

NBNU news

A MESSAGE FROM THE PRESIDENT'S DESK

NBNU BARGAINING CAMPAIGN

Preparation for bargaining is in full swing at provincial office. We were very encouraged by the level of activism regarding the elections for the negotiating teams and the pre-bargaining surveys, which Matt Hiltz will touch more on in his Executive Director's report.

In an effort to continue to foster public support for RNs and NPs in advance of bargaining, NBNU has partnered again with Revolution Strategy, an agency based in Saint John, for our 2018-2019 PR campaign. Their creative proposal exceeded our expectations and the NBNU Board of Directors are excited to share the commercial with you in the coming months. We have heard from our members that we need to focus on the positive side of nursing.

NEW BRUNSWICK NURSING SHORTAGE

NBNU has been sounding the alarm bells around the shortage of registered nurses in this province for many years. On a recent Saturday night, the Moncton City Hospital had to close the non-acute care section of its ER which has led media to spotlight this issue, knowing this could be a reality in almost any facility in our province.

According to the Canadian Institute for Health Information (CIHI), 41% of RNs in New Brunswick are eligible to retire in the next five years. With our largest cohort of nurses (16 per cent) between age 50-54, we know that this problem is only going to worsen if a strategy is not implemented to recruit and retain more RNs to New Brunswick.

In December the government started a nursing resource strategy committee to look at

recruiting, retaining, and attracting nurses. Participants at this table are NANB, universities, the Regional Health Authorities, government and NBNU. Although this should have been in place long before December 2017, we are there to ensure short and long-term strategies are explored. A committee started by the NB Association of Nursing Homes is doing similar work to recruit and retain in the long-term care sector as well, and I am also at that table.

INTERNATIONAL WOMEN'S DAY LUNCHEON - #MYFEMINISM #PRESSFORPROGRESS

On March 8 NBNU hosted an International Women's Day (IWD) luncheon in Fredericton to celebrate the economic, political and social achievements of New Brunswick women past, present and future. The 2018 theme was #MyFeminism and globally it was #PressForProgress.

Linda Silas, president of the Canadian Federation of Nurses Union and past president of NBNU, delivered a powerful and inspiring address. She shared that "as a proud New Brunswicker, #MyFeminism has



IWD 2018 - Madeleine "Nonnie" Gaudet (NBNU President 1982-1990), Paula Doucet (current NBNU President) and Linda Silas (NBNU President 1990-2000).



Paula Doucet, President

always been about having a voice and a seat at the table." Silas went on to add that "the only way we can make this a reality for all women is by eliminating the gender wage gap, building a strong child care system, and creating a culture of safety at work and at home."

Madeleine "Nonnie" Gaudet, past president of NBNU, was also a guest speaker delivering a speech she gave 20 years ago on IWD.

Also in recognition of International Women's Day, I participated in a press conference sponsored by the Pay Equity Coalition, calling on government to put in legislation for pay equity for the private sector in NB. No woman should be economically disadvantaged based on gender.

Continued inside

NBNU'S RESPONSE TO NEW P3S IN LONG-TERM CARE

The Department of Social Development remains steadfast in its belief that nursing homes should be viewed as housing projects that also provide health care. NBNU takes the position that nursing homes in New Brunswick must operate first and foremost as health care facilities that also provide long-term residency.

Why does this distinction matter? It matters because Canadians have a right to a publicly funded health care system. However, the only nursing homes now being built in NB are for-profit homes, built under the public-private-partnership ("P3") model. While the older homes may not be considered "public", they are at least operated by not-for-profit community organizations with ties to the local community.

Current evidence does not support the notion that P3s are government's financial saviour. A look at examples in other parts of Canada, who have experimented with P3s, validates these concerns. Jim McCarter, the then Ontario Auditor General, criticized government in his 2008 report for the P3 cost overruns at the Brampton hospital. The McGill University Health Centre (MUHC) in Montreal was estimated in April 2006 to cost \$1.5 billion but the cost increased by 50% to \$2.2 billion in the next two years. In 2006, the Centre hospitalier de l'Université

de Montréal (CHUM) was projected to cost 1.4 billion but that increased 81% to 2.5 billion two years later. In 2014/15, the Ontario auditor general, Bonnie Lysyk estimated that the use of P3s cost Ontario approximately \$8 billion more than had the projects been publicly financed and operated. The Lysyk report also found that there was no evidence or empirical data to support these claims in the crucial value-for-money assessments (VFM). According to Lysyk, these P3 projects have created an estimated \$28.5 billion in liabilities and commitments still outstanding to private corporations—a cost Ontarians will have to pay back in the future. These examples demonstrate how P3 facilities added to the fiscal problem they were intended to fix.

Based on the malleability of the risk quantification/VFM's, it would be easy for a government to play with the numbers to justify the offloading of its responsibilities to a private entity. On this topic, it is interesting

that the crucial transparency issue is currently playing out in a New Brunswick courtroom regarding the Shannex contract in the Miramichi. What will we learn when the unredacted copies of the contracts become available? Current evidence does not support the notion that P3s are a government's financial saviour. In fact, the evidence supports that these decisions will come back to haunt in the years to come. All one must do is look at other jurisdictions experiences with P3s to understand that for-profit health care produces lower quality health care; and, in the long-term care sector in New Brunswick, it will result in increased costs to our acute care facilities.

NBNU sent a letter to Premier Gallant on March 7th explaining the P3 folly and will add this topic to the agenda of the Labour-Government Steering Committee for review. We will continue to advocate against the privatization within our health care system and keep you updated on this issue.

REAL-LIFE ROSIE THE RIVETER PASSES AWAY AT 96

The real Rosie the Riveter, an iconic symbol of working women, died on Saturday, January 20th in Washington. She was a California waitress named Naomi Parker Fraley.

Countless North American women have identified with Rosie, the female war worker of 1940s popular culture who became a feminist touchstone in the late 20th century.

Never truly given full credit for her pop status, she went unrecognized for more than 70 years. Her story had been overshadowed by several other American women who have been identified as the model who inspired Rosie.

It wasn't until recently, 2016, that Fraley, who had worked in a Navy machine shop during the Second World War, was acknowledged as the rightful Rosie. She is said to have inspired the "We Can Do It!" movement.

Fraley, who shunned the spotlight and is believed to have inspired J Howard Miller's Rosie the Riveter poster, was born on August 26, 1921, in Tulsa, Oklahoma.

