED TO FILL IN A D&R APPLICATION WITH HEBP EARLY (3-4 WEEKS AFTER BEING OFF). ALSO IF YOU ARE OFF ON WCB FOR A SIMILAR PERIOD YOU SHOULD ALWAYS COMPLETE A DISABILITY APPLICATION.

REMINDER

RETIREMENT IN A NUTSHELL II EVENING SEMINARS

The initial responses to our Retirement Seminars around the province have been very positive with large turnouts in the regions. Stay tuned for notices of the Nutshell Seminar coming to a worksite/region near you in the fall of 2005.



KNOW YOUR CONTRACT

COMPASSIONATE CARE LEAVE

Leona Barrett, Labour Relations Officer - Collective Bargaining

Compassionate Care Leave is a newly negotiated “Central Table” provision in the Collective Agreement and coincides with the provisions of the Employment Insurance Act. It allows a nurse to take an unpaid leave of absence of up to eight (8) weeks to care for a family member who is seriously ill, with a significant risk of death within twenty-six (26) weeks (6 months).

The following provisions regarding Compassionate Care Leave now appear in the Collective Agreement:

A nurse shall receive Compassionate Care Leave without pay to provide care or support to a seriously ill family member, subject to the following conditions:

- a) A nurse must have completed at least thirty (30) days of employment as of the intended date of leave.
- b) A nurse who wishes to take a leave under this section must give the Employer notice of at least one (1) pay period, unless circumstances necessitate a shorter period.
- c) A nurse may take no more than two (2) periods of leave, totaling no more than eight (8) weeks, which must end no later than twenty-six (26) weeks after the day the first period of leave began. No period of leave may be less than one (1) week's duration.
- d) For a nurse to be eligible for leave, a physician who provides care to the family member must issue a certificate stating that:
 - 1) a family member of the nurse has a serious medical condition with a significant risk of death within twenty-six (26) weeks from:
 - i) the day the certificate is issued, or
 - ii) if the leave was begun before the certificate was issued, the day the leave began; and
 - 2) the family member requires the care or support of one (1) or more family members.

In order for the nurse to be granted Compassionate Care Leave, the nurse must provide a medical certificate from the family member's physician. If this certificate is not received from the nurse, the Compassionate Care Leave cannot be granted. However, the nurse may be eligible to use family illness from her/his income protection in accordance with the provisions of the Collective Agreement.

The nurse must give the Employer a copy of the physician's certificate as soon as possible.
- e) A family member for the purpose of this article shall be defined as:
 - i) a spouse or common-law partner of the nurse;
 - ii) a child of the nurse or a child of the nurse's spouse or common-law partner;

- iii) a parent of the nurse or a spouse or common-law partner of the parent;
 - iv) or any other person described as family in the applicable regulations of the Employment Standards Code.
 - f) Unless otherwise mutually agreed, a nurse may end her/his Compassionate Care Leave earlier than eight (8) weeks by giving the Employer at least forty-eight (48) hours notice. Any additional available shifts resulting from Compassionate Care Leave being granted shall be clearly indicated as “Compassionate Care Leave shifts – subject to forty-eight (48) hours notice of cancellation”.
- In order for the nurse to be able to return to work after 48 hours notice, this provision allows the Employer to cancel approved additional available shifts that resulted from the nurse's leave of absence without penalty. This is the ONLY circumstance in which additional available shifts, which have already been approved, can be cancelled by the Employer. In all other circumstances, if the Employer cancels additional available shifts, which have been approved, the nurse receives payment for those shifts.
- g) Seniority shall be retained/accrued as per Article 25.
 - h) Subject to the provisions of 2302, a nurse may apply to utilize income protection to cover part or all of the two (2) week Employment Insurance waiting period.
 - i) In the event that the death of a family member occurs during this period of leave, the nurse shall be eligible for Bereavement Leave as outlined in Article 2410.

This provision allows the nurse to change the unpaid leave of absence to Bereavement Leave prior to returning to work. It is the nurse's responsibility to advise the Employer if she/he is claiming Bereavement Leave and this would be a good time to advise the Employer of the date you plan to return to work so that any approved additional available shifts that resulted from the Compassionate Care Leave can be cancelled to allow you to return to work.

If you have any questions regarding these provisions, please contact your MNU Labour Relations Officer. If you have any questions regarding the Employment Insurance benefits available to you for Compassionate Care Leave, please contact your nearest Employment Insurance office or the Unemployed Help Centre.

ACROSS



British Columbia

HEALTH CARE ELECTION ISSUE

Through the efforts of the BCNU, health care was a major election issue through to Election Day. A non-partisan campaign was organized documenting the cuts to health care services. Issues that were focused on included: the future of health care services, seniors and services, valuing nurses, and protecting and preserving a public, not-for-profit Medicare.

BCNU President, Debra McPherson, states "nurses look forward to continuing their nursing policy discussions with health authorities and employers to improve nurses' working environments." Through the conversion of overtime and casual hours many full-time and part-time positions have been created. Recruitment and retention issue discussions continue in an effort to retain senior nurses and find employment for recent grads.

Alberta

BOOST IN HEALTH SPENDING

The 2005 - 2006 Alberta budget was tabled and a huge boost to health spending was announced. Increased by 8.6%, health spending is at about 37% of government expenditures. Many groups were disappointed with the government's decision to not decrease the cost of health care premiums. Citizens will continue to support health care through the health care premiums. The average family pays \$1056/year.

Alberta

2 HEALTH CONFERENCES – 2 IDEOLOGIES

Health symposiums focusing on international health reform were held almost simultaneously in Calgary during the first week of May. The difference between the two was the message.

The government sponsored conference, entitled "Unleashing Innovation in Health Systems – Alberta's Symposium on Health" was co-organized by the Conference Board of Canada. Participants of the symposium heard presentations from 28 speakers from nine countries. Cited as an opportunity for Alberta to explore successful strategies from around the world and identify the innovations that bring about improved health outcomes and drive excellent health system performance, the symposium was by invitation only.

It is largely believed that the proceedings from this conference will provide a major contribution for the province's plans for health reform, dubbed the "third way" by Premier Klein.

In a speech Premier Klein had stated that Alberta is open to new health-care options that may fall outside the Canada Health Act, and he endorsed a Medicare solution that falls somewhere between private and public care. The premier said his "third way" would encourage more contracting out of services to private clinics, and public money will be used to pay for it.

The second health conference, "Weighing the Evidence," sponsored by the Friends of Medicare, was open to all Albertans. The nearly 300 participants heard, from Federal Health Minister Ujjal Dosanjh, that Canadian Medicare works and is the envy of the world.

An international list of speakers presented health information at the conference that supported the effectiveness of the universal

Canadian system. Presenters from several countries warned of the cost, both monetarily and physically. Claudia Fegan, a doctor from Chicago and past president of Physicians for a National Health Plan, stated: "Don't you dare close your eyes, turn your back or look the other way and let for-profit health care providers come north and destroy your Medicare."

A representative from a small health region in New South Wales, Australia told the conference how introducing private hospitals and private insurance was proving very costly to the health system in that country. Dr. John Maher, from the School of Social Science at the University of New England, stated that Canadians should heed the lessons learned 'Down Under' as they debate healthcare reforms.

The United Kingdom said the solution to problems in health care is to get to the facts and "away from politics." Warning that experimentation with reform can be "badly designed and can damage your health."

Friends of Medicare coordinator Harvey Voogd said they were holding the conference to give Albertans more international evidence on health care. The citizens' organization wants to counter balance the massaged messaging from the government. The provincial government's symposium will be carefully controlled to "manufacture consent" among Albertans for further privatization of the health system, he stated.

Saskatchewan

MORE NURSES NEEDED

Nursing numbers in Saskatchewan are increasing, but by 2011, the health system will be short 2000 nurses as a result of retirements and attrition. Calls are being made for full-time work for nursing graduates and retention strategies for the current workforce.

CANADA

Information and issues from across the country

Health human resource data has revealed that in the last five years the number of nurses in the healthcare system who are over the age of 50 has increased by 40%.

Ontario

BALANCING BUDGETS BY CUTTING NURSES

President of the Ontario Nurses Union, Linda Haslam-Stroud, states layoffs are occurring "in psychiatry, intensive care, obstetrics and medicine in hospitals across Ontario. [Where] we used to have one nurse per patient in intensive-care units, we now see... increasing the workload of those remaining by doubling up patients."

A year ago the Ontario government announced the goal of increasing the number of nursing positions by 8000. A year later and before the hiring of the 8000 nurses has occurred, the government was suggesting that as many as 757 full-time nurses could be cut in an effort to balance hospital budgets.

Remaining nurses will be expected to do more in a profession that already ranks as Ontario's highest for days missed due to illness and stress.

Quebec

P3S CONTEMPLATED

Quebec will be pursuing public-private partnership (P3) arrangements for the construction of new medical and surgical centres in the province. The original plan to form a P3 arrangement for the construction of two super hospitals in Montreal has apparently been halted due to the absence of the hospitals on the projects list. However, a spokesperson from the Ministry of Health and Social Services stated that the private sector may be involved in the construction of the hospitals to some extent.

Last fall the Quebec government sent a contingent to Britain to review several P3 health facility construction projects being undertaken there. The consensus upon the return was that Quebec should proceed with P3 arrangements convinced that the endeavour would save the government money. Research suggests that this may not be the case.

Many groups have sponsored research and have come to the same conclusion: P3s do not cut costs – they saddle governments with huge, long-term lease agreements. A dollar spent is a dollar spent – on debt or on lease payments. Many governments can borrow at better rates than the big multinational companies. For governments to save two dollars on debt and then spend three dollars on lease payments is not cost-efficient, however, this is precisely what P3 schemes are all about.

Prince Edward Island

HEALTH REGIONS ELIMINATED

In the PEI Legislature, eight separate pieces of legislation were tabled aimed at overhauling the province's health care system. As a cost cutting measure, the government is eliminating four regional health authorities and the Provincial Health Services Authority. The government expects to save \$9 million a year by eliminating the health regions and cutting administrative overhead – 180 jobs will be lost.

The restructuring coupled with the 'Workforce Renewal Program' introduced early in the spring, could have an impact on the delivery of health services, warn union leaders. The program offers retirement incentives to those currently eligible to retire, as well as to employees who are not yet eligible. Some numbers are in, and at least 39 nurses have accessed the program.

Nova Scotia

MISSED OPPORTUNITY FOR SAFETY

The Nova Scotia government did not support Bill 175, The Needle Safety Act, supported by the Nova Scotia Nurses Union and the Service Employees International Union. Annually in Nova Scotia there are an estimated 1350 acute care health workers that suffer a needle stick injury. Research suggest that 90% of injuries would be eliminated if the mandatory use of safety-engineered devices were required.

Currently Saskatchewan and Manitoba are the only provinces that have moved to make the safety needles mandatory by the Bills' surviving First Reading.

Newfoundland/Labrador

NURSES SERVED NOTICE

The government served notice to the Newfoundland and Labrador Nurses' Union (NLNU) prior to the June 30, 2005 expiry date of their Collective Agreement. The nurses' agreement had expired in June 2004, but the union did not serve notice to renegotiate and had not received notice from the employer which extended the contract for another year until June 30, 2005.

Debbie Forward, president of NLNU, stated that the union is concerned with the language in the letter that states it is the employer's desire to change the current contract. Forward hopes it means that improvements will be made. Last year, back-to-work legislation was enacted to end a public sector strike and the government imposed a number of concessions. The province appears to be in a stronger financial position this year, so the union is hopeful that a fair contract can be achieved without confrontation with the government.

The Duty to Accommodate

Glenda Doerkson – MNU Labour Relations Officer



Discrimination

One of the challenges that both the Employer and the Union sometimes face when attempting to accommodate an employee is resistance from the other employees in the workplace and/or resentment and anger directed toward the accommodated worker. “The Duty to Accommodate” is an obligation that arises as a result of the Human Rights Code, and the protection it affords each of us to be free from discrimination. I quote the Manitoba Human Rights Code as a reminder of what that means:

“Discrimination” defined

- 9(1) In this Code, “discrimination” means
- (a) differential treatment of an individual on the basis of the individual’s actual or presumed membership in or association with some class or group of persons, rather than on the basis of personal merit; or
 - (b) differential treatment of an individual or group on the basis of any characteristic referred to in subsection (2); or
 - (c) differential treatment of an individual or group on the basis of the individual’s or group’s actual or presumed association with another individual or group whose identity or membership is determined by any characteristic referred to in subsection (2); or
 - (d) failure to make reasonable accommodation for the special needs of any individual or group, if those special needs are based upon any characteristic referred to in subsection (2).

Applicable characteristics

- 9(2) The applicable characteristics for the purposes of clauses (1)(b) to (d) are
- (a) ancestry, including colour and perceived race;
 - (b) nationality or national origin;
 - (c) ethnic background or origin;

- (d) religion or creed, or religious belief, religious association or religious activity;
- (e) age;
- (f) sex, including pregnancy, the possibility of pregnancy, or circumstances related to pregnancy;
- (g) gender-determined characteristics or circumstances other than those included in clause (f);
- (h) sexual orientation;
- (i) marital or family status;
- (j) source of income;
- (k) political belief, political association or political activity;
- (l) physical or mental disability or related characteristics or circumstances, including reliance on a dog guide or other animal assistant, a wheelchair, or any other remedial appliance or device.

Systemic discrimination

- 9(3) In this Code, “discrimination” includes any act or omission that results in discrimination within the meaning of subsection (1), regardless of the form that the act or omission takes and regardless of whether the person responsible for the act or omission intended to discriminate.

The Union is charged with the responsibility of cooperating in the accommodation process up to undue hardship. While the Union’s role is to protect the rights of the members of the bargaining unit, and employee morale can to be taken into account when determining when the point of undue hardship is reached, case law has established that “bad attitudes” do not necessarily constitute undue hardship.

If you have been tempted to complain about the accommodation of a fellow employee, pause to think that the next person needing consideration may be you!

MNU Discount Program

Union Members are entitled to access exclusive discounts on a wide variety of products and services at all the Merchants listed on these pages. The key to accessing these exclusive quality discounts is to present in-person or identify initially on the phone, your union membership card. Carry the card with you at all times. Merchants will only offer the discount to members presenting their union membership card.

The Manitoba Nurses' Union has developed this discount program solely for the purpose of helping the wages you earn go further. The Merchants who have joint-ventured with the Union have agreed to provide these exclusive Union Member discounts because they recognize the potentially large volume of business that can be generated by providing exclusive pricing to a marketing niche the size of the Manitoba Nurses' Union membership.

Your union does not receive financial gain through any of the discount offers.

In fairness to the Merchants who have graciously agreed to honour your Manitoba Nurses' Union card we ask that the following guidelines be followed with every Merchant in the Program:

- Members must identify themselves as Manitoba Nurses' Union card-holding members prior to or at the time of purchase to access the discount offer.
- Members must present their Manitoba Nurses' Union membership card to Merchants at time of purchase to access the discount offer.
- Merchants are not responsible for any typographical errors encountered in printing ad copy.

A Touch of Grass

786-1468

10% Discount and Free Estimate and Analysis

Academy Florists

All Locations – 488-4822

10% off regular priced merchandise (excluding wire orders.)

Al's Jewellers

130 Marion Street, Winnipeg, MB – 237-4653

20% off regularly priced gold and 15% off regularly priced silver.

Bay's & The Denim Wall

117 Main Street N, Dauphin, MB – 638-4001

20% off regular priced merchandise.

Birss Greenhouse and Bedding Plants

Box 310, Dauphin, MB – 638-6343

10% off total purchases on bedding plants over \$5.00, including landscaping.

Bodies by Boze

36 2nd Avenue SW, Dauphin, MB – 638-9604

25% discount on new memberships,
14% annual renewal discount.

Budget Car & Truck Rental

All Locations – 989-8500

Several great offers (quote Corporate Discount Number A440000).

Buffalo Credit Union Ltd.

100-275 Broadway, Winnipeg, MB – 944-8738

Several new mortgage offers and some free services.

Canad Inns

All Locations: Corporate Offices – 697-1495

Special room rate (quote Discount Number #2710).

Celebrations Dinner Theatre

1824 Pembina Hwy., Winnipeg, MB – 982-8290

25% off regular rates.

City of Brandon

410 9th Street, Brandon, MB 729-2479

Reduced admission rate for selected activities.

City of Winnipeg

942-1320

Discount details on the following page.

Clear Water Pool & Spa

22-1500 Regent Ave., Winnipeg, MB – 654-9944

15% off regular-priced chemicals & accessories and 15% off regular-priced swimwear & accessories.

DataTemp

3rd Floor 456 Main Street, Winnipeg, MB – 788-0030

Several discounts offered.

Dauphin Joint Recreation Commission

200 - 1st Street SE, Dauphin, MB – 622-3102

10% off an annual membership.

Deeley Fabbi Sellen

903-386 Broadway, Winnipeg, MB – 949-1710

Several discounts offered.

Doug's Source for Sports

111 Cree Road, Thompson, MB – 677-1888

15% off regular priced footwear.

Home Centre Savings Club

All Locations – 942-1320

Several discounts offered.

Fabric Centre

255 Vaughan Street, Winnipeg, MB – 943-8523

20% off regular prices.

Fantasy Lake Golf Course

Highway #1 East – 777-7273

Discounted green fees.

Fountain of Flowers

#2 - 17 3rd Avenue NE, Dauphin, MB – 638-4601

10% discount offered (quote MNU20052006).

Garriock Insurance

390 York Avenue, Winnipeg, MB – 942-7563

10% off insurance packages.

General Paint Stores

Participating Locations

Several Locations offering a 15 - 20% discount.

Gull Harbour Resort

1-800-267-6700

15% discount on clothing purchases in Gift Shop.

Ice Breakers

(204) 885-DATE (3283)

25% off selected services.

Interior Images

1440 Rosser Avenue, Brandon, MB – 726-8282

10% off all products and consultations.

J.B. Transmission

All Locations – 222-2292

\$10.00 off regular or total transmission service.

Jasmine Company Ltd.

207 Main Street N, Dauphin, MB – 638-3192

10% off regular priced items.

Journeys/Renaissance Travel

Donald & Wardlaw, Winnipeg, MB – 982-9500

Several discounts offered.

Lower Fort Garry Garden Centre

5613 #9 Highway, St. Andrews, MB – 334-4919
10% discount on all products and services.

Manitoba Moose

Head Office: 982-5327
Group pricing.

Manitoba Museum

190 Rupert Avenue, Winnipeg, MB – 988-0647
25% discount on purchase of 1-year membership.

Marks Work Warehouse

All Locations – 654-0545
Imagewear Cash Account Card (Contact Provincial Office 942-1320 to obtain a card).

Michael's Formal Wear

584 Selkirk Avenue, Winnipeg, MB – 586-6352
Receive your choice of tuxedo for \$50, accessories included.

Nisby Home Renovations

203 Ferry Road, Winnipeg, MB – 888-2288
10% discount on products and services.

Penningtons

All Locations
10% off all your purchases.

ProTelec Alarms

601-138 Portage Avenue E, Winnipeg, MB – 975-0686
Several discounts offered.

Riverstone Spa

75 Forks Market Road, Winnipeg, MB – 944-2444
15% spa treatments and retail products and special room rate.

Shelmerdine Nurseries

7800 Roblin Boulevard., Headingley, MB – 895-7203
15% off all plants and products.

Shopper's Optical

Participating Locations – 795-1211
25% discount on one complete pair of glasses.

Solstice Spa

Box 40, Onanole, MB – 1-866-ELKHORN
10% off spa treatments.

Source for Sports (Steinbach)

101A Hwy 12, Steinbach, MB – 326-3631
10 - 15% discount on clothing and footwear.

Stella's Bridal Galleria

701 Corydon Avenue, Winnipeg, MB – 453-9253
20% discount offered.

The Green Spot Garden Centre

1329 Rosser Avenue E, Brandon, MB – 727-5884
10% off regular-priced merchandise (plants not included).

VacuFlo Manitoba

895 Century Street, Winnipeg, MB – 783-8505
10% off central vac systems and accessories.

Video Re-fit Shop

15-1600 Regent Ave. W, Winnipeg, MB – 474-1531
15% off labour (carry in only)

Winnipeg Gold Eyes

One Portage Avenue E, Winnipeg, MB – 982-2273
\$5 off any regular priced merchandise over \$25.



Embrace the Spirit • Vivez l'esprit

Corporate Group Services

Formerly known as City of Winnipeg
Fitness Facilities Volume Discount Program

WHAT IS THE CORPORATE GROUP SERVICES?

Corporate Group Services is an opportunity for employees within a participating company to purchase select passes at a reduced rate.

NO REFUNDS

NO HOLDS (except medical)

NO TRANSFER (passes for personal use only)

WHO CAN I CALL FOR MORE INFORMATION?

Please contact Manitoba Nurses' Union Provincial Office at (204) 942-1320.

WHAT KIND OF PASSES ARE AVAILABLE?

1. Six-month and one-year Facility (weight rooms, track, pool, sauna).
2. Six-month and one-year combo Active Living (facility & drop-in aerobic classes).

- Each member will be eligible to purchase a maximum of 2 Corporate Group Service Passes per year, either for themselves, friends or family. If purchasing 6 month passes it would be a maximum of 2 passes per 6 months.

LOCATIONS:

FACILITY PASSES CAN BE UTILIZED AT THE FOLLOWING FACILITIES DURING PUBLIC HOURS FOR THE FOLLOWING ACTIVITIES:

Pan Am Pool

25 Poseidon Bay – 986-5890
Swim, weight room, diving boards, walk/jog area

Margaret Grant Pool

685 Dalhousie Drive – 986-6883
Swim

Bonivital Pool

1215 Archibald Street – 986-6802
Swim, sauna, diving boards, whirlpool, weights

Sargent Park Recreation Complex

99 Sargent Avenue – 986-3923
Multi-use Fitness Facility including swim, weight room, sauna, diving boards, track

Sherbrook Pool

381 Sherbrook Street – 986-5926
Swim, weight room

St. James-Assiniboia Centennial Pool

644 Parkdale Street – 986-6705
Swim, weight room, sauna, diving board, whirlpool, cardio area, track, sport court and meeting rooms

St. James Civic Centre

2055 Ness Avenue – 986-4638
Swim, weight room

Seven Oaks Pool

444 Adsum Drive – 986-6521
Swim, sauna, diving boards

North End Centennial Pool

90 Sinclair Street – 986-6529
Swim, diving board

Eldon Ross Pool

1887 Pacific Avenue W. – 986-6990
Swim, whirlpool (open March to September)

Fort Rouge Leisure Centre

625 Osborne Street – 986-4928
Weight room, cardio area

Peguis Health & Trail Fitness Centre

1400 Rothersey Street (back of school) – 986-8195
Weight room, track

Elmwood Kildonan Pool

909 Concordia Avenue – 986-6650
Swim, weight room, sauna, diving board, weight room, and water slide available for an additional charge.

Transcona Kinsmen Centennial Pool

1101 Wabasha Street – 986-6660
Swim, sauna

Freight House

200 Isabel Street
Weight room

ACTIVE LIVING COMBO PASS

Drop in classes available at:

- Peguis Health & Fitness Centre
- Sargent Park Recreation Complex
- Pan Am Pool
- Margaret Grant Pool
- Bonivital Pool
- St. James Centennial
- St. James Civic Centre
- Fort Rouge Leisure Centre
- Various Community Schools (see current Leisure Guide or go to www.winnipeg.ca)



Embrace the Spirit • Vivez l'esprit

CITY OF WINNIPEG

Corporate Group Services

(Formerly known as City of Winnipeg Fitness Facilities Volume Discount Program)

Two different types of Adult passes are offered that can be purchased for either one year or six months

FACILITY PASS

Allows the participant to make use of the recreational facilities at a number of City Swimming Pools, Leisure Centres and Fitness Centres. Not all the facilities have the same amenities, which could include: swimming pool, weight room, running/walking track, whirlpool and sauna.

6-month	12-month
\$119.00	\$190.00

ACTIVE LIVING COMBINATION PASS

Allows the participant to make use of facility amenities as well as any of the "Drop In Programs."

(Excluded from this "Pass" are any specialty-registered programs such as Yoga or Pilates.)

6-month	12-month
\$161.00	\$312.00

The rates for the 2005-2006 Discount Program, as quoted above, are based on 100+ MNU members participating in the program.

A program once limited to members has now expanded. A Manitoba Nurses' Union member does not have to purchase a pass for themselves in order to participate. A member may choose to purchase up to two (2) 1 year passes or four (4) six month passes for anyone: family member, friend, etc. The change in this program will now allow members from outside of the City the opportunity to participate.

Members purchasing the pass(es) must be signed up union members so be sure to contact the Office if you need a membership card.

An application, available online, can be printed off, completed and mailed to the Manitoba Nurses' Union Provincial Office.

Registration will begin the last week of August 2005 through to Wednesday, September 14, 2005, the final day to register in-person. Mailed registrations must be postmarked no later than Monday, September 12, 2005.

In-person applications will be accepted on September 13th and 14th between 8:00 am and 5:00 pm at the Manitoba Nurses' Union Provincial Office.

ALL THAT GLITTERS AIN'T GOLD!

\$8 crutches cost \$103 at U.S. hospital

WASHINGTON – Humana Hospital pays \$8.35 for a pair of crutches and then bills patients \$103.65 for them.

Rubber arm pads for the crutches, which cost the hospital 90¢, add another \$23.75 to the patient's bill, and the 71¢ rubber tips cost the patient \$15.95.

"The now-famous \$640 Pentagon toilet seat pales in the face of some of these hospital charges," Representative John Dingell, a Michigan Democrat, charged at a U.S. congressional hearing yesterday after reeling off a list of supplies routinely marked up by multiples of 10 or more at Humana hospitals.

Markups for supplies hidden in hospital bills came under fire as Dingell and investigators from the House energy and commerce committee's oversight panel examined pricing policies at 77 Humana-owned hospitals.

For instance, patients at Humana's Suburban Hospital in Louisville, Ky., pay \$44.90 for a container of saline solution that costs Humana 81¢. An esophagus tube at Humana's San Leandro, Calif., hospital costs \$151.98 but patients are billed \$1,205.50.

While they singled out the Louisville-based Humana, one of the largest for-profit providers of health care in the U.S., investigators said its policies are typical of hospitals nationwide. In a practice called "cost shifting," hospitals are transferring most overhead costs to items less flashy than the cost of a room, resulting in \$9 Tylenol tablets and \$455 nursing bras.

LOS ANGELES TIMES





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