

# NEWS Bulletin



## UNA

United Nurses of Alberta

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\$10,000 & \$15,000  
RCIF payments, plus  
some moving expenses

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RN

NURSES NOW + ALWAYS

# Respect

UNA 

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a year for our members.

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#### PRESIDENT'S MESSAGE



## In unsettling times, on the eve of a critical election, the serious voices and votes of nurses are needed

■ **THESE** are unsettling times for anyone living in Alberta, especially the nurses who are the backbone of our troubled provincial health care system.

The provincial election expected to take place on May 29 has focused the thoughts of many Albertans on the challenges facing our health care system and many other daunting problems in our society, including the uncertainty all of us feel about what the future holds.

Regardless of who or what political parties we have supported in the past, I am sure that most Albertans – and certainly most nurses and other health care workers – hope above all that together we will elect a government that will take a serious, thoughtful approach to the difficulties we will face in a changing world.

The curriculum in my nursing school in Ontario focused on adaptation. This is what nurses must do to help our patients when they face physical and mental challenges that will change their lives. We help them address the requirement to adapt to new circumstances, and we help them find ways to adapt that lets them move on in life.

I have been thinking about that in the context of the challenges facing all Canadians and I believe nurses can – and must – play the same role in democratic society.

There are serious issues facing health care that our governments must step up and meet. But there are many other issues facing Alberta and Canada that deserve the

same serious and thoughtful approach by our political leaders.

We face a national and provincial housing crisis. Beyond immediate medical responses, there is a need for fair and sustainable long-term care. There are other determinants of health that, ignored, will lead to many more problems and higher costs in health care.

Beyond those issues, as a society and as humanity we face climate change and the economic change the world's response to higher average global temperatures is bound to cause. Again, we require thoughtful, sober, serious leaders to navigate these changes, and we need to be prepared to adapt to change in ways that protect the best things in our society and also prioritize the rights of Albertans and Canadians.

This will not be easy. It has never been clearer that we need thoughtful, courageous, serious leaders.

Nurses have an opportunity to lead. It is well understood that nurses are respected – for their skills, their education, and their humanity.

Alberta, and the world, needs more of those qualities than ever before right now.

***Our votes – and our voices – have never been more important than in the weeks before Election 2023!***

Heather Smith  
President, United Nurses of Alberta

FRONT COVER: Lavern Charan, member of Local 33; Photo by Dave Olecko

# PROVINCIAL AGREEMENT UPDATE **RURAL CAPACITY INVESTMENT FUND**

(Letter of Understanding #27)



## Agreement reached on relocation incentives of \$10,000 and \$15,000 for nurses willing to change worksites in North, Central and South Zones of AHS

■ **ALBERTA** nurses are now eligible for significant worksite relocation incentives as well as moving expenses as part of the joint United Nurses of Alberta-Employer Rural Investment Capacity Fund (RCIF) negotiated in the Provincial Collective Agreement ratified in 2022.

The relocation incentive payments from the RCIF apply to nurses willing to relocate to workplaces in rural and remote communities as well as to urban worksites in Alberta Health Services' North, Central or South Zones, UNA President Heather Smith explained.

Separate Rural Relocation Expense Reimbursement payments are also available for nurses who agree to work in rural and remote locations, she said.

"We have a serious staffing shortage, and these relocation incentives aim to provide stability, particularly in rural and remote communities," Smith said in a statement on March 14. "Fixing the staffing crisis will require many more additional resources, but this is a step forward and not back."

The Provincial General Agreement applies to UNA members employed by Alberta Health Services, Covenant Health, Lamont Health Care Centre, and The Bethany Group (Camrose).

### Work Relocation Incentives

Eligible candidates for RCIF Relocation Incentive payments include nurses now working in Alberta and those who expect to have full credentials soon, Smith said.

The Relocation Incentives initiative provides \$10,000 to nurses who relocate employment to an urban worksite in the AHS North, Central and South Zones. The eligible urban worksites are located in Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, and Red Deer.

In addition, Smith said, \$15,000 payments are available to nurses who relocate to worksites in a rural or remote community in each of the three zones.

To qualify, applicants must relocate to a worksite that is at least 100 kilometres from where their current Alberta Health Services, Covenant Health, Lamont Health Care Centre or Bethany Group (Camrose) worksite is located.

The Rural Relocation Incentive is available to all full-time, part-time, and benefit-eligible casual employees (BECES) within the UNA bargaining unit. Applications can be retroactive to April 1, 2022. Funding is on a first-come, first-serve basis, and the deadline to apply is March 1, 2024.

Successful applicants must sign a 12-month Return for Services (RFS) agreement that takes effect upon signing.

"Fixing the staffing crisis will require many more additional resources, but this is a step forward and not back."

- Heather Smith

□ CONTINUED ON PAGE 4



## Relocation Moving Reimbursement

The separate Rural Relocation Expense Reimbursement provides \$10,000 for moving costs for nurses who decide to move to work in rural and remote communities.

If applicants receive both the relocation incentive and relocation expense reimbursement, the RFSs for both will run consecutively.

Managers are required to complete the reimbursement application on behalf of the employee.

RCIF WEBSITE



## 2022 Retention Payment

A majority of the \$5 million remaining in RCIF for the 2022/2023 fiscal year will be allocated as a retention payment to all employees covered by the Provincial Collective Agreement who worked in the North, Central and South Zones between April 1, 2022, and December 31, 2022.

Eligible employees must have been employed as of February 17, 2023, to receive the retention payment. The bonus will be distributed in spring 2023.

This payment is being allocated by the RCIF joint committee as a way to acknowledge the hard work and commitment of nurses within these three zones. 🍷

## 2021-22 Canada Health Act Report published, shows only a few small deductions to provincial payments, none to Alberta

■ **OTTAWA** levied a few mostly insignificantly small penalties against Newfoundland, New Brunswick, Ontario and British Columbia for violations of the Canada Health Act, according to the 2021-2011 Canada Health Act Report.

The report, tabled in the House of Commons by federal Health Minister Jean-Yves Duclos on Feb. 21, showed that Newfoundland was dinged \$1,723 for user charges collected from patients for insured services by one physician; New Brunswick saw a deduction of \$64,850 for estimated patient charges at a Fredericton abortion clinic; and Ontario faced a deduction of \$6,560 for improper patient charges.

The biggest deductions in the period – \$13.3 million – was to British Columbia for extra billing and user charges for covered services by B.C. physicians. B.C. also received a repayment of \$20.5 million for successfully implementing a reimbursement action plan covering 2020, 2021 and 2022.

Duclos said in a statement the federal government will continue working with the provinces and territories to uphold the CHA and make sure they respect its principles by ensuring all Canadians have equitable access to medically necessary care based on their needs, not their ability to pay.

The report followed Ottawa's recent announcement it would invest \$198.6 billion over 10 years, including \$48.7 billion in new funding, to improve health care services for Canadians.

The report is developed by the Canadian government, in collaboration with provincial and territorial governments, and provides information on the extent to which provincial and territorial health care insurance plans have fulfilled the requirements of the Act.

"The goal of the CHA has never been to levy penalties, but rather to ensure patients are not charged for the insured services they have already paid for through their taxes," Duclos's news release said. 🍷

CANADA HEALTH ACT  
ANNUAL REPORT



# AFTER 5 YEARS OF WORK, Local 1 and PLC close to resolving 300 Professional Responsibility Concerns



■ **AFTER** work spanning five years on roughly 300 Professional Responsibility Concerns filed by nurses in the Emergency Department of Calgary's Peter Lougheed Centre, United Nurses of Alberta Local 1 is ready to resolve all remaining PRCs filed between 2018 and 2022.

From the start of 2018 and the end of 2022, more than 90 Registered Nurses and Registered Psychiatric Nurses in the department filed approximately 60 PRCs a year, among the most extensively documented PRC matters in UNA's history.

The PRCs fell into six general categories:

- Staffing and workload
- Appropriate nurse-patient ratios and safer care
- Mental health care in the department, site and zone
- Need for more medical in-patient spaces
- Violence, safety and security concerns
- Inadequate infrastructure, equipment and monitoring

All were brought forward to the UNA Local 1 and Alberta Health Services PRC Committee, where concerns related to medical inpatient spaces, violence and security concerns, and infrastructure, monitoring and equipment concerns were able to be resolved.

As a result, the employer committed to a complete redesign of the ED including many new security measures. The parties agreed that further concerns on outstanding Occupational Health and Safety issues would be advanced to the joint workplace OHS committee.

More than 200 PRCs, however, had to be advanced to the AHS senior leader. After a meeting with the senior leader in March 2022 failed to result in resolution, the concerns were advanced to the CEO in July 2022. Multiple meetings with the CEO designate took place between July and the end of 2022.

UNA recommended increasing baseline staffing in the ED, implementing a direct care nursing model for mental health patients, and acknowledgement by the employer that the Local's staffing concerns are legitimate, longstanding and serious issues with significant negative impacts on staff.

The employer agreed to address the PRCs in three ways:

- Adjusting Operational Best Practices targets to increase staffing in the ED by 3.42 FTE, resulting in an additional RN on every shift
- Implementing a direct-care nursing model for psychiatric patients, with psychiatric emergency staff on site 24/7
- An independent assessment review of the department

Given these actions and commitments by the employer, UNA is now proposing to resolve all remaining ED PRCs submitted between 2018 and 2022.

UNA thanks the Local 1 PRC Committee – including Local President Diane Lantz, Vice-President Susan Fisk, and PRC Advisor Danusia Moreau – for the hours spent reading PRCs and going to meetings over the years. 🍷



CANADIAN  
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OF NURSES  
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# Canada's health care crisis will not be solved with for-profit health care delivery: CFNU



By Linda Silas  
President, Canadian  
Federation of Nurses Unions

■ **IN** our emergency rooms, our community clinics, and our long-term care facilities, dire staffing shortages have become a crisis in Canada's health care system. This isn't news to nurses, long shouldering the burden of an underfunded health care system.

Recently, the federal government announced a \$196-billion, 10-year health care funding package. Included is \$46 billion in new funding and \$25 billion for bilateral deals with the provinces and territories. This marks a critical moment for the future of health care in Canada that could usher in monumental change to support nurses and ensure patients have access to the care they need when they need it. But without transparency and accountability, it could bolster creeping privatization.

Although privatization is touted by some to improve access to care, we know it only serves to line the pockets of investors and fuel inequitable access to health care.

One of the most striking examples of the harm privatized health care can cause is that of for-profit long-term care facilities

in Canada. As the Canadian Institute for Health Information reported, Canada's COVID-19 mortality rate in long-term care during the first wave of the pandemic was the highest among all OECD countries and nearly double the OECD average.

COVID-19 cases and deaths disproportionately occurred in for-profit homes, compared to non-profit and municipal homes. A May 2020 *Toronto Star* investigation found that residents in for-profit homes were 60 per cent more likely to contract the virus and 45 per cent more likely to die from the virus than residents in non-profit homes, and four times more likely to both contract the virus and die from the virus than a resident in a municipally run home.

Inadequate staffing levels in these homes have been at crisis levels for years, only to be exacerbated by the pandemic. When for-profit long-term care homes pay exorbitant dividends to their shareholders while failing to hire enough full-time, adequately paid staff, both workers and residents suffer unjustly.

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WHEN KNOWLEDGE MEETS KNOW-HOW

## NURSES ARE AT HEART OF FIXING HEALTH CARE CRISIS: CFNU REPORT

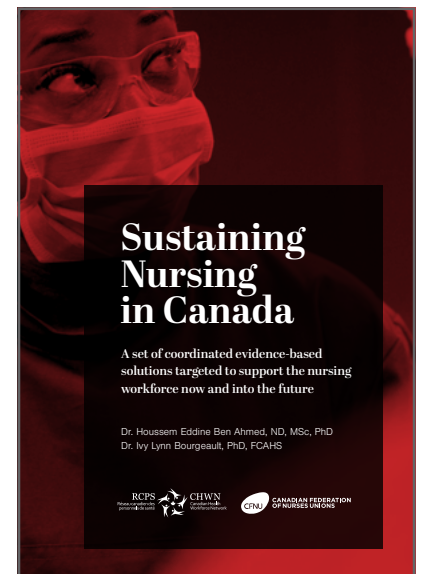
■ **NURSES** are at the heart of the solutions recommended in a report by the Canadian Federation of Nurses Unions published in December 2022 on how to solve the health care staffing crisis.

*Sustaining Nursing in Canada*, by University of Ottawa researchers Dr. Houssein Eddine Ben Ahmed and Dr. Ivy Lynn Bourgeault, focuses on multi-layered solutions to improve health care working conditions and health workforce

planning to weather future crises. CFNU worked with the Canadian Health Workforce Network on the report.

A copy of *Sustaining Nursing in Canada* can be downloaded from CFNU's web page. Search "sustaining nurses" on NursesUnions.ca. 🇨🇦

SUSTAINING  
NURSING IN  
CANADA



"Profit doesn't care about people. Profit doesn't care about health and wellness. Profit doesn't care about mental health. Profit doesn't care. We care. Nurses care."

- Pauline Worsfold

□ CONTINUED FROM PAGE 6

For governments and taxpayers, for-profit health care means paying more for the same service to account for profit margins.

We see this clearly as provinces and territories grappling with staffing shortages turn to private nursing agencies to fill ballooning vacancies in acute and long-term care facilities. Employers pay private staffing agencies up to four times the hourly wage of a nurse, serving to push more nurses out of the public health care system and into private agencies. Rather than line the pockets of for-profit stakeholders, this public health care funding must be reinvested into sustainable staffing solutions within the public health care system for the benefit of all Canadians.

Canada's health care crisis will not be solved with for-profit health care delivery. We tried it before both in our acute care sector and long-term care and it resulted in profits being prioritized above people. Solutions centre people: supporting the

workers who make up our health care system and putting safe patient care first.

As governments finalize health funding bilateral deals, this is the message nurses have for Prime Minister Justin Trudeau and Alberta Premier Danielle Smith: fix the nursing shortage to fix health care.

Provinces and territories must be transparent with spending, and accountable for ensuring every dollar goes towards better outcomes for nurses and patients.

Health care is not a commodity to be bought or sold. It's a human right. Canada's nurses will continue to be vigilant standing up against anyone trying to use the health care crisis to increase for-profit health care delivery.

As nurse and CFNU Secretary-Treasurer Pauline Worsfold said at a recent rally for public health care, "Profit doesn't care about people. Profit doesn't care about health and wellness. Profit doesn't care about mental health. Profit doesn't care. We care. Nurses care." 🍷



Pauline Worsfold  
Secretary-Treasurer,  
Canadian Federation  
of Nurses Unions

## CFNU guide compares Canadian nurse contracts

■ **HOW** do nurses' collective agreements compare across Canada?

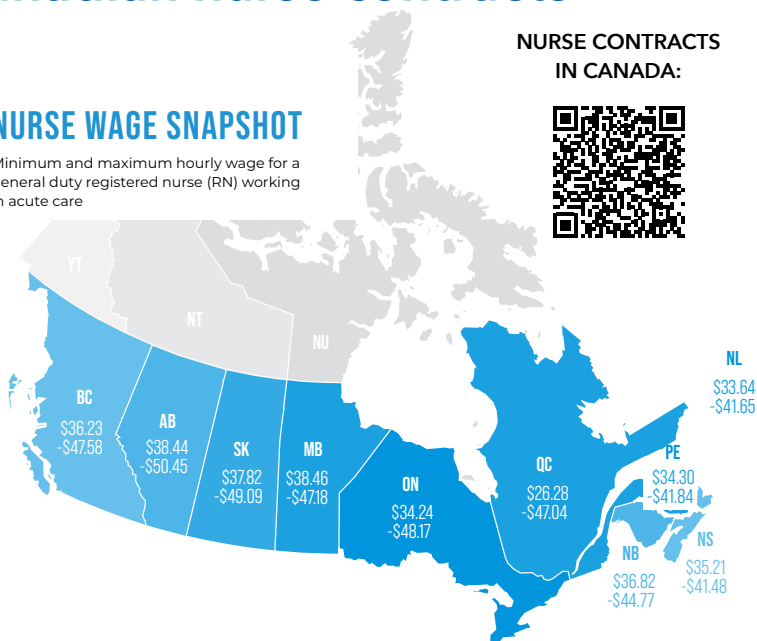
The Canadian Federation of Nurses Unions' annual review of key nursing contract provisions including salaries and other negotiated benefits across the country is now available online.

Pay is often assumed to be the principal measure of the worth of an agreement, but this can be misleading as many other articles in a collective agreement can impact the quality of nursing work.

A copy of *Nurse Contracts in Canada* can be downloaded from CFNU's web page. Search "nurse contracts in Canada" on [NursesUnions.ca](https://nursesunions.ca). 🍷

### NURSE WAGE SNAPSHOT

Minimum and maximum hourly wage for a general duty registered nurse (RN) working in acute care



NURSE CONTRACTS  
IN CANADA:









# UNA has the prescription: **The 3 Rs of Fixing Health Care**

■ **THERE'S** a critical shortage of nurses and Alberta's nurses have a prescription to fix it.

The 3Rs of Fixing Health Care: Retain, Recruit and Respect.

That's the key message UNA is sending in its ongoing advertising campaign promoting the need to retain the nurses we have, recruit nurses to work here (including supporting education for new nurses and

getting nurses who've quit or retired to return), and the key to both – treating nurses with respect!

The campaign uses both digital and radio advertising and will introduce a video component soon.

In addition, UNA has also relaunched its “Don't Pull the Plug on Public Health Care” lawn sign campaign.

Learn more at [NeedNurses.ca](https://www.neednurses.ca). 

NEEDNURSES.CA



# OHS FAQ:

## UNA's OHS advisors explain how to report occupational health and safety concerns

By Dewey Funk and  
Josh Bergman  
UNA Occupational Health  
and Safety Advisors



Dewey Funk



Josh Bergman

### What should you report into your Employer's Occupational Health and Safety (OHS) reporting systems?

**■ YOU** should report any incidents that have resulted in you becoming injured or ill at work, or conditions or situations that have the potential to negatively impact your health and safety (physical or psychological). This includes near-miss events, which are events that could have resulted in an injury or illness. Examples of OHS concerns include incidents or concerns about equipment, personal protective equipment, security, verbal and physical violence or harassment, ergonomics, lifting and handling, and injury or illness (psychological or physical). This is not an exclusive list.

One of the purposes listed under Alberta's OHS Act is to ensure that "all workers have the ability to express health and safety concerns."

One of the purposes listed under Alberta's *OHS Act* is to ensure that "all workers have

the ability to express health and safety concerns." Furthermore, Alberta's OHS legislation compels workers to report health and safety concerns. The Occupational Health and Safety Act states the following:

#### Obligations of workers

- 5 (1) *Every worker shall, while engaged in an occupation,*
- (e) *report to the employer or supervisor a concern about an unsafe or harmful work site act that occurs or has occurred or an unsafe or harmful work site condition that exists or has existed...*

Familiarize yourself with your employer's incident (OHS) reporting system. For example, AHS employees use an online tool called My SafetyNet (MSN), whereas Covenant Health employees report concerns by calling an Employee Incident/Injury Reporting Line. Other Employers have paper-based incident reporting systems.

### What occurs after I submit a report?

Once you submit a report in your employer's incident reporting system, the employer is required by legislation to investigate and identify corrective actions. A corrective action means any action taken to eliminate or reduce exposure to the

identified unsafe conditions. It is your right to receive and review the employer's completed investigation and corrective action report. You should ask for this report if it is not provided to you.

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## When or how quickly do I need to submit an OHS report?

UNA strongly recommends reporting any OHS concern to your employer in a timely manner, especially if the concern poses an immediate risk to your health and safety; however, it is UNA's position that there are no timelines or restrictions on how quickly an OHS concern must be reported to your employer.

It has come to our attention that there are employer policies and procedures that do not provide clear guidance or timelines of when reporting should be done. This can lead to confusion on when or if a health care worker can report an OHS concern. Some policies or procedures state the concern must be reported on the same shift, where others say as soon as possible, which leads to confusion and may create a barrier for reporting.

Employers may say they have never disciplined anyone for not reporting an incident or situation at the end of a shift, but having a policy that says you must suggests that you can't report the situation or incident the next day or the next time you are at work.

What occurs when the shift is really busy, an incident of aggression occurs, and you don't have the time to report the incident in the employer reporting system during your shift? The manager says you can't stay late to report the incident as they aren't going to pay overtime. If the employer is blocking you from reporting the incident, report the incident the next day or your next shift and add into the report the manager's name who said you couldn't stay late to report the incident. This explains why you are reporting the incident later.

If a manager says you don't need to report the incident, report the incident anyway.

If a manager says you don't need to report the incident, report the incident anyway. It does not matter if the concern has been reported by someone else, if you are affected, fill out an incident report. It's your right and responsibility.

## Are there any timelines on reporting to WCB?

According to the *WCB Act*, you have 24 months after the date of the accident or the date on which you become aware of the accident to make a claim. Employer policies on reporting cannot overrule legislation.

It is important to remember that reporting an incident to your Employer does not replace WCB reporting.

It is important to remember that reporting an incident to your Employer does not replace WCB reporting. It's your right to report a workplace injury.

If your employer is discouraging you from reporting a WCB claim, you should let WCB know by completing their

confidential form at: [https://www.wcb.ab.ca/forms/claim\\_suppression\\_reporting.asp](https://www.wcb.ab.ca/forms/claim_suppression_reporting.asp)

We suggest you fill out this form if your employer has told you not to report your work-related injury/illness.

This 24-month timeline is important as there may be situations during which you are exposed to something at work and it could take time for you to realize you or ill or injured as a result of that exposure. For example, it could take months after a workplace blood or body fluid exposure to test positive for a communicable disease or even take years for a workplace asbestos exposure to become asbestosis. UNA had one nurse who had an accepted postmortem asbestosis WCB claim.

WCB ONLINE FORM



□ CONTINUED ON PAGE 12



## Should I report the concern to UNA?

### UNA OCCUPATIONAL HEALTH AND SAFETY REPORTING SYSTEM



UNA has an online occupational health and safety reporting system. <https://dms.una.ca/forms/ohs> Reporting through this system does not replace reporting through your employer's incident reporting system or to WCB.

If you aren't satisfied with the employer's response and follow up, report the concern

to UNA using the OHS report form on UNA's app or website. This ensures UNA knows about the issue and can follow up with the employer to advocate for a resolution. Your Local OHS Committee representatives can take your unresolved concern to the Joint Workplace Health and Safety Committee for your worksite for discussion and resolution.

## Why should you report OHS concerns or incidents?

Once you submit an incident report and make your employer aware of an incident or concern, the employer is required to investigate and take action to eliminate or reduce your potential exposure to the unsafe condition(s) you have identified. This will hopefully reduce or prevent future similar incidents and make your workplace safer.

Furthermore, when OHS concerns arise at the worksite, and we as UNA OHS Advisors ask the employer if there have been similar incidents, we are sometimes told that no one has reported these concerns before. The employer can rightly state this when no one reports.

When there are reports we can ask for the resolution that has occurred in other similar incidents. Reports can also be used for tracking the number and frequency of occurrences. This can help to reach resolution. We also recommend that when you report an OHS concern and you are short staffed, you should indicate this on your incident report, as this may help identify another root cause or contributing factor to the incident.

So please take the time to report OHS incidents so your workplace can become a safer, healthier place, for you. 🌸

### OH&S ACT:



## UNA MEMBERS MARK OPPOSITION TO BULLYING ON PINK SHIRT DAY

### Pink Shirt Day



■ **ON** February 22, many UNA members marked Pink Shirt Day to stop bullying in schools, workplaces and residences.

Pink Shirt Day began as a reaction to bullying of children in school, but over the years has grown into an effort to raise awareness that seniors and other adults can also face bullying in homes and workplaces.

UNA encourages everyone who can to wear pink, to promote kindness and opposition to bullying.

When we wear pink, we're demonstrating that our community and our nursing profession strives to accept everyone as they are, and that every one of us deserves to live our lives without being bullied.

Pink Shirt Day originated in 2007, when two high school students from Nova Scotia learned that a Grade 9 student had been bullied for wearing a pink shirt to school. Shortly after, both students distributed pink shirts to their fellow students in solidarity. This act of kindness sparked what is now known as Pink Shirt Day—an international anti-bullying movement. 🌸

# Threats against nurses are never acceptable



■ **UNA** is extremely concerned about the safety and well-being of its members after the Royal Alexandra Hospital had to be placed on lockdown on February 10 when a threat of gun violence were received and a police shooting in the Vermilion Hospital in early March.

The threat that led to the lockdown that closed the large central Edmonton hospital was made by an outside caller.

The shooting in Vermilion occurred after a patient attacked a police officer, and at press time was still under investigation.

After the RAH situation, UNA published the following statement:

## **VIOLENCE IS NOT PART OF THE JOB**

*Employers are required to provide safe workplaces for employees and to educate all employees about how to report health and safety problems they experience or see developing, including the potential for workplace violence.*

*Everyone has the right to a safe and respectful workplace free from violence. Unfortunately, physical and verbal abuse targeted at workers are regular occurrences in health care settings, especially since the start of the COVID-19 pandemic.*

*Should any nurse or health care worker encounter any such “undue hazard,” they have the right to refuse dangerous work.*


*Section 17(1) of the Occupational Health and Safety Act defines “undue hazard” in relation to any occupation that poses a serious immediate threat to the health and safety of a person.*

*Any nurse or health care worker facing an immediate hazard that puts them at risk of death or serious physical harm should immediately contact their local police department or RCMP. After contacting the local police, call Alberta Health Services Protective Services.*

*Nurses are being asked to contact Protective Services even when the local police are called to ensure that Protective Services assesses and, where necessary, remains present if local police leave the scene. If they do not remain at the scene, please inform your UNA Labour Relations Officer or Occupations Health and Safety Advisor.*

*Nurses employed by a non-AHS employer should contact the local police and notify management and their employer’s security services of any threats.*

*When a threat occurs, don't forget, you can ask Protective Services for a safe walk to your vehicle.*

*Nurses with questions or concerns about threats of violence in their workplace can contact a UNA Labour Relations Officer or Occupational Health & Safety Advisor at 1-800-252-9394 or [nurses@una.ca](mailto:nurses@una.ca). *

# PUBLIC HEALTH CARE

## a Profound Blessing for Albertans

**A heartfelt thank-you from one patient.**

By Jonathan Teghtmeyer  
Alberta Teachers Association



**IT'S** not that I thought I was about to die, but facing a cancer diagnosis provokes many thoughts about death and about the really important things in life.

Now, I count this as one of the blessings of my journey through cancer diagnosis and treatment. I have new perspectives on life that I will carry forever and that will serve to improve my quality of life going forward.

At my regular dental check-up last April, my dental hygienist saw some white spots on the side of my tongue and invited the dentist to come in to look at it.

"It's probably nothing," they said, "but let's have it checked out." As it turns out, the dentist just happened to be served a photo of tongue cancer on Instagram earlier that morning. She rightfully sensed that this might not be nothing.

Just days before my 43<sup>rd</sup> birthday in June I was diagnosed with squamous cell carcinoma on my tongue. By the end of summer, I would go through a 14-hour surgery to have the cancer removed and my tongue reconstructed.

My story is about lessons and blessings. As the fear of unknown consumed much of my thoughts prior to getting the results of my PET-CT scan, I came to another important realization and blessing: I am in good hands.

Having now gone through this journey, including a 10-day stay in hospital, I can say unequivocally that we are blessed with a truly outstanding public health care system.

I recognize it has many flaws. Extended delays in access to care and an over-abundant reliance on the sacrifices of health-care workers are critical issues that keep the system teetering on the brink, but the quality of care, compassion, and professionalism that patients receive day-in and day-out, despite these challenges, is remarkable.

For that reason, I know how important it is that we must get these issues addressed.

I received exceptional care. Without exception, I was treated by a large, diverse team of caring, compassionate, and skillful professionals. I am deeply grateful for this amazing care and from me and on behalf of patients across the province. I need to say thank you.

However, I also need to say that we see you.

I noticed – despite being on a low-ratio ward – that understaffing had a toll that often appeared as added burden and fatigue on staff.

We see you working extra shifts and endless overtime to keep the ship afloat. I noticed – and this does not take away from the exceptional care – that there was no shortage of complex, competing demands for your time and attention. I noticed – despite being on a low-ratio ward – that understaffing had a toll that often appeared as added burden and fatigue on staff.

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# Patient safety concerns reported daily in December and January at Red Deer Regional Hospital

■ **PATIENT** safety and understaffing concerns that sparked high-profile news coverage in December and January at the Red Deer Regional Hospital Centre continue, UNA Local 2 reports.

Through both months, Local 2 members reported that Central Alberta's largest hospital was operating well above its patient capacity almost every day while the hospital's Emergency Department was consistently unable to meet its baseline staffing levels on most shifts.

Since then, said Local 2 Vice-President Margo Buss, the staffing challenges and the need for frequent Professional Responsibility Concerns to be filed have continued.

On January 8, patients coming to the facility's Emergency Department had to be



Red Deer Regional  
Hospital Centre

diverted to other hospitals for more than 13 hours, with some being sent as far away as Calgary. This situation significantly impacted other sites across the Alberta Health Services Central Zone.

Wait times in Emergency were reported as long as 18 hours and a patient became critically ill in the waiting room while awaiting treatment. 🍷

## □ CONTINUED FROM PAGE 14

The day before I was discharged, I found some quiet time to talk to one of my nurses about her experience. I was dismayed, but sadly not surprised, to have my observations confirmed as systemic issues that faced health care broadly. I learned about the added staffing troubles brought on by the pandemic, the moral distress caused by facing a seemingly insurmountable challenge without sufficient support and the real-world effects caused by harmful and hurtful attitudes carried by some out in the public. I learned about the numbers of nursing colleagues who have left the profession or the province because the systemic issues and the divisiveness just weren't worth it anymore.

You do not deserve this. You deserve so much better.

I see many parallels between the struggles in health care and those in education, where I work. I see systems in crisis propped up by the exceptional efforts of

those who work in them. But this is not sustainable and allowing the system to teeter on the brink of collapse is completely irresponsible.

We have something truly special in our public health care system. We have something that deserves our attention and support. As citizens, we need to make sure that we work diligently to support workers and to defend Medicare against those who would attack it.

I am blessed to have received the benefit of it. I am blessed to be able to see it and I am blessed for having received the call to action to protect it.

*Jonathan Teghtmeyer is the Associate Coordinator—Communications for the Alberta Teachers' Association. Before that he worked as a high school math and drama teacher in rural Alberta. From 2011 – 2016, years before his cancer diagnosis, he served as the chair of the Friends of Medicare. 🍷*

As citizens, we need to make sure that we work diligently to support workers and to defend Medicare.

Speakers at the COVID-19 memorial on Monday, May 13, in Edmonton. From left to right: HSAA Board member Chandra Arsenault, Long COVID sufferer Laura Collison, AFL President Gil McGowan, Congress of Union Retirees of Canada representative Judy Lederer, and UNA President Heather Smith.



## Albertans with Long COVID deserve support, pandemic memorial in Edmonton told

■ **ALBERTANS** with Long COVID deserve supports to keep their bills paid and help them recover from the disease, UNA President Heather Smith told a memorial today for the more than 5,000 Albertans who have died from the disease since the declaration of the pandemic three years ago.

Standing before a display of 5,000 paper flowers symbolizing each of the lives lost in Alberta to COVID-19, Smith reminded her listeners that it's also important to remember those who have experienced Long COVID. "It's crucial that these Albertans aren't left behind by their provincial government and their health care system," she said.

"About 15 per cent of adults who have contracted COVID-19 experience Long-COVID," she said. "In Alberta that translates to an estimate of 94,000 individuals, approximately 2 per cent of our population, equivalent to a city the size of Lethbridge or Red Deer."

Women are almost twice as likely to suffer from Long COVID, Smith noted, and health care workers, most of whom are women, are also more likely to experience the condition.

Gil McGowan, president of the Alberta Federation of Labour, called it fitting that working Albertans organized the memorial. "Many workers were exposed to COVID-19 in the workplace through insufficient protective equipment, bad ventilation, or simply because it was their job to care for the sick."

Calling for a resumption of COVID testing and 10 mandatory sick days for all Alberta workers, McGowan said that "the same way our leaders failed us during the first three years of the pandemic, they are now failing us in the face of Long COVID."

"We can't let the failures of the past three years become a prelude for failures for the next three years," he stated.



Laura Collison

□ CONTINUED ON PAGE 17

Respiratory therapist Chandra Arsenault, a member of the Health Sciences Association of Alberta Board, noted that “when the pandemic finally goes away, we are still going to be dealing with the effects of thousands of Albertans who have Long COVID.

“It’s the responsibility of the government to implement a strategy to help those affected and prevent more from suffering from this disease,” she said.

Laura Collison, one of the 1.4 million Canadians with Long COVID, said she was infected with COVID-19 in January 2022 during the Omicron wave. “We will never know how many people got sick at the same time because the UCP cancelled PCR testing right as it hit. This ended

up delaying access to care for me and many others.”

“I have always been a strong advocate for public health care and nothing has strengthened my resolve like being sick,” she said. “The testing and treatment I have received over the past year would have cost me hundreds of thousands of dollars. If I had to pay for that, I likely would have lost my home.”

“Taking COVID seriously feels as if it has become a radical act and it should not be this way,” Collison said. “We are living through a mass disabling event and it is not too late for us to recognize it and start working to reduce the risk and address the harm.” 🌸

Heather Smith



## BREAD AND ROSES: UNA MARKED International Women’s Day on March 8

■ **ON** March 8, United Nurses of Alberta marked International Women’s Day, a day for celebrating women’s achievement but also for raising awareness about discrimination in Canada and around the world and taking action to achieve gender equality.

“As members of a profession in which women predominate, nurses are particularly conscious of the need to continue the effort everywhere in the world to secure the justice and equality for girls and women symbolized by International Women’s Day,” UNA President Heather Smith said in her IWD message.

International Women’s Day has its roots in women’s activism for better working conditions and the vote in the 19th and early 20th Centuries. An international women’s day was first marked in 1911 in Austria, Denmark, Germany and Switzerland.

The anthem of International Women’s Day is Bread & Roses, associated with the strike in 1912 by more than 20,000 textile workers, women and immigrants, in Lawrence, Massachusetts.

IWD is now marked around the world on March 8 and the need remains great, and is again growing, to continue this struggle.

In 2023, Smith noted, it is important to remember that the impact of COVID-19 on women and women workers, including nurses, continues to be felt. Most jobs lost during the pandemic were in sectors of the economy where women are employed in large numbers – including nurses and other health care workers.

Long COVID continues to keep many women out of the workforce and the need for government services to support these workers is strong and growing. A digital gender gap isolated many women throughout the pandemic, even in wealthy countries like Canada.

“Today, while we celebrate, we must also continue to empower women and girls around the world to transform their lives, their families, and their communities,” Smith said. 🌸

International Women’s Day has its roots in women’s activism for better working conditions and the vote in the 19th and early 20th Centuries





# Largest labour disputes in U.K.'s National Health Service history continued in March

In early February, tens of thousands of British nurses, ambulance workers and physiotherapy staff were on strike.

■ **AFTER** months of labour disputes in the United Kingdom's National Health Service, activists from several unions called in late March for the government's latest offer to be rejected.

In early February, tens of thousands of British nurses, ambulance personnel and physiotherapy staff were on strike in the largest labour dispute in the 75-year history of the NHS.

In an effort to end months of strikes by about 500,000 workers, the U.K. Government offered a 5-per-cent pay increase in the next financial year. The proposal also included a one-time bonus of 2 per cent of salary for 2022-23 and a "backlog bonus" of at least £1,250 per person.

The NHS, once a source of pride for most Britons, is under extreme pressure with millions of patients on surgical waiting

lists and thousands failing to receive prompt emergency care.

In a situation familiar to Albertans, the Royal College of Nurses said a decade of poor pay has contributed to tens of thousands of nurses leaving the profession – 25,000 over just the last year – with severe staffing shortages impacting patient care.

NHS strikes were averted in Scotland in March when unions representing nurses and midwives voted to accept the Scottish government's average 6.5-per-cent pay offer for 2022-23.

In mid-January more than 7,000 nurses in New York City ended a three-day strike after resolving the issue of bad working conditions caused by understaffing in their dispute with two large hospital groups. New agreements include pay raises of 19.1 per cent over three years and creation of more than 170 new nursing positions. 🇺🇸

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## Local 90 members at Rivercrest Care Centre ratify new agreement

■ **MEMBERS** of United Nurses of Alberta Local 90 working at the Rivercrest Care Centre in Fort Saskatchewan have ratified a new collective agreement with their employer, Rivercrest Lodge Nursing Home Ltd.

The four-year contract from April 1, 2020, to March 31, 2024, includes retroactive salary increases of 4.25 per cent as of January 1, 2022, and 2 per cent as of January 1, 2023.

Employees covered by the new agreement will also receive a one-time premium payment of 1-per-cent of the Basic Rate of Pay for all hours worked between January 1, 2021, and December 31, 2021, in recognition their service during the COVID-19 response.

Other highlights of the agreement include new language providing a 2X premium if an employee's schedule has been changed without seven days' notice; increases in evening, night and weekend differential pay; clarified definitions of regular, temporary and casual categories of employment; increases to maternal and parental leave to 18 months; and benefit coverage for eligible temporary employees working more than six months.

The new contract also recognizes the National Day of Truth and Reconciliation as a named holiday.

UNA thanks the Local and bargaining team members for their hard-work and solidarity during these negotiations. 🇺🇸

The new contract also recognizes the National Day of Truth and Reconciliation as a named holiday.

# UNSUNG theatre production acknowledges and honours nurses' pandemic work and struggle

■ **THERE** is no denying the Covid-19 Pandemic is an ongoing and defining event. We have collectively endured a crisis but have not had an opportunity to take stock and collectively mourn the passing of those we've lost, nor to assess what needs to happen to rebuild our lives, systems, and communities.

Workshop West Playwrights' Theatre recently created a theatre piece that acknowledged and honoured the contributions of health care workers who risked their safety to guard our own.

From January 25 to February 12, Workshop West premiered *UNSUNG: Tales from the Front Line*, presented by United Nurses of Alberta. Created by Heather Inglis and Darrin Hagen, it featured powerhouse performances from Patricia Darbasie, Trevor Duplessis, Rebecca Merkley, Jade Robinson, Davina Stewart, Sheldon Stockdale, and Melissa Thingelstad.

Inglis and Hagen interviewed Edmonton health care workers from diverse sectors and asked them about the myriad challenges they faced during Covid-19. The interviews were distilled into five-minute monologues, comprising the UNSUNG experience.

Seven unique and powerful stories displayed a wide range of eyewitness observations and insights into the impact of the global pandemic on our already struggling health care system. Moving, hopeful, and sometimes shocking, the stories opened people's eyes to an experience that media coverage and polarizing political debates have not fully addressed.

UNSUNG brought the remarkable challenges and triumphs of our health care workers into the public lens, so that

we could collectively process what we survived, hang onto the teachings from it, and remind ourselves of what humans are capable of in the hardest of times.

Audiences who attended the piece expressed their wishes to see subsequent productions of UNSUNG in Calgary, Lethbridge and "far and wide, seen by as many people as possible." Inglis and Hagen are working on a template that can be shared with other theatre companies in cities across Canada, so they can create productions of UNSUNG specific to their communities. A podcast and compendium of stories are also being considered to give these stories life beyond the stage.

Workshop West Playwrights' Theatre is grateful to UNA members for their commitment to public health care and their support for UNSUNG. Onward we all continue. In solidarity. 🍷

By Lora Brovold  
Workshop West  
Playwrights' Theatre



Lora Brovold

UNSUNG brought the remarkable challenges and triumphs of our health care workers into the public lens.



Photo: Workshop West  
Playwrights' Theatre

# Equity caucuses make space for UNA's diverse membership

■ **UNITED** Nurses of Alberta's equity caucuses provide a space for a diverse group of members to gather, advocate, and build awareness.

UNA's equity caucuses provide a space for a diverse group of members to gather, advocate, and build awareness.

The caucuses meet at UNA's provincial Annual General Meeting and quarterly throughout the year.

## **Ethnically Diverse and Indigenous Workers of Alberta - EDIWA Caucus**

The Ethnically Diverse and Indigenous Workers of Alberta Caucus reflects UNA's values and commitment to embrace and celebrate our common humanity and the inherent worth of all people. We recognize the existence of intolerance and inequity that challenges our democratic values and ideals. EDIWA provides a supportive and a non-judgmental forum to bring forward concerns experienced while at work and in the community.

Membership includes all UNA members who value and desire to build a culture of trust, respect and solidarity. For more information, please contact: [EDIWA@una.ca](mailto:EDIWA@una.ca)

## **Mental Health Caucus**

A commitment to mental health is about more than talk. UNA's Mental Health Caucus offers an opportunity for information sharing and networking for nurses who work in mental health.

The Mental Health Caucus offers an opportunity for advocacy and sharing perspectives of mental health nursing within greater community of nurses and UNA. The Mental Health Caucus offers itself as a resource to locals and the provincial organization to help expand the perspectives of mental health nurses. For more information, please contact: [mentalhealthcaucus@una.ca](mailto:mentalhealthcaucus@una.ca)

## **Pride (LGBTQ2S+) Caucus**

UNA's Pride (LGBTQ2S+) Equity Caucus provides a safe space for UNA members, where open dialogue can occur on issues and challenges that affect members that identify as LGBTQ2S+. Caucus members strive to empower and aid LGBTQ2S+ members and their allies. For more information, please contact: [pride@una.ca](mailto:pride@una.ca) 🏳️‍🌈

## Reminder from CRNA: **IMPORTANT REGISTRATION RENEWAL DATES**

■ **ALL** College of Registered Nurses of Alberta (CRNA) registrants must renew their permit annually to continue practising in Alberta.

Your application will appear on the College Connect home page (<https://connect.nurses.ab.ca/login>) once renewal opens.

### **Important Dates:**

- Renewal opens on July 26, 2023.
- Renewal closes on Sept. 30, 2023, at 11:59 p.m. MDT.

Incomplete renewal applications will no longer be available on Oct. 1, 2023, at 12:01 a.m., and all progress on your renewal application will be lost.

A complete application and fee must be submitted by Sept. 30, 2023, to ensure you can work between Oct. 1, 2023, and Sept. 30, 2024.

Registration renewal for members of the College of Registered Psychiatric Nurses of Alberta is available from March 1 to April 30 every year. Renewal not completed by May 31 will result in suspension of the member's practice permit. 🏳️‍🌈



# UNA is non-partisan, but we will speak up frankly about the issues

**ALBERTA  
VOTES**  
2023

■ **THIS** will likely be the last edition of UNA NewsBulletin before the provincial election scheduled to take place on May 29.

With health care trending as a key issue in the provincial election campaign – which has already informally begun – virtually every Alberta health care story has taken on a political edge.

This includes health care funding in the February 28 provincial budget, government announcements about the United Conservative Party’s “Health Care Action Plan,” the approaches taken by the government to solving the critical shortage of nurses and other health professionals in Alberta and worldwide, and the health care deal reached on February 27 between the federal government and Alberta.

United Nurses of Alberta is a non-partisan organization. We do not tell members how they should vote. But we are not disinterested about health care policy, where our members have expertise and knowledge.

It is up to UNA members to decide for whom they will vote. But UNA will continue to forcefully oppose misguided plans by the current provincial government for broad and increasing privatization of medical services as a solution to long wait times and staff shortages in the health care system. In fact, privatization will make a bad situation even worse..

It is well understood that profit-motivated privatization of services will decrease patient care and increase waiting times.

Opening new private facilities only dilutes the limited pool of health care professionals. Research shows that patients receive better care in publicly funded, publicly delivered facilities.

UNA will continue to speak that truth. As President Heather Smith recently told media, “we don’t have a cloning machine. Alberta can’t duplicate professionals. And when the private side fails, the public side must bail them out, at the public’s expense.”

Likewise, when Premier Danielle Smith muses publicly that user fees, co-payments and de-listing of publicly funded treatments can help “change the conversation on health care,” or that Alberta should use “health spending accounts” to establish co-payments, UNA will counter those opinions forcefully. 🗳️

United Nurses of Alberta is a non-partisan organization. We do not tell members how they should vote.



# UNA members running in the 2023 provincial election



Diana Batten



Danielle Larivee

■ **AT** least two members of United Nurses of Alberta have been nominated as candidates to run in the provincial election scheduled for May 29.

At press time, Registered Nurse Diana Batten was running as the NDP candidate in Calgary-Acadia. Batten is a member of UNA Local 211 (Calgary Community).

As an RN, Batten has practiced nursing across the age spectrum from adult nephrology transplant patients to the neonatal intensive care unit.

Registered Nurse Danielle Larivee is running as the NDP candidate in Lesser Slave Lake.

Larivee, the First Vice-President of UNA since 2019 is well known to members. She was previously MLA for the northern Alberta riding from 2015 to 2019.

Larivee also served during her time in government as minister responsible for the municipal affairs, Service Alberta, and children's services portfolios.

Before being elected as an MLA in 2015, Larivee served as President of UNA Local 315 (Keeweenaw Lakes Community).

If we have missed any UNA members running in the provincial election, please contact UNA to let us know. 🍷

# UCP continues push to increase role of PRIVATE SURGICAL CLINICS

JAN. 23  
NEWS RELEASE:



■ **ALBERTA'S** United Conservative Party Government continues its push to increase the number of private surgical clinics despite evidence this approach leads to longer wait times and reduced care.

In January, Health Minister Jason Copping announced the province had signed a contract with a private surgical clinic in Calgary to deliver thousands of orthopedic surgeries each year as part of its plan to cut surgical wait times.

He said the private corporation, Canadian Surgery Solutions, would offer more than 3,000 additional hip and knee replacements and other joint procedures a year under a new contract with Alberta Health Services.

The government emphasizes the term *chartered* surgical facilities to describe the privatized surgery clinics it plans to set up.

But contrary to Copping's claim contracting private surgical facilities will bring down wait times, the impact of such clinics is more likely to increase wait times for most patients, especially those without the financial resources to pay up front for health care.

This is because private clinics draw resources and personnel from the public health care system, already under

stress from the lingering impacts of the COVID-19 pandemic and a shortage of qualified personnel.

Moreover, as has been demonstrated in past years, when corporate surgical companies fail, the work they were hired to do is thrown back on the underfunded and understaffed public sector.

Opposition Health Critic David Shepherd warned that "private companies exist to make a profit, and every health-care dollar that goes to companies' profit margin is a dollar taken out of the public system."

As a result, he said, "sooner or later those dollars start coming out of patients' pockets."

UNA President Heather Smith described the initiative as "a plan to contract out low-risk uncomplicated surgeries to the private sector and leave public facilities to deal with more complicated and expensive procedures and to clean up the mess when things go wrong."

Nevertheless, the UCP Government made it clear in Finance Minister Travis Toews's 2023 Budget Speech on February 28 that its Alberta Surgical Initiative Program, with its emphasis on private clinics, will continue. 🍷

Readers can listen to health policy researcher Colleen Fuller discuss how private clinics take resources from the health care system and increase wait times in this podcast from the Broadbent Institute: [pressprogress.ca/sources-history-privatize-healthcare-canada](https://pressprogress.ca/sources-history-privatize-healthcare-canada)



www.flickr.com/photos/albertanewsroom/

Alberta Minister of Health Jason Copping.

Photography by Chris Schwarz/  
Government of Alberta



ALBERTA  
VOTES  
2023



# UCP's February budget targets voters

■ **THERE** was no question it was an election budget when Finance Minister Travis Toews got to his feet in the Alberta Legislature on February 28 and introduced the United Conservative Party's 2023 spending plan.

Aided by suddenly booming resource royalties, Toews promised to spend more on health care and education, pay down debt, build roads and bridges, invest in programs to reduce greenhouse gas, and leave the province with a \$2.4-billion surplus.

Nor did he deny it was an election budget. "We have the benefit of contrasting two very different approaches to governance and the economy," he said in his Budget

Speech, going on to claim that if elected the Opposition party would raise taxes, spend more money than the UCP would, and work too closely with the federal government – which UCP Premier Danielle Smith casts as an enemy.

NDP Opposition Leader Rachel Notley, who was premier from May 2015 to April 2019, hotly fired back that the budget was based on over-optimistic economic forecasts, deceptive estimates of the costs of some programs, and plans to end many affordability programs soon after the election takes place on May 29.

"Funding for critical services remains below where it should be if adjusted for population growth and inflation, with health care funding short \$1.4 billion and education funding short \$1.6 billion," she said.

The budget is "a fraudulent budget designed to buy votes ahead of the election and then spring the costs on Albertans after the polls have closed," she asserted.

In an interview with media, United Nurses of Alberta President Heather Smith said, "I'm just very concerned that this is more of an attempt to tell people that everything is OK in health care. It's not OK."

Smith told the CBC that the government keeps sending messages that "help is on the way," but that UNA's members haven't seen any significant improvements to the system lately. Workers continue to bear the brunt of ongoing staff shortages, she said. "I have been skeptical of suggestions that we are really dedicating the resources we should be for an expanding population in this province."

Operational spending was set to rise 4.1 per cent in the budget, lower than the rate of inflation. 🍷



Finance Minister Travis Toews during a news conference in Edmonton on Tuesday, February 28, 2023, Alberta's budget day. (photography by Chris Schwarz/ Government of Alberta)

[www.flickr.com/photos/albertanewsroom/](https://www.flickr.com/photos/albertanewsroom/)

# Despite strings attached, Alberta signs on with Ottawa's health deal in time for provincial budget

■ **ALBERTA** became the seventh province to join the Trudeau Government's 10-year health care deal, signing the agreement in principle on February 27.

Federal Health Minister Jean-Yves Duclos said in a news release that morning that more than \$24 billion would be invested in Alberta's health care system as a result of the agreement.

In addition to \$2.9 billion for a new bilateral spending agreement on shared health priorities, that sum included an immediate \$233-million top up to the Canada Health Transfer to address such urgent needs helping pediatric hospitals and Emergency Departments and reducing long surgical wait times.

The agreement also includes spending to improve family health services, especially in rural and remote areas, and gives Ottawa some access to Albertans' health information.

Newfoundland and Labrador, New Brunswick, Nova Scotia, Prince Edward Island, Ontario and Manitoba had already signed on when Alberta agreed to the deal – which came with some conditions despite Premier Danielle Smith's previous insistence that the province would never sign a deal with strings attached. B.C. signed on March 1.

With a provincial budget set for February 28 and general election for May 29, the United Conservative Government stood to benefit considerably from the improved bottom line the federal largesse made possible.

Accordingly, Premier Smith adopted a more positive tone than in other recent comments about the Trudeau Government. "This is a productive first step and I look



Federal Health Minister,  
Jean-Yves Duclos.  
(photography by David  
Climenhaga/UNA)

forward to continued discussions with the government of Canada on how we can achieve longer-term sustainable funding," she told a news conference on February 27.

She called a meeting with federal counterparts the previous week "very positive."

In his news release, Duclos called the agreement with Alberta "an opportunity to continue our collaboration and improve the experience of health workers and those they care for. It will modernize our health care system, improve access to family health services and mental health services, reduce surgical backlogs and support health workers."

□ CONTINUED ON PAGE 26



# Government continues to push controversial Alberta pension scheme

■ **SINCE** June 2020, the United Conservative Party government has promoted a scheme to withdraw from the Canada Pension Plan and create an Alberta pension plan.

Despite being shown by polling to be highly unpopular with Albertans, both former premier Kenney and his successor, Danielle Smith, have pushed hard for this idea – although Smith stopped talking about it in the lead-up to the expected May 29 election.

Despite claims an Alberta plan could have lower contribution rates, boost the Alberta financial sector by directing more money to government-owned Alberta Investment Management Corp. (AIMCo), and direct funds to projects supposedly of benefit to the province, critics argue the negatives are more compelling.

Albertans would lose access to the stability and investment skill of the CPP and portability of their retirement savings between provinces. Some estimates say the cost of administering an Alberta plan would be more than half a billion dollars a year.

As a much smaller plan, an Alberta pension would be more vulnerable to changes in this province's roller-coaster resource-based economy. Albertans could lose access to enhancements to the CPP now being implemented.

As a defined-benefit plan indexed to inflation, the CPP is the only source of income that provides a reliable source of income for many seniors who risk outliving their assets. Critics ask if an Alberta government facing a severe recession caused by falling royalty rates could resist the temptation to reduce pension benefits. 🇨🇦

□ CONTINUED FROM PAGE 25

GLOBE:



FEDS:



CFNU:



Meanwhile, the NDP Opposition in Alberta criticized Smith for agreeing to a deal it called “inadequate.”

“The dollar figures barely catch up with the cuts the UCP, led by Danielle Smith, have inflicted on Albertans’ care over the past three and half years,” Lori Sigurdson, the NDP’s seniors and housing critic, said in a statement. “There is broad consensus that the federal offer is too small but Danielle Smith took it anyway.”

“Albertans cannot trust the UCP with public health care,” Sigurdson said, contrasting the UCP’s policies with the NDP’s proposed Family Health Teams strategy to connect a million more Albertans to a family doctor. The NDP plan promised Albertans will never have to pay to see their family doctor.

Meanwhile, in early February in Ottawa, the Canadian Federation of Nurses Unions had welcomed the federal offer now being taken up by the provinces.

“Fixing the health crisis starts with concrete action to fix nursing shortages.”

– Linda Silas.

“After years of underfunding and grueling working conditions pushing nurses out of the profession, increased funding is welcome,” said CFNU President Linda Silas. “But fixing the health crisis starts with concrete action to fix nursing shortages.” 🇨🇦



# STOP PLAYING POLITICS WITH ALBERTANS' PENSIONS

## AFL PRESIDENT SAYS

■ **GIL** McGowan, president of the Alberta Federation of Labour, has called on the provincial government to stop playing politics with Albertans' pensions.

The Danielle Smith Government's plans to pull out of the Canada Pension Plan and create their own Alberta pension isn't motivated by a desire to improve retirement security for Albertans, McGowan said in an op-ed published by the Edmonton Journal on February 15.

"It's all about politics," McGowan stated. "The UCP adopted the idea from a document called the 'Free Alberta Strategy.' One of the authors of the strategy, Barry Cooper, wrote that the goal of a stand-alone Alberta pension is to 'hurt the rest of the country ... to inflict a little pain on Canada, and especially on Ottawa.'" Another of the authors now manages the Premier's Office.

In other words, McGowan explained, "the goal of an Alberta pension plan, according to the people who advise Premier Smith, is to 'hurt the rest of the country,' not to provide retirement security for millions of Albertans."

That will inflict pain on more than the rest of Canada, McGowan said, pointing out that the CPP and federal programs like Old Age Security and the Guaranteed Income Supplement have dramatically reduced poverty among Canadian seniors since the national pension was introduced in 1966.

"We need to tell them to stop playing political games with our retirement security,"  
- Gill McGowan

MCGOWAN OP-ED:



COOPER QUOTE:

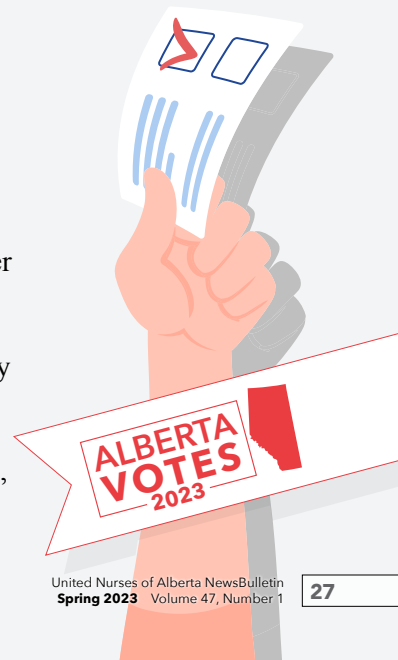


Noting that only about a quarter of Albertans have workplace pensions, McGowan warned that if the UCP pulls out of the CPP, working Albertans will lose security and stability, as well as the portability that allows them to move to jobs in other parts of Canada.

Albertans could also lose existing CPP adjustments for inflation and access to the CPP Board's plan to increase maximum benefits by up to 50 per cent, he added.

The change would cost hundreds of millions of dollars and is wanted by neither ordinary Albertans nor the business community, McGowan said. "What Premier Smith and the UCP are proposing is deeply irresponsible."

"We need to tell them to stop playing political games with our retirement security," his op-ed concluded. 🍷



## OPINION:

# Governments need to start listening to nurses on health care

*This opinion article by UNA President Heather Smith and Canadian Federation of Nurses Unions President Linda Silas was first published by the Edmonton Journal on January 25, 2023.*

■ **ALBERTA** is starting 2023 in a health-care crisis, which has been with us for a long time and just seems to go on and on. Albertans understand a dire shortage of nurses is impacting all of Canada. The crisis in this province began before the arrival of COVID-19 and has been made worse by the global pandemic and our governments' responses to it.

Everyone is familiar with the results. Here's one example: Lineups so long at children's hospitals Alberta Health Services had to set up a trailer so families can shelter from sub-zero temperatures while waiting for young patients to be triaged.

For young patients facing important surgeries or suffering from health emergencies, the consequences can obviously be much worse. In many cases, it will take years to assess the impact of this ongoing crisis on the long-term health of young patients.

Through it all, front-line nurses want Albertans to know we have solutions to offer and are eager to collaborate with all levels of government to fix this crisis.

Often, though, it feels as if no one is listening. Our provincial government is focused on reorganizing AHS leadership, privatizing public health-care services, and planning unneeded "health spending accounts" to pave the way to user fees and co-pays. Ottawa and the provinces have been unable to reach an agreement on national health-care funding because the provinces demand there be no requirements or accountability attached to federal funds.

Nurses want Albertans to know that what we want is simple: We want patients to receive the care they need, and for nurses to practice their profession under safe and sustainable working conditions.

To do that, we need our governments to start listening to us. Governments must do three things to fix the nursing shortage crisis: Keep experienced nurses in their jobs; attract nurses back to the workforce; and recruit nurses where they are needed most. We need proven programs, backed by firm timelines and real accountability.

That is not what's happening now.

"It's not uncommon to get 50, 75 or even 100 texts on your phone every day from Staffing, looking for nurses to fill shifts," says Cathleen Cobb, a registered nurse in the ICU at Edmonton's Misericordia Community Hospital.

Heather Smith and Linda Silas



□ CONTINUED ON PAGE 30

# PRESIDENT SMITH TO ALBERTA GOVERNMENT: What help is on the way, and when?

■ **UNITED** Nurses of Alberta President Heather Smith has asked Health Minister Jason Copping to explain Alberta Government social media advertisements claiming “help is on the way” and stating the province is “empowering front-line workers to deliver health care.”

“We are concerned by this statement in your government’s latest advertising because it implies some actions are about to

be taken, yet none of our recent discussions with you or Alberta Health Services have included any mention of this advertising campaign, or to what workplace policies or actions it may refer,” Smith said in Late December 2022.

In a letter to the minister, she urged Copping to explain what specific actions are contemplated. 🍷

## President Heather Smith urges more focus, more funding on retaining and recruiting nurses

■ **UNITED** Nurses of Alberta is pleased the province’s political parties are taking the health care staffing crisis seriously and say they are prepared to spend money to retain and recruit nurses and other health care workers.

But the union is concerned that such a small portion of the \$158 million “Health Workforce Strategy” announced on February 16 by the provincial government is directed to recruiting nurses, who make up the key workforce component that has kept Alberta’s health care facilities running through the pandemic and the current crisis.

“According to Health Minister Jason Copping, just \$8 million of that \$158 million will be used to recruit nurses,” said UNA President Heather Smith. “None of that appears to be directed to retaining nurses who are already working here.”

“This is a drop in the bucket compared to what is required to ease the critical shortage of nurses we are facing in Alberta,” Smith said.

“We believe it is a serious mistake to direct that small sum only to recruiting nurses

from abroad,” she said. “We should also spend to retain and bring back Alberta nurses who want to work but have given up after years over overwork, understaffing, and chaotic conditions in health care.”

Smith said that is why the third “R” in the Three Rs of fixing the health care system is Respect – that is respectful and properly staffed working conditions for Alberta’s nurses.

Most of the funding announced by the government – \$119 million for two previously announced programs – will be used to attract physicians to rural and remote areas in Alberta, and to keep them there.

This is extremely important, Smith said, but if rural hospitals have to close because of an ongoing shortage of nurses, that in turn will lead to retention issues for the doctors who have agreed to work in rural areas.

“We can’t solve this crisis without more nurses and better working conditions for nurses,” the UNA president concluded. “We urge the Alberta government to take this into consideration.” 🍷

HCAP RELEASE:





“It’s completely unreasonable,” she said. “You know that even if you pick up, you’re still going to be working short three or more nurses. So, you know it’s going to be a terrible shift.

Alberta could reduce workloads by implementing safe nurse-to-patient ratios and making further targeted investments in retention initiatives. The federal government should also make direct investments to support return and recruitment initiatives. Nurses want Ottawa and the provinces to work together to improve local and regional health workforce planning and capacity building.


These solutions will help bring nurses and early-retirees back to the public sector, reducing Alberta’s reliance on expensive private agencies while still ensuring surge needs are met across the country. We also need to expand domestic nursing education programs and target recruitment to

diversify the nursing workforce. Alberta should scale up student nurse programs to support new nursing graduates in securing employment in attractive full-time jobs.

Nurses deserve safe workplaces and patients deserve access to the care they need. All levels of government must step up, just as nurses have for so long. This is a big challenge, but together we can improve health care for nurses and patients alike.

We know 2023 will be a year of significant challenges, not just from COVID-19 and other respiratory diseases, but from the impacts of chronic underfunding and understaffing in health care.

Failing to deal with this reality will contribute to further declines in Alberta’s nursing workforce, and even more difficult working conditions in our facilities.

Alberta’s nurses have real solutions. Our governments need to listen to them. 



## LATEST WELLNESS DAY ANOTHER SUCCESS



Dr. Geoffrey  
Soloway



Meg Soper

■ **CLOSE** to 450 UNA members from across Alberta joined the union’s latest Wellness Day via Zoom on February 9.


This follows successful Wellness Days held during COVID-19 restrictions in 2021 and 2022, said Second Vice-President Cameron Westhead.

Focusing on mental health and self-care, the day-long event featured

motivational humourist Meg Soper, fitness expert Dr. Geoffrey Soloway, mental health and diversity advocate Anthony McLean, and yoga leader and UNA activist Barb Campbell.

Speakers shared skills to help UNA members boost their resiliency, learn relaxation and stress relief techniques, and develop coping

mechanisms for an ever-changing workplace.

“Presenters encouraged active participation even in the virtual platform and the sessions were well-received,” Westhead said. “The Membership Committee will be examining the evaluations and will likely hold another session in the future based on feedback from members.” 

# PRINTED COPIES OF Provincial Collective Agreement NOW AVAILABLE

KNOW  
*your*  
Rights

■ **PRINTED** copies of the United Nurses of Alberta's Provincial Collective Agreement with Alberta Health Services, Covenant Health, Lamont Health Care Centre, and The Bethany Group (Camrose) are now available.

UNA members who would like a copy should ask the Employer representative at their worksite.

If copies are not available at the worksite from the Employer, contact your UNA Labour Relations Officer or call UNA Reception to get a copy.

**UNA's collective agreements, including the Provincial Collective Agreement, are also available through the free UNA App, which can be downloaded from the Apple App Store and Google Play.**

In addition to the searchable text of the Provincial Collective Agreement, the App provides direct links to breaking news and union resources and includes an electronic copy of your UNA membership card. 🇺🇦



Report from  
Director of Labour Relations  
**David Harrigan**

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## Letter of Understanding #25 implemented, aims to speed filling of vacant nursing positions

■ **UNITED** Nurses of Alberta members should be aware that *Letter of Understanding #25 Re: Trial of Modified Posting Provisions* has been implemented across the province.

The LOU attached to the Provincial Collective Agreement was created to address inefficiencies and expedite the filling of vacant nursing positions.

This process aims to speed up the filling of vacancies by offering the positions to qualified Regular Employees who already hold a position of the same classification in the unit, program, or office where the vacancy exists.

Eligible employees will not have to compete for positions or go through interviews, even if the vacancy has a different Full-Time Equivalent. The vacant position will be awarded to the most senior

employee on the unit who applies for the vacant position.

If no Regular Employees already holding a position of the same classification in the unit, program, or office apply, the vacant position will be posted in accordance with Article 14.01 of the Provincial Collective Agreement.

LOU #25 took effect on December 5, 2022, at Alberta Health Services worksites and on December 12, 2022, at Covenant Health sites.

UNA has worked with the employers to create **a guide to LOU #25**, which outlines the process and answers many commonly asked questions that UNA members may have. The guide is available at **[www.una.ca](http://www.una.ca)**.

Members with any questions or concerns should contact their UNA Local or Labour Relations Officer at 1-800-252-9394. 🇺🇦

**NURSES** NOW + ALWAYS

# DON'T PULL THE PLUG ON PUBLIC HEALTH CARE

UNA 

NEEDNURSES.CA



**Show your support with a  
'Don't Pull the Plug on  
Public Health Care' lawn sign**

- **ALBERTA** nurses are on the front lines of health care, dealing with understaffing, an under-funded and badly frayed system, and the lingering impact of the COVID-19 pandemic as they do their utmost to bring the best quality care to Albertans.

Nurses can show their concern by putting a DON'T PULL THE PLUG ON PUBLIC HEALTH CARE/I LOVE ALBERTA NURSES sign on their lawn or in their window.



Anyone can order a lawn sign by going to: <https://neednurses.ca/action/request-a-lawn-sign/> 