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NEWS Bulletin

UNA
United Nurses of Alberta

BILL 11 UPDATE:

Ottawa must enforce Canada Health Act

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WHY ALBERTA NURSES NEED TO VOTE REMAIN

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PRESIDENT'S MESSAGE

Alberta nurses are proud CANADIANS!

BY NOW, most Albertans are sick and tired of separation talk and the separation referendum our provincial government has insisted must be foisted upon us next month.

We are proud Canadians and we want to get on with our lives as citizens of the country we love. We want the opportunity, without distraction, to deal with issues that matter to Albertans – and for Alberta nurses above all that means protecting and improving our public health care system, not breaking it up and privatizing the pieces.

But nothing is more important in the immediate future than ensuring Alberta remains part of Canada and for that reason we must take the separation referendum seriously. On October 19, we must get out and vote to remain in Canada in overwhelming numbers.

The reasons Alberta should remain in Canada are obvious. Federal legislation that exists to protect universal public health care would be lost; UNA members and all Albertans are better off in the Canada Pension Plan; thanks to the influence of federal labour protections separation would weaken collective bargaining rights for all workers; the cost of living would skyrocket in a separate Alberta despite the fairy tales told by independence advocates; nurses' job mobility throughout Canada would be lost forever, and Indigenous treaty rights would be put at risk.

But this is only part of the story. In addition to the separation referendum – which never should have been allowed on a ballot – there are nine referendum questions designed to appeal to the most radical elements of the governing United Conservative Party's base, five of them attacks on immigration and the rights of new Albertans.

In the midst of a worldwide shortage of health care professionals and in particular nurses, health care in Alberta and in Canada could not operate without immigration. Whatever the UCP is trying to achieve with referendums tilted to deprive immigrants of medical coverage and their children of public education, it will not do anything to ensure that nurses, physicians and other desperately needed health care professionals are available to staff Alberta's health care system.

I urge you all to vote to remain in Canada and to vote **NO** to the nine referendum questions.

We never should have had to face this referendum. Let's send a powerful message of Canadian unity on October 19.

In Solidarity,

Heather Smith
President, United Nurses of Alberta

WHY ALBERTA'S NURSES **NEED TO VOTE**

REMAIN in Canada and **NO** to the Nine

ALBERTA nurses and health care workers are proud Canadians who do not need the distraction of a separation referendum at a time when our public health care system is in crisis.

United Nurses of Alberta believes separation from Canada in any form would be a tragedy and a disaster that would gravely weaken the health care system we work in every day, reduce or eliminate the right of all working people to free collective bargaining, and cause years of disruption that could end our ability to move between jurisdictions to work.

Among UNA's fundamental goals is advancing the social, economic and general welfare of nurses and the promotion of the highest standards of health care, an objective obviously served by remaining in Canada.

As Heather Smith says in her President's Message on Page 2 of this edition of UNA NewsBulletin, "We want the opportunity, without distraction, to deal with the issues that matter most to Albertans – and for Alberta nurses above all that means protecting and improving our public health care system, not breaking it up and privatizing the pieces."

But less attention has been paid to the nine referendum questions that will be asked on October 19 along with the question about whether to remain in Canada.

By voting **NO** on these questions as well as voting to **REMAIN IN CANADA** on Question 10, we can tell the government to move on and pay attention to the issues that matter – health care, affordability, education, good jobs, and Alberta's future.

Instead of paying more than $100 million on a referendum that will do nothing to make health care or the lives of nurses better, if enough of us vote to remain in Canada and say "NO to the Nine," we can get the government to focus on what matters.

None of the nine questions will improve the lives of Alberta's citizens. They may divide Albertans, but they will do nothing to reduce health care wait times, lower the cost of living, or improve our schools.

UNA members have more important priorities than a $100-million-plus referendum distraction. We need to vote to **REMAIN** in Canada and **NO** to the nine to help get Alberta back on track.

> "We want the opportunity without distraction to deal with the issues that matter most to Albertans."
>
> – Heather Smith

Order the Proudly Albertan, Proudly Canadian t-shirt from LubDub

UNA district representatives Faisal Kassam, Ken Ewanchuk, Melissa Field, Marie Corns, Wanda Deadman, Edith-Rose Cairns, Jane Daigle and Benjamin Kiu (left to right) pose with their Proudly Albertan, Proudly Canadian t-shirts. Dogs Meme and May joined them.

UNA Executive Board votes to support Option 1 – REMAIN IN CANADA – in fall separation referendum

AT ITS June 2026 meeting, the Executive Board of United Nurses of Alberta voted to encourage members to vote in favour of Alberta remaining in Canada in the referendum the provincial government intends to place on the October 19 ballot.

The motion passed by the Executive Board, made up of elected representatives from each of UNA's five Districts, read as follows:

> ***"UNA supports Option 1 for Question #10 related to separation in the October 19, 2026, Referendum: Alberta should remain a province in Canada."***

☐ CONTINUED ON PAGE 5

UNA Executive Board at the June 2026 meeting in Edmonton.

□ **OPTION 1:** CONTINUED FROM PAGE 4

> UNA recognizes that the separation of Alberta from Canada would have a drastic negative impact on the health care system UNA members work in every day.

The referendum question drafted by the provincial government asks voters to choose one of two options to this question: *"Should Alberta remain a province in Canada, or should the Government of Alberta commence the legal process required under the Canadian Constitution to hold a binding provincial referendum on whether or not Alberta should separate from Canada?"*

Option 1 reads: ***"Alberta should remain a province in Canada."***

Option 2 reads: *"The Government of Alberta should commence the legal process required under the Canadian Constitution to hold a binding provincial referendum on whether or not Alberta should separate from Canada."*

Elections Alberta says on its website that electors will mark a "X" next to the option of their choice on their ballot.

The rationale for this Executive Board motion is similar to UNA's reasons for registering as a third-party advertiser promoting the "Remain" position in last year's Forever Canadian campaign.

These include the advancement of the social, economic and general welfare of nurses and other health care workers and the promotion of the highest standards of health care.

UNA recognizes that the separation of Alberta from Canada would have a drastic negative impact on the health care system UNA members work in every day, including likely cuts to health care funding, loss of the protections of the *Canada Health Act*, loss of health care portability and Canadian job mobility, the weakening or end of collective bargaining and worker rights in Alberta, grave threats to Albertans' retirement security and health worker job security, an end to the commitment to reconciliation with First Nations peoples, and an end to right of all citizens to medically necessary treatment without patient charges.

"Instead of tearing down what Canadians and Albertans have already built, we need be building capacity in health care and working to build a stronger Canada," said UNA President Heather Smith.

> "Instead of tearing down what Canadians and Albertans have already built, we need be building capacity in health care and working to build a stronger Canada."
>
> – Heather Smith.

"UNA's elected board members voted to support the Forever Canadian citizen initiative because Canada is one of the best countries in the world and Alberta is better as part of Canada," she told *The National Post* in an interview. "The funds UNA spent in support of the Forever Canadian citizen initiative were for radio and digital advertisements encouraging Albertans to sign the petition and reminding Albertans about the importance of public health care and the role of the Canada Health Act in protecting our public health care system."

Use the QR Code to download a copy of UNA's "Why Alberta Should Remain in Canada" document.

CANADIAN FEDERATION OF NURSES UNIONS

Our public health care system can't afford FUNDING CUTS

By Linda Silas
President, Canadian Federation of Nurses Unions

GROWING up in Atlantic Canada, few things feel more Canadian to me than a good lobster roll or a visit to the Bay of Fundy. But public health care has always topped my list of what makes me proud to be Canadian.

Not only does public health care create healthier people and communities, it also creates a healthier economy. It offers a strong return on investment, adding resilience to our economy. Public health care is not your typical nation-building project.

CFNU's research has found that just a 1-per-cent increase in public health care spending would raise real GDP in Canada by billions of dollars in the first year alone. For every $1 spent, between $1.32 and $1.45 is generated in additional GDP, depending on whether the spending is deficit-financed or tax-financed.

So why are we facing federal funding cliffs for key health-care agreements? $1.2 billion in federal funding for home and community care and mental health and addictions services are set to expire next March. Another $600 million per year in federal long-term care funding expires the following year. There are no current plans to continue this funding.

These agreements fund services that help seniors, people with complex medical conditions, people leaving hospitals who need support at home, improvements to safety in long-term care homes. And so much more.

Without this critical funding, access to care will only diminish. Today, nearly six million people in Canada go without primary health care, adding pressure to hospitals where wait times for urgent care can be dangerously high.

At the same time, the federal government has set its sights on reducing the Canada Health Transfer growth rate – a change that would cut $51.8 billion of health funding over 10 years.

Premier Danielle Smith would have you think that bringing in two-tier health care where the wealthy can skip the line is the solution Canadians need. But really it will only lengthen that line for the rest of us and create American-style health care debts. That's nothing to be proud of.

There are concrete, proven solutions. From safe staffing mandates that ensure nurses are well supported and resourced, to increasing access to home care so that our seniors can age in place. These solutions exist within our public health care system. But it's up to our nation's leaders to rise to the occasion and deliver the care that everyone in Canada deserves.

When UNA First Vice-President Danielle Larivee and I met with our country's premiers, they agreed: Canada doesn't need more health care cuts. We need stable health funding to deliver the care that everyone in Canada needs.

When UNA First Vice-President Danielle Larivee and I met with our country's premiers, they agreed: Canada doesn't need more health care cuts. We need stable health funding to deliver the care that everyone in Canada needs.

☐ CONTINUED ON PAGE 7

UNA Annual General Meeting set for October 27-29

UNITED Nurses of Alberta's three-day 2026 Annual General Meeting is set to open in Edmonton on Tuesday, October 27.

Counting delegates, observers, union staff, and representatives of other unions and organizations, more than 1,100 people are expected to attend the gathering at the Edmonton Expo Centre. The theme of the 2026 AGM is *"Your Nurses, Your Future."*

Elections will be held during this AGM for President and Second Vice-President, as well as district representatives. Time is set aside during the lunch hour for speeches by candidates for the two executive officer positions and an opportunity for delegates to ask questions.

Business will commence at 9 a.m. on October 27 with a blessing by an Indigenous elder, a land acknowledgement and singing of the national anthem. That will be followed by an address by President Heather Smith.

The day's business will also include keynote remarks by Chris Gallaway, executive director of Friends of Medicare, and reports from the union's directors of labour relations, finance, and information systems.

On Day 2, business in the morning will focus on 2026 financial issues. There will also be remarks by Linda Silas, president of the Canadian Federation of Nurses Unions.

In the afternoon, Professor Timothy Caulfield of the University of Alberta's Faculty of Law and School of Public Health, a specialist in exposing misinformation and pseudoscience, will address the AGM. Dr. Caulfield is research director of the U of A's Health Law Institute and the author of four bestselling books on science.

Voting for executive and district representative positions is scheduled to take place on October 29, with the AGM wrapping up at 4:30 p.m.

Elections will be held during this AGM for President and Second Vice-President, as well as district representatives.

CFNU CONTINUED FROM PAGE 6

And nurses know that funding must be exclusively for public health care delivered by public health care workers.

United Nurses of Alberta is a leader in the fight to protect public health care, working to ensure that patients continue to get access to care no matter where they come from. Working in solidarity with Friends of Medicare and public health care supporters from across the country, together we have stood up for a health care system that is determined by need, not the size of your wallet. We won't back down from this fight.

Now it's time to get Prime Minister Mark Carney at the table with provinces and territories for a First Ministers' Meeting focused on public health care. The Prime Minister needs to hear from you. Together, we can make sure that PM Carney does not let public health care fall off his priority list.

Canada doesn't need more austerity measures. We need sound investment into a public health care system that works for everyone in Canada and strengthens our economy. Now that's something we could all be proud of.

In unwavering solidarity,
Linda Silas, CFNU President

Nurses know that funding must be exclusively for public health care delivered by public health care workers.

Canada's nurses tell premiers

HEALTH CARE IS TOO IMPORTANT TO IGNORE

CFNU breakfast meeting in Charlottetown focused on economic impact of public health care and need to address expiring federal funding agreements

UNA 1st Vice-President Danielle Larivee speaks with Alberta Premier Danielle Smith during the meeting.

CANADA'S nurses' unions made it clear when they met with the country's premiers on July 23 in Charlottetown that public health care is too important to the country's economy and the wellbeing of Canadians to fall off the national agenda.

Nurse union leaders from across Canada were joined by provincial and territorial premiers at a Canadian Federation of Nurses Unions breakfast meeting focused on the economic impact of public health care and the need to address expiring federal funding agreements.

Provinces and territories face federal funding cut-offs for key agreements on long-term care, home and community care, and mental health and addictions services to the tune of nearly $2 billion.

"Without this critical federal funding, access to care will only diminish," said CFNU President Linda Silas in a statement.

"The end of these bilateral agreements does not have to mark a crushing end to much-needed health care projects," she said, calling for a first ministers' meeting dedicated to health care issues. "Prime Minister Mark Carney must work with provinces and territories on a new framework that reflects the reality of the current system pressures."

CFNU participants in the meeting – including UNA First Vice-President Danielle Larivee – reiterated the importance of public health care funding to the Canadian economy, pointing to a finding from a recent CFNU report that for every dollar the federal government spends on health, between $1.32 and $1.45 is generated in additional GDP after just one year.

□ CONTINUED ON PAGE 9

The leaders of nurses' unions from across the country were joined by the provincial and territorial premiers at a CFNU breakfast meeting focused on the economic impact of public health care.

Premiers and CFNU Participants in the July 23 Breakfast Meeting.

□ **CFNU BREAKFAST MEETING** CONTINUED FROM PAGE 8

Larivee also spoke face to face with Alberta's premier. "When I sat down with Premier Smith, I had the opportunity to raise the issues of rising workplace violence for health-care workers and the crisis in long term care because of the current funding model," she said.

"I committed to sharing further information about workplace violence, and she committed to have Minister Nathan Neudorf reach out about the funding model. We need solutions for both critical issues, and I was glad to have the chance to make sure she heard that."

The same day, leaders of health care advocacy groups including the Canadian Medical Association, the Canadian Health Coalition, Friends of Medicare and the Canadian Nurses Association called on all senior governments to invest in creating a healthier Canada.

The statement called for Ottawa to enforce the Canada Health Act and find ways to share data safely and securely.

The day before, the CFNU published a White Paper that outlined how looming changes to the Canada Health Transfer will result in significantly less health-care funding for provinces and territories.

The analysis, entitled The Harsh Reality of a Reduced CHT Growth Rate, found that with an average growth rate of 3.8 per cent annually, the cumulative CHT will be $51.8 billion less over 10 years than if the escalator had remained at 5 per cent a year.

"Without this critical federal funding, access to care will only diminish."

– Linda Silas

BILL 11 update

ALBERTA IMPLEMENTATION OF TWO-TIER HEALTH CARE IS SERIOUS THREAT TO MEDICARE


Canada Health Act

Loi canadienne sur la santé

https://laws-lois.justice.gc.ca/PDF/C-6.pdf

UNA calls on Ottawa to enforce the Canada Health Act immediately

THE ALBERTA government's summer-time announcement that it will allow physicians delivering publicly funded services also to privately bill patients for surgeries presents a deeply serious threat to public health care in Alberta and Canada.

Premier Danielle Smith's claim that allowing a "dual practice model" will improve access and expand health care options has been proven time and again to be false, said United Nurses of Alberta President Heather Smith.

The clear goal of this policy is to impose an American-style two-tier health care system that will make Albertans pay out of pocket for timely care and let those with money jump the line for treatment, Smith said.

"The government knows this, and it is proceeding with this plan anyway."

"The government also knows that because of Canada's international trade agreements, once the door has been cracked open to U.S. health care practices, all Canadian provinces will be forced to admit American private health care corporations and insurance companies."

"This is not just a bad policy, it is a betrayal of the greatest nation-building program in modern Canadian history," she said. "For this reason, we are urgently asking the federal government to enforce the *Canada Health Act immediately*." Many legal experts agree that the Alberta legislation allowing this practice is clearly in violation of the *Canada Health Act*.

□ CONTINUED ON PAGE 11

UNA South District Meeting held on June 30, 2026

BILL 11 update

FEDERAL HEALTH MINISTER WARNED LAGRANGE BILL 11 MAY VIOLATE CANADA HEALTH ACT

FEDERAL Health Minister Marjorie Michel revealed on August 16 she had warned her Alberta counterpart that a new provincial law permitting physicians to bill patients for quicker access to treatment covered by public health care may violate the *Canada Health Act*.

Michel wrote Hospital and Surgical Health Services Minister Adriana LaGrange on July 24 to express her concern with the "dual practice" provision in the *Health Statutes Amendment Act, 2025 (No. 2)*, passed in December last year but still commonly known as Bill 11.

But while the existence of the letter has been reported, the federal government has been tight-lipped about the details of what it said.

While a letter from Michel to LaGrange may be a good start, said United Nurses of Alberta President Heather Smith, it's only a start.

"We have been calling on the Carney Government for months to do its job," Smith said. "This is a small step in the right direction. Now it's the time to go the distance."

That's something the federal government appears reluctant to do in the lead-up to Premier Danielle Smith's separation referendum.

The result of the new Alberta policy, Smith said, will be longer wait times for the rest of us because of the limited number of physicians and other health care professionals in Canada and Alberta.

The Toronto Star reported that the July 24 letter, sent after regulations to the act were made public, followed an in-person meeting between the two ministers in June.

The *Canada Health Act* sets conditions provinces must meet to receive federal funding for health care. However, provisions in the federal act allowing Ottawa to impose penalties on provinces that violate the legislation's core principles have never been used.

PHYSICIAN DUAL PRACTICE CONTINUED FROM PAGE 10

> "Premier Danielle Smith's claim that allowing a 'dual practice model' will improve access and expand health care options has been proven time and again to be false." – Heather Smith

While the Alberta government claims to have put in place safeguards to protect some kinds of surgeries, there is no evidence this will increase capacity or shorten wait times. Previous experience in Alberta and other jurisdictions shows that the opposite is likely to happen.

In addition, past statements by Premier Smith clearly show she intends to move forward with a broader program of health care privatization.

"Albertans and all Canadians have made it clear time and again that they don't want U.S. health care in Canada," Smith said. "The Government of Alberta continues to ignore their wishes."

Reduced Canada Health Transfer growth rate would see health care funding drop by billions: CFNU

EXPECTED changes to the Canada Health Transfer will result in billions of dollars less in health care funding for provinces and territories, a paper published by the Canadian Federation of Nurses Unions argues.

"Now is the time to invest in Canada's public health care system, not undermine it."

– Linda Silas

The Harsh Reality of a Reduced CHT Growth Rate outlines the impact of the Canada Health Transfer growth escalator reverting to a three-year moving average of nominal GDP growth with a 3-per-cent floor in 2028-2029, according to the analysis published by CFNU on July 23. The federal government projects that nominal GDP growth will be about 3.8 per cent each year from 2028-2029 to 2030-2031.

With an average growth rate of 3.8 per cent annually, the cumulative health transfer will be $51.8 billion less over 10 years than if the escalator remained at 5 per cent annual growth.

"Reverting the CHT growth rate will create a drastic reduction in public health care funding, and it is patients, nurses and health care professionals who will bear the weight of this austerity measure.," CFNU President Linda Silas said of the publication. "There is no way around it – simply put, a reduction in federal funding will hurt access to care for everyone in Canada."

At the same time, key health care agreements are facing federal funding cliffs. First, $1.2 billion in federal funding for home and community care and mental health and addictions services are set to expire next March. Then, another $600 million per year in federal long-term care funding expires the following year. There are no current plans to continue this funding.

This will create a deeper health care crisis, Silas said. "Cuts to public health care funding are short-sighted and come with the added risk of making privatization schemes even more appealing to provinces and territories.

"We know that public health care creates strong value for our economy and at the same time delivers better patient outcomes and better access to care than for-profit services," she added. "Now is the time to invest in Canada's public health care system, not undermine it."

CFNU made three key recommendations based on the analysis:

1. That the Prime Minister's Office consult with health care stakeholders to prepare for a First Ministers' meeting on the future demands of Canada's health care system.
2. That the Prime Minister convene a First Ministers' Meeting on health care in 2026, which would include provincial and territorial premiers and Indigenous leaders, to address the future of the Canada Health Transfer escalator, among other items.
3. That these national discussions should focus on whether the health transfer should continue growing by at least 5 per cent a year after 2027-2028 or if Canada should move toward restoring the previous 6-per-cent escalator.

The paper was researched and written by health care researcher Andrew Longhurst of the Canadian Centre for Policy Alternatives and CFNU government relations officer Nate Little.

Nate Little

UNA concerned short staffing is impacting wait times and patient care in **Cold Lake**

UNITED Nurses of Alberta members at the Cold Lake Healthcare Centre are raising the alarm about chronic understaffing and its impact on safe patient care.

The hospital recently lost experienced Emergency Department staff at the same time as summer visitors to the community placed additional demands on the department, leading to significant overtime and shifts going unfilled, UNA said in a statement on August 5.

Seven experienced Registered Nurses recently left the facility or decreased their hours of work because of the staffing level and patient care concerns. This is nearly a 50-per-cent reduction in available RN staffing. Nurse vacancies are also unusually high at the site.

"We've seen experienced people who are residents of Cold Lake leave to work in other communities," said Sam Dracek, president of Local 76.

Nurses are concerned that the increase in wait times in the Emergency Department will mean residents of Cold Lake and surrounding areas can no longer access the level of care they deserve. "This has been getting worse since January and has been particularly severe this summer," Dracek said.

UNA members at the Cold Lake Healthcare Centre filed 29 Professional Responsibility Concern reports so far this year. This is a dramatic and troubling increase from the five reports filed during the same period in 2025. PRCs are a mechanism included in UNA collective agreements for nurses to raise and resolve concerns related to patient safety and care, including unsafe workloads, staffing shortages and related issues.

Photo from Lakeland today – www.vmcdn.ca

More than a dozen UNA members from the facility met with UNA management and staff on July 29 to discuss their concerns about the chronic understaffing at the hospital in the northeast Alberta community. Shortages of nursing staff are a consistent problem at the worksite, impacting patient safety in the Emergency Department, say Registered Nurses represented by UNA.

Nurses learned recently that there will be additional funding for acute care and the Operating Room at the hospital — a decision nurses welcome but said will not address the serious short staffing in the Emergency Department.

The Alberta Union of Provincial Employees has expressed similar concerns about the staffing situation at Cold Lake and other health care worksites.

UNA is calling on Alberta Health Services to immediately:

- Prioritize respect for and retention of experienced nurses working in the Emergency Department.
- Reevaluate staffing levels and recent staffing mix changes to reflect the health care teams that are needed to provide the patient care possible at the Cold Lake Healthcare Centre.

> "We've seen experienced people who are residents of Cold Lake leave to work in other communities."
>
> – Sam Dracek

Three-week strike by B.C. nurses was longest in province's history

Labour leaders from across the country joined the picket line at Nanaimo Regional General Hospital during the Nurses' Bargaining Association's job action. Pictured from left are United Nurses of Alberta First Vice President Danielle Larivee, BCNU President Adriane Gear, Health Sciences Association President Sarah Kooner, Hospital Employees' Union President Barb Nederpel and Ontario Nurses' Association President Erin Ariss.

Photo supplied by BCNU

A THREE-week strike by 55,000 nurses in British Columbia came to an end on July 31 after the B.C. Nurses Union accepted the recommendations made by mediators appointed by the province.

"Our members changed the conversation by forcing government and health employers to confront the realities of nursing and the challenges facing our public health-care system," British Columbia Nurses Union President Adriane Gear said in a statement.

Nurses launched job action at the start of July with a province-wide ban on non-nursing duties and non-essential overtime. Later in what would turn out to be the longest nurses strike in B.C. history, they set up picket lines at Vancouver General Hospital, Surrey Memorial Hospital and multiple hospitals on Vancouver Island.

The mediators' recommendations were sent to members for review while outstanding issues on compensation are expected to be dealt with in binding arbitration in the fall. At press time, no details of the mediators' recommendations had been released.

Casual nurses working in rural, remote communities eligible for RCIF Casual Recognition Initiative

RCIF Rural Capacity Investment Fund

Eligible UNA members can also apply for RCIF Retention Recognition Incentive

THE RURAL Capacity Investment Fund has launched a Casual Recognition Incentive to acknowledge the vital role casual nurses represented by United Nurses of Alberta play in rural health care.

The RCIF, a jointly administered fund created through the multi-employer Provincial Collective Agreement between UNA and signatory employers, said in late July that casual employees who do not hold regular, part-time, full-time or Benefit-Eligible Casual Employee positions with one of the participating signatory employers and who work at eligible rural sites are entitled to a lump-sum recognition payment based on the hours worked between April 1, 2026, and April 1, 2027.

A minimum of 100 hours work is required to be eligible. Only hours worked as a UNA-represented employee at eligible rural and remote worksites count toward the total.

If an applicant takes a temporary position during the eligibility period, those hours can count toward their total (up to the 750-hour maximum).

All funding payments are subject to applicable taxes and other required deductions as mandated by the Canada Revenue Agency. Recipients are encouraged to consult a tax professional regarding the implications for their personal tax situation.

Applicants must complete the eligibility screening before proceeding to the application; only those who meet the eligibility requirements will be directed to the full application.

Employees who have already received another RCIF incentive under this program are not eligible, except for the Education and Tuition Incentive.

Members of UNA bargaining units covered by the Provincial Collective Agreement who provide service at eligible rural or remote worksites in Alberta are also eligible for RCIF Retention Recognition Incentive. Members have until September 30 to apply for the RCIF Retention Recognition Incentive, a one-time lump-sum payment recognizing their continued commitment and dedication to providing health care in rural or remote communities.

The RCIF is jointly run by UNA and employer representatives to support nurses working in rural and remote areas of Alberta where it is difficult to recruit nurses. With $90 million available through March 30, 2028, the RCIF helps address the challenges of recruiting and keeping nurses in these communities.

Important dates for the Casual Recognition Initiative

- April 1, 2026: Eligibility period begins. Start tracking your hours from this date
- April 1, 2027: Eligibility period ends. Application portal opens
- May 15, 2027: Application deadline
- June 2027: Committee reviews applications and issues payments

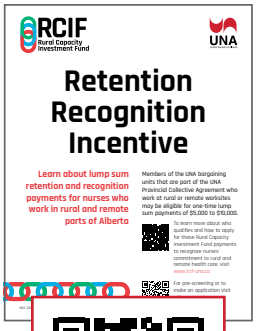
Visit the RCIF website for more information about the Casual Recognition Initiative and how to track hours for eligibility.

CRI/RCIF Website:

www.rcif-una.ca/casual-recognition-incentive

Eligible Worksites:

RCIF Poster:



Apply for RCIF Retention Recognition Incentive:

rcif.grantplatform.com

UNION CONNECTIONS:

It all begins with a simple decision to get involved!

By Duane McEwan
UNA Educator

'Put your hand up when opportunities come your way. I promise you won't regret it!'

I WAS at the Western Canadian Labour School in Calgary from June 8-10, and I was in the foyer during a coffee break when I ran into Secretary-Treasurer Christina Doktor and Erin Murphy from Local 77. Christina excitedly introduced me to Erin and explained that, at some point, they had discovered that Erin's grandmother was the nurse who immunized Christina as a child.

I couldn't help but think how incredible that was. Out of all the places and all the people they could have met at through their union, they uncovered a connection that stretched back to Christina's childhood.

As I reflect on my retirement, I find myself thinking about my own 34 years of union life and the many similar experiences I've had along the way. The world can sometimes feel like a small place, but the union movement can feel even smaller. Over more than three decades, I have made lifelong friendships, met incredible people, and built connections that continue to enrich my life.

Take advantage of the opportunities. You never know where they might lead or who you might meet. The possibilities truly are endless.

It all started with a snot-nosed kid working on a factory floor who decided to attend his first union meeting. During the meeting, the Local president announced that a union school was coming up and asked if anyone was interested in attending. No one moved – including me, because I had absolutely no idea what a union school was.

Then the president added, "It's a two-day school, and the union will pay your lost wages."

"You mean I get to not go to work and still get paid?" I replied

"That's right," he answered.

My hand shot up so fast I nearly dislocated my shoulder.

I was sold. Two days away from work and I still got paid.

The course turned out to be a shop steward workshop. I walked into that classroom without the slightest idea what a shop steward was. (They're sort of like a ward rep.) When we were asked to write our names and local numbers on tent cards, I had to admit that I didn't even know my local number. I think I at least managed to spell "union" correctly.

I still have vivid memories of that workshop and can clearly remember the facilitator. In fact, I ran into him again about a year ago.

That one course was all it took – I was hooked.

I became more involved in my union, attended more educational opportunities, and before long found myself serving as local president. From there came opportunities to participate in bargaining, arbitrations, conferences, and labour schools. Eventually, I was selected for a four-year leadership program that brought union activists together from across North America.

CONTINUED ON PAGE 17

Looking back, I feel incredibly fortunate. I have made friendships that have lasted decades, and many of those friends remain an important part of my life today.

Like Christina and Erin, I have also experienced some remarkable and unexpected connections.

Years ago in Pittsburgh, after a workshop, I was chatting with the facilitator when we somehow discovered that I had gone to school with her best friend in Tacoma, Washington.

At the CFNU Biennium in Niagara Falls, I had another one of those "small world" moments. While attending the convention, I unexpectedly ran into my cousin, an LPN from Manitoba. Neither of us had any idea the other would be there. We had travelled from different provinces, and somehow ended up crossing paths hundreds of kilometres from home. It's one of those moments that reminds you just how interconnected the labour movement really is.

Over the years, I have run into union friends from all over North America in the most random airports. I once opened an Edmonton newspaper and found a photo and story of a union friend and his wife from Massachusetts who were involved in a lawsuit against former U.S. president George Bush.

The connections seem endless.

And the amazing thing is that they can all begin with a simple decision to get involved.

Run for election. Take a workshop. Volunteer for a committee. Serve on your PRC or OHS committee. Put your hand up when opportunities come your way. I promise you won't regret it!

You'll gain new skills, broaden your horizons, and build friendships and bonds that can last an entire career – and often much longer.

Take advantage of the opportunities. You never know where they might lead or who you might meet. The possibilities truly are endless.

Oh, and one last thing…

Christina and Erin, can either of you introduce me to Kevin Bacon?

With his retirement, this is Duane McEwan's final column about union education in UNA NewsBulletin. We'll miss him.

Christina Doktor and Erin Murphy

UNA Local 402 members from River Ridge Seniors Village in Medicine Hat got their hands in the dirt and created personalized desertscapes at a local event in June 2026. "Each member was provided a clear glass vessel and three low-maintenance desert plants of their choice. There was a discussion on the plants used and how to care for them, then they were walked through the planting process step by step and any questions were answered. Each creation was unique by personally selecting top rocks and decorations," said Local 402 Vice-President Lanette Kurtz. "We had such a fun evening snacking and making a desert terrarium at Botanicals - definitely a hidden gem in Medicine Hat!"

Nurses learn skills, collaborate in advocacy at labour school

By Kateryna Barnes
UNA Communications Advisor

MORE than 200 nurses from Alberta, British Columbia, Manitoba and Saskatchewan sharpened their advocacy and activism skills at the Canadian Federation of Nurses Unions' Western Canada Labour School held in June in Calgary.

> "Nurses are standing in their power more than they ever did before."
>
> – Darlene Jackson, MNU President

At the closing plenary panel, each of the elected officials representing the four provinces emphasized the value of working together across borders on concerns that affect nurses throughout Western Canada.

"It's the same shift, different province," said Heather Smith, president of UNA, referencing the Manitoba Nurses Union's campaign.

Saskatchewan Union of Nurses' president Bryce Boynton echoed the sentiment.

Labour school participants

"There is so much that we have in common that it can take away from that feeling of loneliness and isolation, and allow us to come together to turn it into shared leverage."

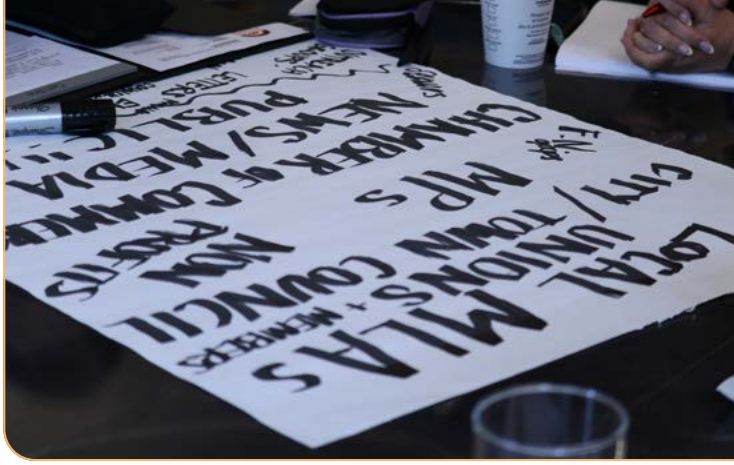
This biennial education event organized by the four western member organizations of CFNU brought nurses together to participate in education workshops and hear plenary talks about issues they face in the workplaces and broader challenges facing the health care system across Canada.

This year's school focused on helping participants build skills in leadership, workplace advocacy, member engagement and political action – all important tools for strengthening our unions and supporting nurses in their workplaces.

Manitoba Nurses Union President Darlene Jackson said these skills are making positive changes in health care across the country. "Nurses are standing in their power more than they ever did before," she said. "We are not the little handmaidens of the doctors anymore. We are professionals. We are amazing, amazing people who do a great job for our patients and our health care system."

UNA's next labour school will take place in Edmonton in May 2027. The next WCLS will be hosted in British Columbia in 2028.

(Left to Right): UNA President Heather Smith, B.C. Nurses Union Vice-President Tristan Newby, Manitoba Nurses Union Darlene Jackson, and Saskatchewan Nurses Union President Bryce Boynton at the CFNU Western Canada Labour School in June.



WESTERN CANADA LABOUR SCHOOL

BCNU · UNA · SUN · MNU

JUNE 2026

Collaboration between Local 79 and Covenant Health Leads to IMPROVEMENTS IN GREY NUNS HOSPITAL OR

By Josh Bergman
UNA PRC Advisor

FOURTEEN Professional Responsibility Concerns, signed by a dozen United Nurses of Alberta members regarding staffing and workload, have been successfully resolved thanks to collaborative discussions at the Grey Nuns Hospital PRC Committee.

First submitted in May 2025, the PRCs highlighted various operational issues in the Operating Room. Key issues included inadequate baseline staffing and skill mix relative to workload and acuity, unfilled vacant shifts, and support staff shortages and training concerns.

UNA Local 79 representatives carefully reviewed and themed the submissions, summarizing the core issues and recommendations into a formal document for the PRC Committee. The PRC Committee invited the OR program manager to multiple meetings to address the concerns, leading to collaborative dialogue and a comprehensive response to the concerns.

Following ongoing discussions among Local 79 representatives, the members who submitted the PRCs, and program management, UNA and Covenant Health representatives agreed to resolve the PRCs based on several key commitments:

- **Baseline Staffing Model Document:** Outlines a standard target of approximately 2.5 nurses per open operating theatre; recognizes that complex cases may require additional support; outlines contingency plans (including room activity reductions or cancellations as a last resort) when staffing falls short; and explicitly empowers the Charge Nurse to call in additional staff to meet baseline and workload requirements.
- **Leadership Commitment:** A formal commitment from OR leadership to "provide a safe environment for patients, families, physicians, and staff" while affirming that they "value and rely on the professional judgement and advocacy of our nurses to identify safety concerns and resources in real time."

CONTINUED ON PAGE 21

NO CHANGES EXPECTED IN UNA DUES DEDUCTED BY EMPLOYERS

IN ACCORDANCE with the requirements of the *Restoring Balance in Alberta's Workplaces Act*, previously known as Bill 32, United Nurses of Alberta has once again thoroughly reviewed all expenditures and has consulted legal counsel about the various entities to which the union provides money as well as all sources of income, including sources other than union dues.

After carefully assessing all financial information and legal obligations, UNA has again determined that all of its members' union dues are spent on core activities.

As a result, UNA expects no changes in the amount of dues deducted from members' pay.

A copy of UNA's Consolidated Financial Statements for the year ended December 31, 2025, can be found by using the QR Code on this page.

All members' union dues are spent on core activities.

Financial Statements

☐ PRC SUCCESS CONTINUED FROM PAGE 20

- **Daily Staffing Discussions:** Integrates a dedicated staffing review into morning huddles, giving front-line staff a formal mechanism to discuss daily assignments, ask questions, and voice real-time concerns.
- **Enhanced Orientation Programs:** Commits to a 20-week nursing orientation and revamps service attendant orientation including planned education days for ongoing skill and competency development.
- **Support Staff Shortages:** Establishes a process to address unit attendant gaps, including offering additional nursing shifts to assist with workload if an attendant shift cannot be filled.
- **Policy Clarification:** Provides clear, updated guidance on the fan-out policy.

The resolution agreement was finalized in writing, in June 2026, pursuant to Article 36, allowing either party to grieve failure to implement or adhere to the agreed terms.

"This is a good example of what can be achieved through collaboration at the PRC Committee without having to escalate concerns to higher levels," stated the Local 79 Second Vice-President and Co-Chair of the Grey Nuns PRC Committee, Rhyan Westergard, while expressing gratitude to the members whose reporting and advocacy drove this positive outcome.

> "This is a good example of what can be achieved through collaboration at the PRC Committee without having to escalate concerns to higher levels."
>
> – Rhyan Westergard

UNA celebrates love, courage and community during Pride Month

UNITED Nurses of Alberta is proud to mark the importance of love, courage and community during Pride Month.

Marked each June, Pride Month is an opportunity to celebrate the vibrant diversity and contributions of 2SLGBTQIA+ communities in Canada. It is also a time to reflect on the progress made toward equality and to recognize the work that still needs to be done.

UNA continues its commitment to fight prejudice in all its forms so that 2SLGBTQIA+ people can always feel safe, valued, loved and welcomed, especially in the workplace and when seeking care from nurses in the health care system.

Pride (2SLGBTQIA+) Caucus

UNA's Pride (2SLGBTQIA+) Equity Caucus provides a safe space for UNA members, where open dialogue can occur on issues and challenges that affect members that identify as 2SLGBTQIA+. Caucus members strive to empower and aid 2SLGBTQIA+ members and their allies. For more information, please contact pride@una.ca.

Alberta's nurses were loud and proud at the Edmonton Pride Parade. United Nurses of Alberta was proud to stand with our 2SLGBTQIA+ members and the Alberta Federation of Labour at the parade. Pride is a time to time to come together and celebrate the vibrant diversity of 2SLGBTQIA+ communities, reflect on the progress made towards equality, and to recognize the work that still needs to be done. UNA commits to fighting prejudice in all its forms, so that 2SLGBTQIA+ people can always feel safe, valued, loved and welcomed, especially when seeking care.

REPORT TO POLICE: IT'S YOUR RIGHT

By Jacob Schweda
UNA OHS Advisor

WHEN nurses are assaulted by their patients, rarely is their first thought to call police. More often, they resume care of the violent patient then carry on with their day. To change a workplace culture that tolerates violence against health care workers, nurses should feel empowered to report potential criminal offences by patients, family members or visitors to law enforcement.

The law is slowly catching up to the reality in clinical settings across Canada. In 2022, section 423.2 was added to the *Criminal Code*:

> ***423.2 (1) Every person commits an offence who engages in any conduct with the intent to provoke a state of fear in***
>
> ***(a) a person in order to impede them from obtaining health services from a health professional;***
>
> ***(b) a health professional in order to impede them in the performance of their duties; or***
>
> ***(c) a person, whose functions are to assist a health professional in the performance of the health professional's duties, in order to impede that person in the performance of those functions.***

Those convicted of a crime can also expect to be sentenced more harshly when their victim is a health care worker performing their job.

Despite these positive developments, crimes against nurses often go unreported.

Despite these positive developments, crimes against nurses often go unreported. To help change this culture, UNA developed a Frequently Asked Questions document, *Reporting Workplace Violence to Police*, targeted at nurses covered by the Provincial Agreement and working at Alberta Health Services and the newly spun-off pillars. The FAQ is available on UNA's website and should be shared widely.

The FAQ reinforces that nurses have the right to report assaults and other crimes by patients and their families to police, and that management is required to inform them of this right after an assault (see Article 34.11 of the multi-employer Provincial Collective Agreement). Nurses can provide the patient's name and an explanation of what happened to police but should not consult the patient's chart or reveal health information when reporting. Although a nurse can choose whether to report to police or not, all incidents of violence in the workplace must be reported to their employer (e.g., through the MySafetyNet reporting process).

Nurses sometimes report that police do not investigate or charge violent patients, particularly those with an altered mental status (due to drug use or dementia, for example). We encourage nurses to advocate for themselves with police when this happens, and to remind law enforcement that the decision on whether to charge an accused rests with Crown prosecutors. The FAQ highlights resources available to nurses to help them follow up with police and Crown Prosecutors to better understand charging decisions.

Reporting Workplace Violence to Police,

CONTINUED ON PAGE 23

Taking shift?

NURSE DEVELOPS NEW TOOL TO HELP WITH SCHEDULING AND BUDGETING

sample of www.myshiftpay.ca

BY THE nature of their job, nurses are creative problem-solvers and Tyler Robertson, an Edmonton-based Registered Nurse temporarily working in a community health locum in the Peace River region is no exception.

As a new nurse, Robertson wanted a more accurate understanding of his income for budgeting and work-life balance planning. Frustrated with the tools and options available, he collaborated with his computer programmer brother to develop My Shift Pay (found at myshiftpay.ca) to help nurses check their estimated pay for a period.

"I found budgeting difficult because when you're working shift work, your pay every week is pretty different," said Robertson. "I want to know what exactly my pay is, because then you can plan your life out a bit better. Do I have to pick up this shift, or can I take a weekend off?"

My Shift Pay allows nurses to input different shift types and rate of pay, and it calculates approximate deductions and net pay for a pay period. Thinking that if this tool was useful for him and that it might help other nurses, Robertson shared the tool for free on social media.

The website is still in early development stages, Robertson says, and he is open to feedback to help more of his colleagues find work-life balance through shift planning. Any comments or ideas can be sent to Robertson at **myshiftpay.ca/feedback**.

Any comments or ideas can be sent to Robertson at myshiftpay.ca/feedback

Tyler Robertson

REPORT TO POLICE CONTINUED FROM PAGE 22

The criminal justice system is imperfect and nurses understandably hesitate before involving police in a workplace incident. However, reporting potential criminal offences by patients and their families to police helps gather important data and reinforces the seriousness and frequency of workplace violence. It can also trigger involvement by support agencies through the criminal justice system that can intervene before violence escalates.

Nurses deserve to work safely each day. Reporting violence to police is an additional tool in our response to the violence that has sadly become normalized across Alberta health care workplaces. If you have experienced violence in the workplace, reach out to a mental health professional or the Employee and Family Assistance Program. You deserve to be supported.

If you require assistance or have questions about police reporting, please contact your Occupational Health & Safety Advisor.

MAY 29 PROTESTS TOOK PLACE IN MORE THAN 20 ALBERTA COMMUNITIES

The 'Fight Back Now' campaign was organized by the Alberta Federation of Labour

ON MAY 29, members of United Nurses of Alberta joined the province-wide day of protest organized by the Alberta Federation of Labour.

Dubbed the Fight Back Now campaign, Albertans frustrated with the government's unprecedented attacks on health care, affordability, education funding and democratic rights held rallies in more than 20 communities throughout the province.

Among the issues highlighted by organizers were the province's shift toward two-tier health care, the chronic underfunding of public education, rising affordability pressures, and growing separatist rhetoric in politics.

Originally planned for just seven major cities, protests against the provincial government's policies soon spread throughout the province.

Organizers heard the same thing from participants in communities throughout Alberta – this was the largest turnout they'd ever seen for a protest in their community. "Folks who'd felt like they were shouting into the void on their own discovered they were standing in a crowd of neighbours who felt exactly the same way," the AFL said.

More rallies are planned for October 17 – anyone interested can stay in the loop or sign up to volunteer at FightBackNow.ca.

UNA and 11 health care employers agree to

CHANGES TO GRADUATE NURSE TRANSITION PILOT PROGRAM

UNITED Nurses of Alberta and 11 health care employers signed a letter of understanding on July 22 agreeing to operationalize the Graduate Nurse Transition Pilot Program (GNTPP) outlined in LOU #29, which set terms, eligibility, and support for recent nursing graduates entering regular positions with health-care employers.

The GNTPP initiative includes integrating extended orientation, clinical mentorship, and targeted support to strengthen new graduate nurse retention and promote long-term workforce sustainability.

It provides support to new graduate nurses through the first two years of their practice to help build a confident and stable workforce over the longer term.

"The Graduate Nurse Transition Pilot Program has been an incredible opportunity for me as a new grad to receive mentorship and grow as a nurse at such a critical point in my career," said Eyasu Yakob, who graduated in the spring of 2025 and is currently involved in the program.

"After spending months working casually, transitioning into a full-time, supernumerary position on a pulmonary ward has made an enormous difference in my experience as a new nurse," he explained. "I've felt incredibly supported in building my competence and confidence through learning from more experienced staff. The program has made a huge difference in my transition to practice, and I hope every new grad gets the opportunity to participate in this initiative."

> I hope every new grad gets the opportunity to participate in this initiative."
>
> – Eyasu Yakob

The provisions of the July 22 LOU include an agreement that instead of creating 1,000 new temporary 12-month positions each year, as originally agreed, the employers would create 3,000 over the life of LOU #29.

The new LOU set an expiry date for the program of June 30, 2028. The parties agreed to meet before that date to determine whether the program will continue.

Twelve-month GNTPP positions are structured in two phases. During the first, graduate nursing positions are supernumerary and include a three- to six-month enhanced orientation where the employee is paired with a Clinical Guide to develop and complete a personalized learning plan. The second includes independent practice with support from an assigned mentor.

After transitioning to independent practice, nurses in these positions are required to apply for available vacant positions of no less than 0.5 FTE in a similar practice setting, ideally within the same unit, program, site, or office.

The program was influenced by the findings of the Applied Workplace Solutions for Nurses initiative conducted in the mid 2000s by affiliate unions of the Canadian Federation of Nurses Unions in partnership with the Canadian Nurses Association, the Canadian Healthcare Association, the Dieticians of Canada, and Health Canada.

Employers that signed the LOU are signatories to the current UNA multi-employer Provincial Collective Agreement: Alberta Health Services, Assisted Living Alberta, The Bethany Group (Camrose), Cancer Care Alberta, Covenant Health, Emergency Health Services, Give Life Alberta, Health Shared Services, Lamont Health Care Centre, Primary Care Alberta, and Recovery Alberta.

Medical mission to Uganda reminds UNA members of value of Canadian public health care

By Kateryna Barnes
UNA Communications Advisor

Weighing an infant as part of the maternal health services offered during the free medical camp.

Local 301 volunteers outside of the clinic.

THIS past May, five Registered Nurses from Local 301 at the Stollery Children's Hospital received $1,000 International Solidarity grants from United Nurses of Alberta to travel to Amuka Community Medical Centre in Busia, Uganda, with *Young Nurses Take Action* and *Bridges of Hope*.

In addition to bringing needed supplies and contributing to a medical education conference, Rachel Doll, Elizabeth Everitt, Taya Tweten, Mackenzie Waples and Gabrielle Warkentin assisted with a three-day medical camp providing free health care to more than 400 community members.

These members supported local volunteers and staff with offering basic assessment, emergency care, communicable disease screening, chronic disease management, maternal health services and inpatient care. Warkentin noted that while health care providers in Canada have access to extensive diagnostic tools and resources, providers in Uganda often solely rely on rapid testing, clinical assessment and patient symptoms to guide care.

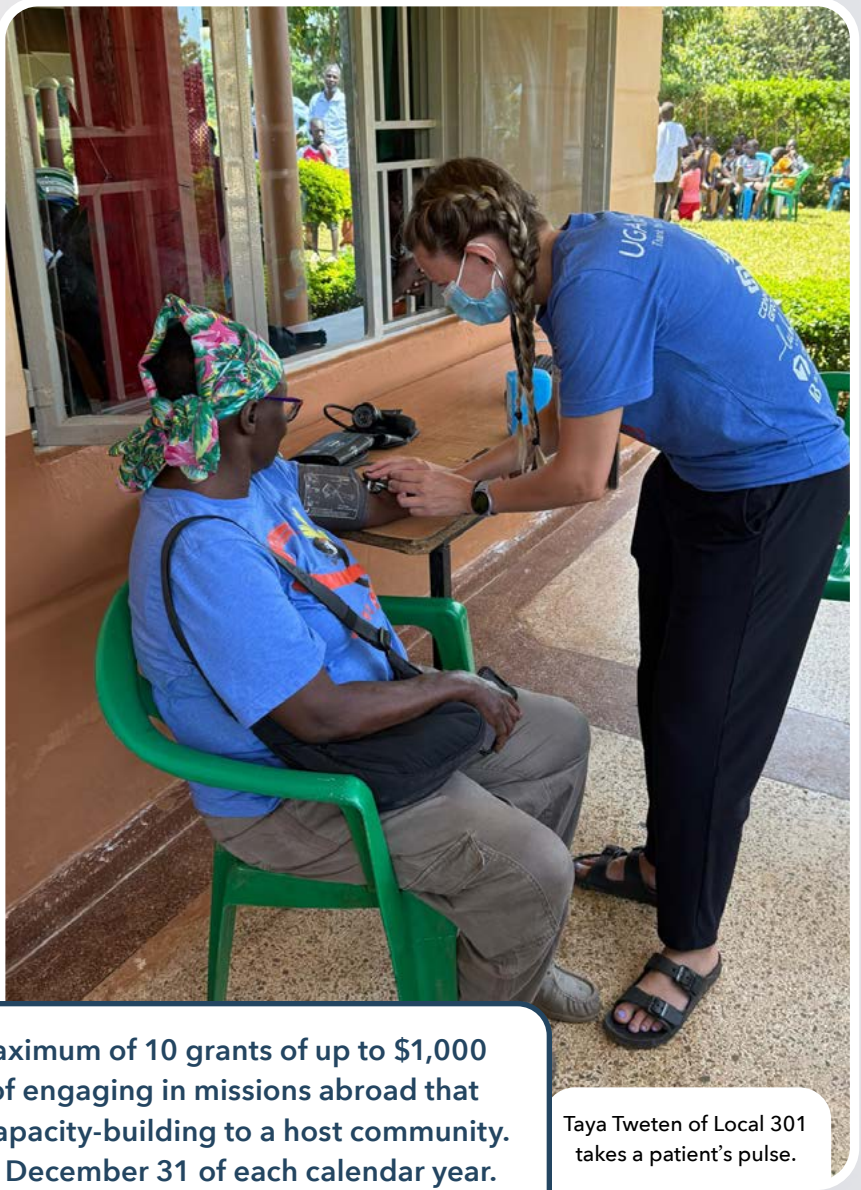
Many community members previously avoided or delayed medical care due to financial barriers, a reality that all five volunteers noted in their reports to UNA. The experience brought stark comparisons to Canada's publicly funded health care system.

"I was reminded how fortunate we are in Canada to access health care without having to choose between meeting our basic needs and receiving medical treatment," Tweten said.

Everitt echoed her colleague's thought: "Seeing these challenges firsthand deepened my appreciation for free, accessible health care for all and reinforced the importance of advocating for health equity."

"We took vital signs of people who had simply never had their blood pressure assessed before, something that we take for granted in Canada as we have an abundance of access to medical services," Doll said.

> "We took vital signs of people who had simply never had their blood pressure assessed before, something that we take for granted in Canada as we have an abundance of access to medical services."– Rachel Doll



Taya Tweten of Local 301 takes a patient's pulse.

Twice each year, UNA provides a maximum of 10 grants of up to $1,000 to UNA members for the purpose of engaging in missions abroad that provide humanitarian assistance of capacity-building to a host community. Applications are due on May 15 and December 31 of each calendar year. UNA members can apply for the grant through UNA's DMS system.

UNA marked significant Indigenous celebrations in June

UNA is proud to represent many nurses of Indigenous heritage, including those employed by the Blood Tribe Department of Health and by Aakom Kiyii Health Services of the Piikani Nation at Brocket.

UNITED Nurses of Alberta celebrated National Indigenous History Month throughout June and National Indigenous People's Day on June 21 by honouring the contributions made by First Nations, Inuit and Métis peoples to our union, the nursing profession, our province and Canada.

UNA is proud to represent many nurses of Indigenous heritage, including those employed by the Blood Tribe Department of Health in Stand Off, near Cardston, and by Aakom Kiyii Health Services of the Piikani Nation at Brocket.

UNA encourages members to learn more about the unique experiences, diverse cultures and outstanding contributions of Indigenous peoples this month and throughout the year.

National Indigenous Peoples Day is marked on the summer solstice, the longest day of the year.

In 1996, after consultations with Indigenous groups, the Governor General of Canada declared that June 21 of each year would be celebrated as National Aboriginal Day. The Government of Canada notes that the summer solstice holds deep spiritual and cultural significance for many Indigenous Peoples, marking a time of renewal, connection, and celebration.

This annual month-long celebration of Indigenous history dates to 2009, when the House of Commons designated June as National Aboriginal History Month. The name was changed to National Indigenous History Month in 2017. The observance provides an opportunity for all Canadians to learn more about Indigenous people and show their respect for their vast contribution to Canada.

UNA Second Vice-President Karen Kuprys, at left, attended the Confederacy of Treaty Six First Nations event honouring the 150th anniversary of Treaty Six.

Maria Richel Hammel: *'Nursing is not simply a profession – it is a calling'*

"One of the achievements closest to my heart is giving back to the community where my own nursing career began."

– Maria Richel Hammel

MEET Maria Richel Hammel, a Registered Nurse with Local 219 and a member of UNA's Ethnically Diverse Workers equity caucus. Like many other internationally educated nurses, Maria's story highlights the sacrifice and perseverance it takes to work in Alberta's health care system.

Why did you become a nurse?

I was born on a small island in the Philippines. At a very young age, I was taught traditional healing and herbal medicine. Caring for family members and neighbours when they were ill was a part of life. Without realizing, those early experiences planted the seeds of compassion that would eventually become my passion for nursing.

What was the path that brought you to becoming a nurse in Alberta?

I was the first person in my family to leave our village to pursue higher education. After becoming a Registered Nurse, I returned home to serve my own community. Later, I worked as a staff nurse in Manila before accepting an opportunity in Kuwait. I spent five years there, gaining valuable clinical experience while working alongside health-care professionals from many different countries and cultures.

Like many internationally educated nurses, I began my Canadian journey as a Health Care Aide. From there, I worked hard to become a Licensed Practical Nurse and eventually achieved my goal of becoming a Registered Nurse once again.

Maria Richel Hammel

What makes you proudest about being a nurse?

One of the achievements closest to my heart is giving back to the community where my own nursing career began. As a way of expressing my gratitude, I have been supporting nursing students in my home village. Two nursing students who I have supported will graduate this year. Seeing them reach this milestone fills me with immense pride, knowing they will soon begin caring for others in their own communities. This is one of the greatest rewards of being a nurse — passing on the torch and helping shape the next generation of compassionate health care professionals.

LOCAL 232 MEMBERS RATIFY NEW CONTRACT WITH AGAPE HOSPICE

UNITED Nurses of Alberta continues to negotiate new collective agreements for smaller locals representing long-term care employees across the province. A new agreement was ratified in June 2026 by members of UNA Local 232 at the Agape Hospice in Calgary.

UNA Local 232 represents all unionized employees at this worksite.

UNA Local 232 represents all unionized employees at this worksite, including those working in direct nursing, auxiliary nursing, paramedical professional or technical services, and general support services.

The term of the agreement is April 1, 2025, to March 31, 2028, and improvements to the contract include:

- Increase of mileage to 57 cents from 50.5 cents per kilometre
- Increase to In Charge pay from $2.00 per hour to $3.00 per hour effective April 1, 2027
- Increase to Responsibility allowance from $2.00 per hour to $3.00 per hour effective April 1, 2027
- Pay increase of $3 per hour to $4 per hour for Registered Nurses assigned responsibility for the administrative operations in addition to being designated in charge of the nursing unit. This is effective April 1, 2027
- Increase to preceptor pay from $0.60 per hour to $2.00 per hour
- Improvements to health benefits, including dental and prescription coverage
- Stronger language protecting members from violence and harassment

Salary increases included in this collective agreement reflect provincial agreements for employees working in direct nursing, auxiliary nursing, paramedical professional or technical services, and general support services.

ALBERTA UNION LEADERS MEET MP TERRY DUGUID

Safe patient care, safe staffing, and the need for stable federal funding for public health care were issues raised by UNA Second Vice-President Karen Kuprys when leaders of Alberta's unions met with MP Terry Duguid during his visit to Edmonton on August 20, 2026. Duguid is chair of the House of Commons Standing Committee on Natural Resources and heard from labour leaders about why it's important for Alberta workers to have an efficient and accessible public health care system that is there when and where they need it.

Provincial Collective Agreement is clear on regular hours worked

KNOW your Rights

Report from
Director of Labour Relations
David Harrigan

ARTICLE 35.06 of the Provincial Collective agreement states that the Employer will now reimburse employees for their Professional College dues.

35.06 (a) The Employer will reimburse Employees (who at the beginning of their next registration year have active registration in their Professional College):

(i) 100% of their dues, and

(ii) the full cost of professional liability insurance required pursuant to the provisions of the Health Professions Act if not already included in the Professional College dues.

To qualify, Employees are required to have accumulated 684.6 or more regular hours actually worked in the previous fiscal year. Employees who have worked for multiple Employers subject to the agreement are eligible only for 100 per cent of the relevant dues and insurance. Employees are permitted to apply their regular hours worked at multiple Employers to the achieve the threshold of 684.6 hours.

The Provincial Collective Agreement additionally clarifies "regular hours actually worked" in as follows:

(b) Regular hours actually worked in clause (a) includes:

(i) Leaves of absence for Union or Local business;

(ii) Other leaves of absence of one (1) month or less;

(iii) Time on sick leave with pay;

(iv) Absences while receiving Worker's Compensation;

(v) Educational leave up to 24 months;

(vi) and Maternity, Parental, Compassionate/Terminal Care, Critical Illness of a Child, or Death or Disappearance of Child leaves.

Vacation days are not included because the parties already considered vacation when arriving at the number 684.6

Employees who work at multiple Employers signatory to this Collective Agreement shall be permitted to apply their regular hours actually worked in the previous fiscal year with each applicable Employer for purposes of achieving the threshold of 684.6 hours required to qualify for reimbursement under this Article.

If you have additional questions, please contact your Local Executives or Labour Relations Officer at 1-800-252-9394.

PROFESSIONAL DEVELOPMENT DAYS

Professional development days are included as "other leaves of absence of one month or less".

The Provincial Collective Agreement also states each employee is granted at least three days annually for professional development, at the Basic Rate of Pay. An employee shall be advised, prior to taking any professional development days, of any transportation, registration fees, subsistence and other expenses that will be paid by the employer. Applications for such paid professional development opportunities shall be made in writing to the employer as early as possible.

All Spotlight posters can be found on the UNA website.

www.una.ca/collectiveagreements/spotlights

Friends of Medicare

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