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I am vice-president at Local 121, Colonel Belcher Hospital in Calgary.

In 1980 I found myself in the United States working. It was the only place I could get a full-time job, coming out of Ontario. At that point I worked about 3 years as only casual. Even in Michigan, which is a long ways away from Alberta, we heard about at that time we thought Alberta advantage in nursing, because of 1979 settlement that UNA received. So it attracted me to come to the province. I came to Calgary and I've stayed ever since. It is one of the biggest attractions in my whole experience of nursing of many years, of being a member of UNA, and being able to be active in that organization, in understanding democratic rights that we can get for people in that process. Also in representing members and advancing their issues and their rights, and gaining more rights for them. A lot of nurses don't feel comfortable about expanding their wages, their working conditions, their benefits. It's a very difficult area for a lot of people. Maybe particularly individuals of the era that I'm in, where it has been thought to be the only profession one can enter into, way back in the '60s. Being an advocate of members' rights and others in my peer group has been a very important issue to me. We have lived in Calgary through many disgruntling and upsetting and fearful times, even before Ralph Klein came to power and his immergence of the regional

health authorities and the relocation of hospitals, the closures. Because even at the Calgary General Hospital, where I was originally employed until recently, we had numerous layoffs and invoking the bumping articles before we got into this big decline of the health care in Calgary. And survived through the blowing up of the Calgary General Hospital and the Bow Valley site. Everything that has happened through the Ralph years in health care, in politics, has been very fearful on every nurse in the province. Not only those where there was going to be closures, but those affected by the bumping and taking of nurses into positions, of units being reconfigured, of hospitals being reconfigured, of care being reconfigured. So every nurse in the province has been affected. I feel that every person in the province has been affected, because they're also potential users of the health care system. Their lives have been affected, and some unfortunately more adversely than others. So it's been an area of very stressful times.

In affecting some change into those fearful times and to better both the care and the benefits of the nurses, the care given to the public and the benefits of the nurses is a very large part of UNA's mandate. That is the main core of it totally. The PRC committee is one of the most important articles within the collective agreement. I remember shortly after coming to Calgary in the late '80s, and the next strike, I believe it was in '81. But the PRC committee was

the important issue that the nurses went to walk on at that time--because we had to have that included in the collective agreement. It was powerless without it, to affect an improvement of patient care. I have been active on many PRC committees over the years in order to talk about issues like this, and to assist those that have taken issues to the board. Now we still need to have that firmed up even more, so that in the future we have more strength into our involvement in patient care.

Having a strike or having to take job action of any kind is a very unsettling choice. It's not made lightly by any nurse; that's one thing up front. But if a decision is made, UNA is a very democratic organization. So if it is a positive vote, then we all have to support that. I have been through strikes where it has been legal, and I've been through job action strike things where it's been illegal. It doesn't make it any easier to make the decision of what to do, whether it is legal or illegal by a government body. I've even been in the scenario back in the early '80s where it was illegal for us to hold our own vote about what we were going to do. That was something that the LRB had said that it was not possible for us to vote. We said, I'm sorry; we're holding a vote, and it's out in that trailer on the street. That was my trailer. It is difficult. But once a decision has been made within the organization, then we all need to be able to back each other as to whatever job action that is.

Whether it is for only several parts of a collective agreement that we find very personally important, or whether it is the collectiveness or strength in unity that UNA can provide to all of us, it is important that we support the process that has been decided upon.

The strike in the beginning of the '80s was at that point legal. Sorry...

In the early '80s, the first strike I did work through here in Calgary really brought me into the union. I really did not know the union process, even though I was attracted by the wages and benefits. I didn't understand the process of the union. My exposure to unionism in nursing had been in the States and Ontario before even UNA was developed, as other industrial unions were trying to get nurses to join. I was in a place where they wanted the Teamsters Union to certify us. As nurses, we felt they did not have our interest as part of it. I was very glad to participate with my peers on my nursing unit to go on strike and to be an active member. I remember coming to a provincial reporting meeting as a delegate, and seeing us in a large format that this is, in action, gave me the solidarity that I needed to continue. Then I became a ward rep. Then I got active in the local, and on the executive in many different formats, and still am. So my involvement has been very good. In 1988 when the strike was illegal, then we had to couch a lot of activity in different ways. At that point in time, executive members

were somewhat fearful to be caught walking a picket line in the beginning, because management was taking our pictures. Management was going to have us charged with being whatever illegality. We still did it. I remember walking with my Old English sheepdog with the signs hanging off of it saying that we're walking to improve dog's wages. Because some of these things that we had were just like that. We were feeling very abused, very trod down upon. We had to use our solidarity and our abilities to stand as a group to get through it. And we did. The charges were minimal, were civil; they were not criminal. Some people were charged. But we stood together. When we walked back into the hospital after that strike, we walked in as a group to Calgary General Hospital, to the auditorium. We stood unanimously behind our local executive and president for the action that we did. It was a group effort, and it always will be in UNA.

During our job actions, I have been on various committees to facilitate essential services that we provide into different units in the hospital-- example, in OR, into pediatrics, into intensive care nursery. Where we've set up these committees to review the reason that we would send in staff that were out on the job action, on the picket line. Deem them necessary to go into work to assist the management staff and physicians that were in there to give care. It was done on a shift-by-shift basis. We would have perhaps some

people that had say in intensive care nursery where we would have one person or two from the UNA membership that we would allow to go into the building to provide the nursing care, to assist the management, and to provide the nursing care needed. Come back out and report what was needed for the next shift, or phone and report to our essential services committee. To tell us, yes, it is a legitimate need, you need to send in 2 or 3 or 4 people. Or no, it is not a legitimate need, the acuity has decreased, the cases are less than they were when we first went in on shift. And yes, in our estimation as the nurses on that unit, that the management and physician people in there can pull the next shift.

During any of our job actions, one of the main things was that we would always maintain that there were essential services, and that appropriate care was provided. Particularly the public were concerned on disasters or a large influx of critical care scenarios. And that that care would be provided and people would be allowed to cross any picket line to give that care. But they would have to go through the process that we'd set up where management would call and talk to the essential care committee of the local. So it was decided by the local and by the people, the staff nurses that usually give the care in that unit. It wasn't, for example, an intensive care nurse deciding

what was needed in the operating room, or some really weird scenario like that.

Routine staffing in the job action is not provided straight across the board in the beginning. It was determined by a need basis. But there was at one time in my experience that when we walked out, not everyone did walk out.

Because that essential services committee had deemed that the cases in an intensive care nursery did need to have 2 or 3 or 4 of our staff present to provide care for that shift where the rest walked out. So it was still set up under the same format.

The nurses and the local made sure that all critical care was provided that was appropriate in its assessment of that need.

Since I have been in Alberta since 1980 and a member of UNA, I am very proud to say that we have made excessive progress in areas of our contract, and hopefully that it has rolled over into improving the quality of patient care in this province. My feeling in my heart is that I do believe our Alberta advantage continues because of UNA--in our nurses' contract, working conditions and benefits, and being able to attract competent people to come and stay here. I do think the government has been lax in having monies to

put into the places to allow management to bring people in. But once here, I do strongly believe that our advantage is still present, and that we continue to make further inroads in it. Our collective agreement in '80 when I first seen it, was very, very thin. In fact I can probably dig in my closet and find one. Our contract today is very, very thick. We have many more articles and explanations of articles. Some of that explanation we've needed to improve and expound upon over the years because it seems management individuals cannot clearly read intent out of some words. So we have to make the words longer and bigger, and the book gets bigger. But also the kinds of things that we've covered has expanded over the years. I'm very proud that our advantage of UNA has continued for nurses.

UNA's role goes beyond just providing a collective agreement and insuring our wages and benefits and working conditions. We've always felt very strongly as nurses in control of our union, and being concerned about the quality and professionalism and quantity of care that's funded by the government and provided by staff within this province is an umbrella of our mandate as a union. So our ability to fund our executive officers of the union to go and do presentations, to be able to have money to have speakers come and talk to UNA members, e.g. Parkland Institute, different think tanks. To be able to expound on our politicalness and our political action as

individuals we can take. Not that it's mandated by UNA, because that has not ever been an attitude. But we are expecting and supporting individuals as members or as nurses to be able to be politically active and have the ability and information to communicate those interests and needs that we would like to get out there.

The constant change that we've seen over the years, and I stretch those years back to before the Ralph days and before the regional health authority, back into the early '80s, they tend to keep on changing and moving services or a unit. One closes in one part of the building and reopens in another. Or it's moved from one building to another or one hospital to another. Then we have to subsequently move staff and other services. We have to move the patients; we have to inform the public of where the new service is and why. The amount of money that's spent on this over the years, of doing all this change, has that not been a waste of taxpayers' dollars? The regionalization had some good ideas in amalgamating and consolidating some of the cost of services--when you purchase in a largeness of say Calgary, Region 4, through one purchasing department for drugs, for all those bandaids and things. Even in food services, the largeness of purchasing is a very appropriate thing to put in a regional. But is it the same for doing other nursing staffing things, as into regionalization? But just the amount of

money that some of us feel perhaps has been wasted as a taxpayer through the years of constant change, is staggering. But I think it's so well hidden that no one is ever going to get a dollar figure at any one time of how much has been spent. So how can we say that it's been a waste of money if we can't put an XYZ amount of dollars in front of it?

I think every nurse has a role in our profession to advance the health care that's provided, not only professionally in our new techniques and new competencies, but in insuring in some manner that that is accessible to our people of an area. Whether we take our area to be our city, our county, our region, our province, whatever. It can be couched very strongly within the actions and the mandate of the union. So as a union member, we have some role to play. We can do it successfully through our collective agreement, through our professional responsibility committee, right within our worksite, within our nursing unit where we work. The care can be upgraded and other issues related to patient care can be talked about. Those things that we don't think we have any impact onto, i.e. that there is no linen cart that's going to arrive on the nursing unit and midnight, and you're out of linen, what do you do about that? All the way up to being involved more regionally within the union in our districts and on the board level within the provincial body, to facilitate a greater improvement of the quality of health care provided to people within the province. It's like climbing a ladder. We can take small

steps in our own nursing unit and with our peers and our patient group that comes there. We can take the next rung up within the building, the next rung up within the district, and the next rung up within the province. UNA allows us to do that. Because we have different levels of interest, different levels of positions where we can volunteer and work on the local executive, or just be the committees in the site, or our district board, or as elected executive officers of the local.

As a UNA member, I think we all have a role to play in the professional issues of having patient care available to everyone. And at a public taxpayer cost, not at paying out of our pocket or paying out through a third party insurance. That it maintains a medicare kind of philosophy or care under the Canada Health Act. What we have learned and grew up with in Canada, and that we have a role to keep that as part of the fabric of Canadianism. That as a Canadian, that is a role we have to play. We can use our nursing profession to do that. We can use our unionism to do that. We have many areas that we can do that in. It's almost one of those things, if you come into nursing, that is a potential mandate that your peers and those of us that are rather aged in this profession are hoping that the younger ones are picking up to follow through. Because that is part of us as Canadians.

I can. I would like to have a heads up on topics. Because there's some of these reports and...computer technology to inform people within the local executives very quickly about what's going on. And to give us a heads up to be able to have a good tight liaison of communication certainly has been an advantage to us. We have used that advantage many times in this province, to the surprise of politicians and others, that we've been able to get in the forefront of our information and get it out to the media and to the public at large and to our membership, as to these things that are going on. It's a very useful tool that we've had. Very strong thinking and forward thinking individuals, wherein our leadership of the union back in the early '80s, not only on the strike issue and job action in our collective agreement, but internally in our union, as to where our dues dollars were going to go to provide this kind of ability. Because it took many days of sending out by snail mail through Canada Post packages and reams of written information that we were trying to stay abreast of. But electronically this has been a great advantage also in UNA.