

## Pensions

Nortel Networks was once the darling of investors, from individual pensioners to institutional pension plans. Yet in the beginning of January 2009, it filed for bankruptcy. Its stock that had soared to over \$100 per share was worth pennies, and workers, past and present, were out in the cold.

Ex-Nortel employees gathered in the cold in October 2009 on Parliament Hill to demand the federal government fix their pensions and change bankruptcy laws to ensure that current and former employees don't take a back seat to bondholders and other parties when companies undergo financial restructuring.

Three signs from recent pension demonstrations help sum up the issues.

### **NORTEL**

**Severance = \$0**

**Reduced pensions = 69%**

**Executive bonuses = \$45 million**

**Why does the government not care?**

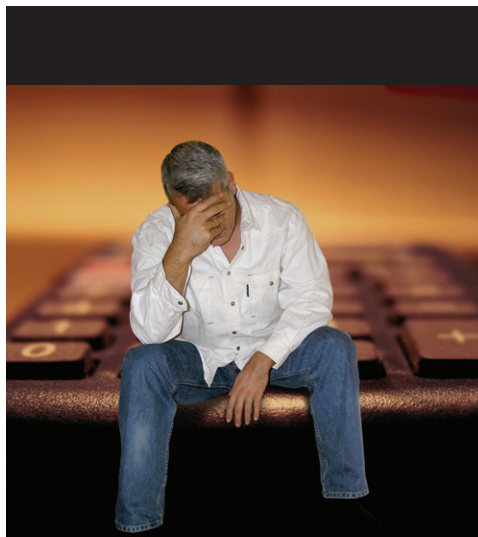
**What if they lost their pension?**

And the last, hanging on a child's neck, read:

***I shouldn't be my mom's pension plan.***

What do these signs say about Canada's current pension system? It is unfair, inadequate and insecure.

If you think of the Canadian pension system as a three-legged stool, one should be able to sit on that stool and be able to reach a decent standard of living in old age. Unfortunately, the legs are too wobbly and too short. One leg of the stool is the Canada or Quebec Pension Plan, the second is the Old Age Security and the Guaranteed Income Supplement



**Only 38.5 % of Canadians have workplace pensions.**

**33% of Canadians have ZERO retirement savings.**

**Banks and mutual fund administrations take 1/3 of RRSP earning over the life of the RRSP.**

benefits, and the third and wobblest leg consists of RRSPs, personal savings and workplace pensions.

The first and second legs of the pension stool together are meant to replace 40% of the average industrial wage, although in reality they are replacing only 25%. The remaining leg is therefore meant to replace 60% of the average industrial wage.

Yet: Only 38.5 % of Canadians have workplace pensions. 33% of Canadians have ZERO retirement savings. Banks and mutual fund administrations take 1/3 of RRSP earning over the life of the RRSP.

For those Canadians nearing retirement (ages 55-64) who do have

*(Continued on page 2)*



### UPCOMING EVENTS

**March 3-5, 2010**

British Columbia Nurses' Union  
Convention  
Vancouver, BC

**March 1-12, 2010**

UN Commission on the Status of  
Women — Beijing +15 Conference  
New York, USA

**March 8, 2010**

International Women's Day

**April 7, 2010**

World Health Day

**April 13-16, 2010**

Saskatchewan Union of Nurses  
Annual General Meeting  
North Battleford, Saskatchewan

**April 20-22, 2010**

Manitoba Nurses' Union  
Annual General Meeting  
Brandon, Manitoba

**April 28, 2010**

National Day of Mourning:  
Remembering lives lost or injured in  
the workplace



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CANADIAN FEDERATION OF  
NURSES UNIONS

THE NATIONAL VOICE FOR NURSES



## Message from the President

Nurses' unions across this country have proposed and fought for a number of measures to address the nursing shortage through retention, recruitment and through directing nurses away from non-nursing duties. These measures increase the number of nurses caring for patients. The Canadian Federation of Nurses Unions is behind initiatives, including funded pilot projects that prove that this approach is the right one.

Instead, some employers and governments have been attracted, like magpies are to pretty coins, to a "new" way to respond to the nursing shortage. The idea is to pretend that we don't miss the missing nurses. Recently, we had in one province a minister wave a wand and declare there was no longer a shortage. All it took, apparently, was the foresight and commitment not to fill vacant positions. Only a couple months later that government had to freeze its hiring freeze and hire more nurses.

Today is not like it was in the 1990s. We have evidence from five major studies proving that for every nurse you remove from patient care there is a negative impact on patients. We now know that the odds of patient mortality increases by 7% for each patient added to a nurse's workload. We also know that using less experienced and less qualified staff leads to more errors.

Still, private consultants are being hired by governments eager to be told what they want to hear. These consultants earn their keep by creating new so-called "models of care" that attempt to justify the notion that health care is not compromised when you replace highly trained professional nurses with workers who have less experience, fewer skills and limited training. They do so using feel-good language like "collaboration" and "team" to belie the real intention which is to find quick satisfaction for the bean

counters through cutting nurses, cutting qualifications, and cutting care. Perhaps, for the right price, anyone can tell you anything.

Now we have employers with their consultants assessing what you actually need a nurse to do, in some cases even going so far as to draft whole new job descriptions — except they aren't talking to nurses. Nurses have always been the strongest advocates for patients and they are the ones who deliver the care. That so many policy makers imagine you can just recreate a model for health care delivery without the input of front-line nurses is what some might call a "group stupid."

Patients and the health care system are being short-changed. Health care workers and their unions are being set up for conflict as work is taken from some and given to others. We can resist both. No nursing "model of care" should be accepted as credible if it is not founded on evidence-based research and created in partnership with front-line nurses. The objective must not be to convince the public that they can make do with less, but to find a way to efficiently provide them with more.

Nurses, our unions across the country are standing up for us, for our profession, and for the work we do. While some clearly don't yet get it, all is not bleak. Some employers have taken the concepts of retention and recruitment to heart and understand that the only solutions that will work in the workplace will come from the workplace. You can help by telling your stories and sharing your ideas at [thinknursing.ca](http://thinknursing.ca).

In solidarity always,

Linda Silas  
President

### *Pensions (from page 1)*

RRSPs, at current savings levels, they would receive \$3,000/year in income. To put in context, the poverty line in 2007 for singles living in large urban centres was \$17,219/year.

Our inadequate, unfair and insecure pension system means that 1.6 million seniors in Canada live below the poverty line.

The Canadian Federation of Nurses Unions is supporting the Canadian Labour Congress (CLC) in calling for Retirement Security for Everyone.

Labour's plan is to:

- **Double CPP benefits for our kids**
- **Increase GIS so no senior lives in poverty**
- **Introduce federal pension insurance**

The Canada Pension Plan offers secure and predictable pension benefits for all workers. CPP benefits are better protected from the booms and busts of stock markets and are far less costly to administer than private plans due to the economies of scale and public interest values that guide it. Doubling CPP benefits would mean that the first leg of the pension stool would provide 50% replacement for the average industrial wage instead of the current 25%. Doubling CPP benefits would require a CPP premium increase of up to 3%, which would be evenly shared by employers and workers.

Increasing the Guaranteed Income Supplement by 15% would lift every senior out of poverty. Seniors can be counted on to spend this money, stimulating the economy. The cost of eliminating senior poverty in Canada could be met by trimming back very modestly the high limits on RRSP contributions that provide tax shelter for

*(Continued on page 3)*

# Guardians of Medicare

CITIZENS CAN WIN

Only a couple months ago things looked very bleak for health care in Alberta. Provincial finances were in trouble. The government was closing beds, had declared the nursing shortage over by eliminating unfilled positions, and was set to pull out the chainsaw in time for the budget.

Meanwhile a new political challenger, The Wild Rose Alliance Party, appeared on the right of the current government. This party has been gaining support from the public, and high-profile defections from the ruling Conservatives. While claiming to support the *Canada Health Act*, it has disclosed an agenda that includes commercializing delivery of health care by providing credit card-style individual health statements, increased public support of private health care providers, and aggressive activity-based funding.

The assumption was that the Conservatives would move to shut down the emerging threat from the right by moving more in that direction themselves. Widespread cuts to health care were predicted and some were already materializing in advance of the provincial budget. But all the gloom did not take into account the people factor.

Albertans were paying close attention and they saw shades of the 1990s when nurses were let go, beds and hospitals were closed. People began to mobilize.

In the last couple months new grass roots organizations sprang up, such as the Whitemud Citizens for Public Health, which managed some 500 people at their inaugural meeting in January. "If we don't take action, who will?" Frank Horvath, the group's leader, asked rhetorically when speaking to the *Edmonton Journal*.

Others have been on the ground campaigning for much longer. The Alberta Friends of Medicare, with substantial support from the United Nurses of Alberta, has been running an effective "More health cuts? Wrong Way!" campaign since last spring holding an



average of more than one event a week since that time. They have produced production quality advertisements and several videos and they have posted dozens of images of people in communities across the province attending rallies. The government had good reason to feel they were surrounded. The executive director of the Friends of Medicare, David Eggen, warned, "You slash and burn at health care and you end up slashing and burning your political base at your peril." Another group, Join Together Alberta, was also formed to oppose cuts to education, health and community services.

The government was listening. A new health minister was named replacing the unpopular Liepert. Bed closures at Alberta Hospital Edmonton were reversed shortly thereafter. Still, on the eve of the budget, pundits were still predicting health care budget cuts. Instead the government added enough money to eliminate the previous year's deficit and allow a small increase.

"Albertans have been saying more health cuts have been wrong and I think you see this budget reflecting this finally," Eggen said. "We've had years and years of cuts, so finally we're seeing some acknowledgment of the devastation of those cuts."

Heather Smith, president of the United Nurses of Alberta, credited all those who fought for health care leading up to the budget. "Advocacy pays off," she said.

Chalk that up as a win for the people and a lesson that governments can be made to listen.

## Pensions (from page 2)

high income earning Canadians.

The last leg of the pension stool can be made more stable through pension insurance. Mandatory insurance is required for most of the important assets Canadians have. We are required to insure our vehicles, our homes and even our jobs through employment insurance and workers' compensation.

The recent recession has shown the vulnerability of the private pension system. Most pension plans are now significantly underfunded to the tune of 25-30%. A pension insurance system would have an agency to adopt abandoned pensions when an employer shuts down permanently, and a fund that insures a base floor of pension benefits when an employer restructures during bankruptcy proceedings.

Nurses, as unionized public employees, are less likely than many other workers to face insecure, inadequate retirement income. However, as governments seek ways to eliminate deficits, public pension plans will also come under pressure.

The Canadian Labour Congress campaign for retirement security for everyone has been called the new medicare. In the case of medicare, health insurance was once thought of to be for a privileged few who could afford it. Canadians choose overwhelmingly that health care should be universally accessible to all. So too, Canadians must choose to ensure a decent pension for all.

Read more:

[www.canadianlabour.ca](http://www.canadianlabour.ca)

Become a fan on Facebook of Retirement Security for Everyone!

## Nurses' Eyes on Ottawa

March 4<sup>th</sup> is Budget day in Ottawa. As Minister Flaherty stated in late 2009, he will likely continue to support spending measures introduced last year as part of the Economic Action Plan, and outline a longer-term course to reduce government spending. Reductions in government spending appear to be the favoured means to slay the deficit created by a growing gap between government revenue and expenditure.

Government revenue has taken a hit as bankruptcies and job losses reached a high not seen in decades reducing personal income and corporate taxes. Government revenue has also fallen however, as a result of tax cuts, averaging no less than \$20 billion/year.

Whereas there is room to discuss stabilizing or increasing tax revenue (corporate taxes are slated to drop a further \$6 billion a year due to previously promised cuts), the government is talking only about cutting spending.

The last Budget legislated wage restraints in the public service, set at 2.3% for 2007-08 and 1.5% for the three subsequent years. This expires at the end of the 2010-2011 fiscal year so the government may choose to put wage restrictions in place for after that. Public sector pensions are also rumoured to be on the table, with the C.D. Howe Institute, among others, calling for employees to increase their contributions, lowering the government's. You can bet provinces are looking to Ottawa for direction, as they too have red-circled public sector wages and benefits.

Whereas Minister Flaherty has promised not to reduce federal transfers to the provinces and territories, pressure is coming from a wide spectrum of the right to freeze or reduce transfers in 2013-2014.

Currently, provinces and territories receive a 6% escalator to the Canada

Health Transfer, legislated until 2013-2014. This was agreed upon in 2003/2004 to restore the federal government's contribution to health care to around 25% and to guarantee stability. The implications for reductions in public health care spending nurses know all too well – the replacement of nurses by lesser skilled workers, no jobs, and worsening workload for those nurses who do have jobs.

In the past, we knew that these cuts had a direct impact on patient care. Today we have evidence that reducing the nursing workforce increases mortality, slows recovery and increases the chance of error. (O'Brien-Pallas; Aitken; Lashinger; Dorr, Horn and Smout; Needleman et al; etc.)

To use a hockey analogy, CFNU will be on the offensive with this evidence, and with a 158,000 strong defensive team, let's make it clear, budgets will not be balanced on the backs of nurses.

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### CANADIAN BLOOD SERVICES' PROPOSAL TO ELIMINATE NURSES FROM DIRECT DONOR SCREENING

The Canadian Blood Services' submission to Health Canada is expected to be approved in March 2010. This submission argues that, in light of the nursing shortage, CBS needs to allow unregulated workers to screen all donors in order to meet collection targets now and in the future. The necessity and safety of this move is highly questionable. Join CFNU in sending a message to the Health Minister urging her not to approve the CBS submission. [www.safeblood.ca](http://www.safeblood.ca)

### PUBLIC SAFETY – GUN CONTROL

Although the government prorogued parliament on December 30<sup>th</sup>, only government business dies on the order paper. Private members' business continues as if the parliamentary session had not come to a close. In regards to the proposed bill to end the long-gun registry, this means it will be on the order of business in March for the House of Commons Committee on Public Safety and National Security. CFNU has joined with the Canadian Labour Congress in working to defeat this bill. Read CFNU's position statement on gun control at [www.nursesunions.ca](http://www.nursesunions.ca) and send a letter to an MP at [www.canadianlabour.ca](http://www.canadianlabour.ca).



## CROSS COUNTRY CHECKUP



### BCNU

British Columbia

BCNU has taken several initiatives to address unacceptable workloads which affect the worklife and safety of our members as well as patient care. The situation is worsening rather than improving as employers try to reduce costs. BCNU is now embarking on a major long-term campaign to address the problem, noting that the California Nurses were able to achieve legislated nurse-patient ratios after a ten-year campaign.

There are contested elections for the positions of president and vice president to be decided at this year's BCNU convention. The convention will consider a significant extension of the BCNU office to provide more space to ease staff overcrowding and for meetings. The construction would be financed without a dues increase.

The drive to include LPNs in BCNU will also be discussed at the convention, with the BCNU's application to represent LPNs currently represented by other unions still at the BC Labour Relations Board. BCNU believes governments and health authorities will continue to make skill mix changes to save money without any serious consultation with the union, until all nurses are in one union of nursing professionals dedicated to treating all nurses fairly. BCNU believes having all nurses in one union is the only way to influence skill mix decisions so they're made in the best interests of patients and the quality of nursing care, not strictly for the bottom line.

### UNA

Alberta

The Alberta government responded to heavy public pressure with an infusion of over \$2 billion in health care funding in the recent provincial budget.

"We were told to expect layoffs, hundreds of nursing jobs have been disappearing with unfilled vacancies,

and employers had asked for a special voluntary exit payment deal to encourage more nurses to leave," notes UNA President, Heather Smith. "Things have really changed," Smith said. "After nine months of workforce decimation and over-capacity beds, the new health minister is sending signals of hope." Already more nursing vacancies are being posted, and the minister has stopped the closure of 300 acute beds and closures at a major psychiatric hospital.

UNA members had strongly supported the campaign launched by the Alberta Friends of Medicare, More Health Cuts? Wrong Way! campaign. "Advocacy pays off," said Smith. "The government was forced to move on health care by the tremendous action by nurses, and activists, and by the outrage of Albertans generally." The Wildrose Alliance, a new "cut-even-more" party, is also threatening the Conservatives, but the government recognized that health care is the biggest concern for Albertans and potentially its greatest electoral threat.

Health policy concerns remain. The new money is NOT a 17% increase as has been reported. Most of it covers previous health debts and deficits. The government also recently announced it is contracting a large number of procedures to private facilities. It is pressing ahead with a new *Alberta Health Act*. Discussions for the new act include an ominous reference to "defining basic services." Most observers expect the act to pave the way for more private delivery of health care.

The drastic turn around in the government's health funding comes just before United Nurses of Alberta goes into provincial contract negotiations, with the exchange of proposals slated for March 8th.

### SUN

Saskatchewan

The Saskatchewan Union of Nurses is holding its 36th annual meeting in North Battleford April 14-16, 2010.

Last year, SUN was approached by United Nurses of Alberta (UNA) and Manitoba Nurses Union (MNU) to consider a CFNU Prairie Labour School for 2010, with SUN hosting the school. Initial work has been completed and the CFNU Prairie Labour School will take place May 25-27 in Regina. The school will be a blend of guest speakers (including CFNU President, Linda Silas) and workshops on the theme of workplace harmony.

The Saskatchewan Union of Nurses (SUN) followed their Patient First Review with the launch of the Patients and Families First Initiative to support registered nurses and their efforts to improve patient outcomes and monitor patient safety.

SUN is supporting their Patients and Families First Initiative with a Patients and Families First Challenge for patients, patient advocacy groups, and SUN members to develop and test sustainable innovations to provide patient-centred care.

SUN will offer two \$10,000 awards, one to a patient or patient group, and one to the SUN nursing group that develops the most promising innovation. The innovations may include chronic disease management, health promotion, accident or illness prevention, patient safety, or other Patients and Families First innovations.

### MNU

Manitoba

The provincial government announced this week on a Winnipeg radio station that it will be seeking a wage freeze for all employees in the public sector. MNU President, Sandi Mowat, immediately responded saying that this would only make things worse in health care. "We can't afford to abandon the work we've done to keep nurses in Manitoba," Mowat said. "We have to keep moving forward."

During the 90s, according to government figures, Manitoba's nursing



## CROSS COUNTRY CHECKUP



staff decreased significantly (1,573 nurses lost from 1992). During the last decade, nurse staffing levels slowly increased, returning to 1992 levels after 14 years.

Manitoba's inability to retain nursing graduates contributes greatly to the ongoing shortage. While other provinces boast a retention rate of over 90%, Manitoba is at 25%. With the two-year wage freeze, it is doubtful that this situation will improve should Manitoba wages and benefits fail to remain competitive.

The wage freeze proposed by the province comes on the heels of a 78% positive strike vote by the nurses at St. Boniface Hospital. Some of the major issues facing the nurses at St. Boniface Hospital concern standby, overtime and recognition of experienced nurses.

Central Table Negotiations are scheduled to continue between the Union and employer representatives until March 25.

### ONA

Ontario

Lobbying efforts to preserve registered nursing positions are the focus right now for ONA. The provincial government will release its budget sometime in March and has told hospitals to budget for a 0%, 1% and 2% increase in funding for the fiscal year. Hospitals across the province – the majority of which are already grappling with deficits for the 2009/2010 fiscal year – are issuing lay-off notices to RNs to cut costs.

Since the fall of 2009, ONA has seen more than 1,600 RN positions cut. We are actively lobbying the government and increasing media outreach efforts to encourage Ontarians to protest RN cuts and increase awareness of the implications of the cuts for patient care.

President Linda Haslam-Stroud is also turning her attention to the fact that the

government's nursing initiatives focus on a narrow group of RNs. The government's New Graduate Guarantee program and Nursing Retention Fund impact on a mere 5% of Ontario RNs. ONA is shining the spotlight on the remaining 95% who continue to face cuts.

ONA continues to work with the CFNU on the campaign to stop RNs from being eliminated from Canadian Blood Services screening clinics, and is participating in the Ontario Federation of Labour's 'Communities That Work' campaign. The campaign advocates for the creation rather than deletion of good jobs in the face of the province's \$24-billion deficit.

In addition to these external priorities, ONA is preparing for Nursing Week 2010 and beginning to plan for a round of hospital member contract negotiations – the current contract expires in March 2011.

### NBNU

New Brunswick

NBNU has become a full affiliate of the New Brunswick Federation of Labour. NBNU is now represented at Federation executive council meetings, and NBNU members will have the opportunity to attend the midterm conference in April entitled "The Union Stands As One: Together, We Will Make a Difference."

NBNU has demonstrated its international solidarity by making a \$2,000 donation for disaster relief in Haiti. Nurses across the country, through the CFNU, are directing their support to Médecins Sans Frontières (Doctors Without Borders) to assist with ground emergency and health care.

The Quality of the Worklife Committee has continued to meet on a regular basis to identify ways to improve the attendance of nurses within a supportive work environment. The Committee's task is to seek and to implement practical

solutions to nursing worklife issues and concerns. The focus of the last several meetings has been on scheduling, risk for injury and nursing leadership. Updates from the committee can be viewed on the NBNU website.

In December, Health Minister, Mary Schryer, and NBNU president, Marilyn Quinn, shared details of a forgivable loan program directed at recruiting nursing graduates to hard-to-recruit areas. Details of the program can be found on the NBNU website. The \$400,000 two-year program is one more initiative to assist the province's recruitment efforts. It came out of a provision negotiated in the last collective agreement. We will continue to work through our partnership committee to improve the worklives of nurses and help shape the future for nurses. The committee will now direct its attention to retention issues. NBNU is encouraged by the number of new nurses hired and the number of senior nurses who elected to defer retirement for a year or two.

### PEINU

Prince Edward Island

PEI's new Minister of Health and Wellness, Carolyn Bertram, will oversee significant changes to the provincial health system over the next two years. PEINU has only recently been provided with some details regarding the employer's new "Model of Care," a cost-cutting measure created by external consultants. These changes will result in more unregulated workers coming to all service delivery areas along with a decrease in the existing complement of RNs. New job descriptions are apparently being developed. This is occurring without input from the Union or front lines. Government is also implementing changes to the governance for health care in the province.

PEINU is preparing to return to the



## CROSS COUNTRY CHECKUP



bargaining table in March to address wage rates for the third year of the current collective agreement. An arbitration award in 2008 resulted in this mandatory wage re-opener. A recent move to impose wage freezes has not been well received by nurses or the public. Nurses recognize the potential for a crisis if more nurses leave the province for better compensation.

The Research to Action Project recently graduated its first class of nurses from the first ever locally offered critical care education program. The project has been a tremendous success. Another class is scheduled to start this month. A proposal is in the works to sustain this program beyond its current mandate.

PEINU officials and members are eagerly anticipating the Union's move to its new offices this month while the Union is exploring opportunities for improvements to member services that the new space will allow.

### NSNU

Nova Scotia

The Nova Scotia Nurses' Union is in discussions with the Nova Scotia Federation of Labour, which includes all health care unions and other labour organizations in the province to address concerns raised by the Department of Finance regarding budgetary issues and potential cuts to public sector spending. Nova Scotia's Minister of Finance, Graham Steele, has been holding public meetings in communities across Nova Scotia to discuss how to get the province's finances back to balance. The Minister says he hopes to engage Nova Scotians in a dialogue about the financial challenges the province will face over the next number of years. During the public consultations, The Honorable Graham Steele has been quick to point out that health care costs, which he contends

continue to escalate, comprise the largest portion of the provincial budget.

In November, a panel of economic experts determined three methods to address fiscal challenges in Nova Scotia: increase revenue, decrease spending and grow the economy. It is the part about "decreased spending" that has raised eyebrows amongst labour groups. The NSNU mobilized the leadership of the organization to attend the public meetings to advocate for spending stability in health care. The NDP government maintains it will be confronted by complex choices in the coming years, including cuts that could impact nursing care. Over the next two or three years, the province says revenue sources will be in decline while the cost of programs and services will continue to rise steadily. There seems to be a clear message from government that there is room in the health care budget for cost savings.

The health care and other unions in Nova Scotia plan to work in coalition to develop a campaign aimed at emphasizing the value of public service in an effort to avert cuts to jobs and services.

### NLNU

Newfoundland and Labrador

Newfoundland and Labrador is already seeing the positive impact of the recently negotiated NLNU collective agreement. According to the most recent data from the Association of Registered Nurses of Newfoundland and Labrador, close to 78% of the 2008-2009 graduating class remained in the province. That is an improvement of 11.8% over the previous year and the highest retention rate in six years.

This is encouraging for nurses and health care in the province and emphasizes the need for respectful

collective agreements. The NLNU's new collective agreement which remains in effect until June 30, 2012, contains significant improvements for nurses in the province.

Highlights include: 20% wage increase over four years; deletion of two steps from the bottom of the salary scale; addition of one step to the top of the salary scale; significant increases to standby rates, shift and weekend differentials.

The NLNU hopes a new senior level collaborative committee created under the new collective agreement will help to address provincial workplace issues such as non-nursing duties, inability to access annual leave, and unhealthy workplaces. The committee is comprised of key representatives from the NLNU, the Chief Nursing Officer and Deputy Minister of the provincial Department of Health and Community Services, as well as CEOs and Chief Nursing Officers from the Regional Health Authorities. The first committee meeting is scheduled to take place in March 2010.



**Canadian Labour Congress**  
**Congrès du travail du Canada**

### Retirement Security for Everyone!

Pension plans and retirement savings have been hit hard by the economic crisis and the security of many Canadians is at risk. Some companies even want to cut defined benefit plans that employees paid into throughout their working lives.

People with RRSPs and other private pensions that invested heavily in stock and financial markets have seen their investments lose much of their value. We must expand public pensions and reduce our reliance on financial markets for economic security. Public pensions remain secure but they replace only a modest share of our previous work-related earnings.

Our priorities for change call for a major shift from private to public pensions and greater security for members of existing employer pension plans. The changes we propose would benefit all workers, providing greater security while making our pension system fit the needs of a changing economy.

The federal government must:

- Phase in a doubling of payouts from the Canada Pension Plan (CPP) and the Quebec Pension Plan (QPP).
- Immediately increase Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) for all retirees.
- Create a national pension insurance fund to ensure that workers' defined benefit pensions aren't at risk when employers go under or speculative bubbles go bust. The United States has a pension guarantee fund covering up to about \$50,000 of pension income.

You can join the Facebook page of the CLC Retirement security campaign.

Search for Retirement-Security-For-Everyone and become a fan!

### Canadian Labour Congress Budget Priorities

On March 4, 2010, the federal government will table a Budget that is widely expected to place a high priority on cutting the deficit through spending cuts, not on job creation. While temporary stimulus measures already in place are likely to continue, these will soon expire.

With the economic crisis still very much with us, the CLC has called on the government to address three key issues – jobs, Employment Insurance, and pensions.



*"That's the pension plan deduction...  
for the CEO's pension."*

### Reality Check: Women in Canada and the Beijing Declaration and Platform for Action Fifteen Years On

There has been a sharp decrease in institutional and political support by the Government of Canada for the promotion and protection of the human rights of women and girls during the period 2004-2009. This is true of Canadian government policy on women's human rights in the national and the international context. Examples of this shift include:

- The elimination of the phrase "gender equality" from the mandate of Canada's primary institution responsible for gender equality in Canada: Status of Women;
- The closing of twelve of the sixteen Status of Women offices, on the principles that women's and men's issues do not need to be separated;

- The reallocation of funding from organizations that support advocacy for women's human rights to organizations that provide front-line services only;
- The elimination of funding to the court challenges program, a program created to provide assistance to court cases related to equality rights guaranteed under Canada's constitution;
- The elimination in 2006 of the funding agreements that had been negotiated with provinces and territories to provide five billion dollars for childcare and early learning programs;
- The decrease in levels of financial and human resources specifically committed to gender-equality projects in the Canadian International Development Agency and the Department of Foreign Affairs.

Canada's achievements towards women's equality over the past decades have been considerable. For example, women's participation in higher education has increased since the Fourth World Conference on Women was held in 1995. However, during the period of 2004-2009, women's achievements in all twelve areas of critical concern outlined in the Beijing Platform for Action have slowed or been turned back. Canada no longer compares favourably against other nations in assessments of gender equality and the gender gap. For example, in 2004 the World Economic Forum Gender Gap Index, Canada was ranked 7th. In the 2009 Gender Gap Index, Canada ranked 25th. In 2009, Canada was ranked 73rd in the UN Gender Disparity Index. Canada has been strongly criticised by several UN human rights bodies on the issues of women's poverty and the endemic violence against Aboriginal women and girls.



**NURSES, PATIENTS & THE WORLD WIDE WEB: HOW HAS THE PLETHORA OF HEALTH INFORMATION ON THE INTERNET IMPACTED THE PATIENT-PRACTITIONER RELATIONSHIP?**

This is a digest of an article by Dawn De Vries, MPA, CTRS. You can find the complete article here: <http://nursing.advanceweb.com/editorial/content/editorial.aspx?cc=215383>

USA: Health care providers are finding patients more informed than they used to be. About 8 million Americans seek out health information in a typical day and

almost half do so prior to consulting a physician. There is much to find with an average of 55 new clinical trials and 5,000 papers published daily.

Patients are able to be more involved in their care and take responsibility for key decisions. Of course health care providers may have to spend additional time responding to misinformation.

Health care providers are needing to acquire new skills in managing patients who arrive with downloaded information.

Here are some tips for better helping patients surf for the best information:

- 1. Be aware of your patients' use of the Internet for health care information and explore which sites they use to determine if they are receiving correct information.**
- 2. Is patient-provided information fact, opinion or an advertisement?**

**3. Assist patients in locating information that would benefit them.**

**4. Help patients access and evaluate appropriate resources.**

**5. Have a list of appropriate and quality Web sites with reliable information.**

**6. Pay attention to the reading level at which the material is written.**

**7. Use your clinical skills and knowledge to enhance the information patients can, or have already, obtained from the Internet.**

Healthcare practitioners cannot ignore the Internet's impact on patients' knowledge and decision making. The Internet should be viewed as an aide to empower patients and one piece of the total health care approach toward care.



**INTERVAL TRAINING CAN CUT EXERCISE HOURS SHARPLY**

Nurses are stretched to the limit and like many who live busy stressful lives, many find that they lack the time to be able to manage a workout schedule. Researchers appear to have found some hope. It seems that it does not take nearly as much time to get healthy as previously thought provided you use some techniques designed to boost the efficiency of the workout.

The *Washington Post* is reporting that experts are now saying that you can get a whole week's worth of exercise in to a

compressed single hour workout. In spite of the shorter weekly commitment, the period it takes to get in shape would actually be reduced.

The technique was developed for Olympic athletes. The idea is that you put in brief bursts of high intensity exercise broken up by periods of rest. It was assumed that this was too strenuous for all but elite athletes, but recent studies in older people and those with health problems have found that more people can handle it.

Jan Helgerud, a Norwegian exercise expert, claims it is twice as effective as normal exercise and that it is like "finding a new pill that works twice as well."

Helgerud recommends four sessions of about four minutes each, punctuated by three minutes rest time in between. You should be a little out of breath but not completely exhausted, he said.

Research showed that interval training can double endurance, improve oxygen use, improve speed by more than five

percent and strength by more than ten percent.

While in Britain and the US the weekly recommended minimum activity is 2.5 hours of moderate exercise, Helgerud says the time commitment could be reduced dramatically if people did interval training.

Even though interval training is only a few minutes per session, the benefits last for hours as the muscles become more efficient and metabolism is boosted allowing a more efficient burn of fat and carbohydrates.

While caution is advised for anyone embarking on any fitness program, including consulting a doctor, Helgerud is more concerned about those who don't exercise than about the risks of training.

A martial arts enthusiast interviewed for *The Post* managed to get fit in about six weekly 45-minute sessions, significantly faster than the three months he estimated it would have taken him using regular training.

