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United Nurses of Alberta

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A DANGER TO ENTIRE
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PRESIDENT'S MESSAGE



Red Alert for Nurses! PUBLIC HEALTH CARE IS IN DANGER!

■ **THIS** is a troubling and dangerous moment in Alberta and Canadian history!

At a time of year when we would normally be getting ready to celebrate the first signs of spring, we are facing a desperate crisis in Alberta's capacity to provide health care to our province's growing population.

The result of poor planning by Alberta governments over decades, this situation is made worse by the current government's dangerous decision to break our health care system into separate bureaucratic silos, with unclear purpose and enormous cost. Positive results are hard to imagine. The only thing that is certain is the uncertainty this has caused!

And then, late last year, the provincial government passed Bill 11, legislation that puts not only Alberta's but Canada's precious and much-admired public health care system at serious risk. I say Canada's health care system because in this age of international trade agreements, bad policies by a single province can do serious harm across provincial borders.

By opening the door in Alberta to American-style, two-tier, credit-card medicine, letting private insurance corporations enable line-jumping, and private companies to own hospitals, U.S. corporations can demand the same treatment in every other province and territory.

Why would our government do this? Not to shorten waiting lists or reduce the cost of health care. The research is clear and definitive. It will do the opposite. But Alberta has a government that puts ideology ahead of evidence.

Our best hope at this late stage is for the federal government to enforce the *Canada Health Act*, which Bill 11 clearly violates. But it is extremely important for Albertans committed to public health care, like most UNA members, to make it clear to Ottawa that the *Canada Health Act* must be enforced to preserve Canada's medicare.

I urge all UNA members to write and call the office of Prime Minister Mark Carney and federal Health Minister Marjorie Michel and remind them that public health care is a nation-building project more important than any other, and also to support the efforts of Friends of Medicare to ensure Alberta says NO to two-tier health care. **We must save Canadian medicare!**

In Solidarity,

Heather Smith
President, United Nurses of Alberta 🇨🇦

Front Cover Photo: UNA members were among throng on Parliament Hill for the February 13 Canadian Health Coalition rally in support of public health care. From left to right: Canadian Labour Congress President Bea Bruske, UNA Local 1 Vice-President Melissa Field, Melinda Skanderup of UNA Local 126, UNA Second Vice-President Karen Kuprys, and Canadian Federation of Nurses Unions Secretary Treasurer Angela Preocanin.

Photo by Thomas Edwards

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Legislation passed late last year in Alberta puts

ENTIRE CANADIAN HEALTH CARE SYSTEM AT RISK

The Health Statutes Amendment Act, 2025 (No.2) could quickly lead to the Americanization of health care in Alberta and Canada, warns UNA president

■ **ALBERTA'S** *Health Statutes Amendment Act, 2025 (No.2)* may have a dull-sounding name, but it's a dagger aimed right at the heart of Canada's public health care system.

By introducing two-tier, American-style health care for the first time since the *Canada Health Act* was passed by Parliament in 1984, the provincial legislation better known as Bill 11 puts the survival of public health care at serious risk, not just in Alberta but everywhere in Canada.

"Nurses and all Canadians must stand together to stop the Americanization of health care."

- Heather Smith

"This is a red alert for nurses," said United Nurses of Alberta President Heather Smith. "Nurses and all Canadians must stand together to stop the Americanization of health care."

The bill, which became law on December 11 last year, lets doctors bill for medically necessary procedures, allowing Albertans with the funds to jump the line for faster treatment, and also permits private insurance companies to provide coverage to make such line-jumping easier for those who can afford it.

Because of the limited number of medical professionals in every field everywhere in Canada, this will increase wait times for everyone else and further cripple the public health-care system.

Moreover, because of Canada's trade agreements with the United States and other countries, once practices like allowing the sale of private health care insurance, private billing, and private hospitals are permitted, U.S. health care corporations can demand the right to do the same thing in every Canadian province.

"This very well could be the death knell of public health care in Canada," Smith warned. "I believe that in fact is the intention of this legislation, regardless of the government's claims."

Since the provincial legislation clearly appears to be in violation of the *Canada Health Act*, Smith said, Canadians must urge the federal government led by Prime Minister Mark Carney to enforce that federal legislation in Alberta.

"Health care is a nation-building project more important than any other," the UNA president said. "In defence of our country, Prime Minister Carney has said that Canadians 'have the values to which many others aspire,' and that 'Canadians remain committed to sustainability.'"



Parkland Report:
https://albertapolitics.ca/wp-content/uploads/End_of_Canadian_Medicare_report.pdf

You can use the QR Code below to send an email to Prime Minister Mark Carney and federal Health Minister Marjorie Michel urging them to enforce the Canada Health Act in Alberta.



<https://actionnetwork.org/letters/canadas-government-must-enforce-the-canada-health-act>

□ CONTINUED ON PAGE 4



www.inmo.ie/
News-Campaigns/
Trolley-Watch/

This is just one example of creative ways nurses can respond to long wait times, treatment in corridors, overcrowding and understaffing in hospital Emergency Rooms

IRISH NURSES' 'TROLLEY WATCH' responds to long wait times, treatment in corridors, overcrowding and understaffing

■ **SINCE** 2004, the Irish Nurses and Midwives Organization has responded to a capacity crisis in the country's hospitals by compiling a daily "Trolley Watch" list – that is, a daily tally of patients in hospitals who are waiting for beds.

At the end of January, the INMO stated that more than 13,000 patients were treated without a bed in hospitals that month in the Republic of Ireland, which with 5.3 million people is roughly the same population size as Alberta.

In addition to the high numbers of patients on trolleys, the national union raised concerns about the continuous use of surge capacity, which it described as additional bed capacity for which no additional staffing is allocated.

"Our members are reporting long waits for patients, high numbers of patients on wards, and additional surge capacity being introduced across hospitals to accommodate additional need," said

INMO General Secretary Phil Ni Sheaghdha.

"The pressure placed on existing staff is already enormous when they are caring for 13,000 patients in additional inappropriate spaces in one month," she said. "However, the use of unstaffed surge beds disguises the true scale of the overcrowding problem."

On Feb. 5, INMO reported no letup in the number of patients waiting for beds – 700 that day.

This is just one example of creative ways nurses can respond to long wait times, treatment in corridors, overcrowding and understaffing in hospital Emergency Rooms throughout many countries of the industrialized West and the English-speaking world.

Terms change – trolley patients, corridor medicine, ambulance ramping – but the cause is the same: chronic underfunding, privatization, and a determination by right-wing governments to destroy cost-effective, efficient and fair public services. 🇮🇪

□ CONTINUED FROM PAGE 3

"Well, nothing shows our commitment to sustainability more than Canada's fair, equitable and financially efficient public health-care system," she said.

On February 10, federal Health Minister Marjorie Michel rose in Parliament to say she is "working with Health Canada's legal services to see what Alberta's legislation does. ... I will come back to say whether that legislation complies with the *Canada Health Act*. As I have said several times before in this House, I am the guardian of the *Canada Health Act* for Canadians."

Smith pointed to a clear report on the impacts of Bill 11 by the Canadian Centre for Policy Alternatives and the Edmonton-based Parkland Institute released on February 3 that shows 11 grave flaws with the new law.

"I urge every one of you to read this powerful report," Smith concluded. The report is titled "*The End of Canadian Medicare? Alberta Opens the door to U.S. health care.*" 🇨🇦

"As I have said several times before in this House, I am the guardian of the Canada Health Act for Canadians."
- Marjorie Michel

CANADIAN HEALTH COALITION LETTER ASKS OTTAWA TO INVESTIGATE ALBERTA BILL 11

■ **THE** Canadian Health Coalition has asked Canadians in every province and territory to send an email to federal Health Minister Marjorie Michel asking the federal government to investigate if Alberta's Bill 11, the *Health Statutes Amendment Act, 2025 (No.2)* for possibly violating the *Canada Health Act*.

The legislation, passed on December 10 and given Royal Assent the next day,

permits physicians to charge unlimited fees at for-profit clinics for medically necessary procedures while also working in the public system.

“This is American-style health care, and I am deeply concerned that if Alberta succeeds with this law, other provinces will follow and our entire public system will be at risk,” says a letter on the site that can be sent to Minister Michel. 🍷



Photo from www.canada.ca

Federal Health Minister
Marjorie Michel



The CHC letter can be found and sent from:
<https://win.newmode.net/stopalbertastwotierhealthcarelaw>

RCIF rural and remote retention and recruitment program continues



Joint union-employer initiative has \$90 million in funding through end of March 2028

■ **ALBERTA** nurses will soon be eligible again for significant worksite retention and relocation incentives as part of the joint United Nurses of Alberta-Employer Rural Investment Capacity Fund, renewed in the Provincial Collective Agreement ratified in 2025.

The joint initiative between UNA and employers provides access to \$90 million in funding through March 31, 2028, to support nurses now employed or considering nursing in rural or remote parts of Alberta.

Retention and relocation incentive payments from the RCIF are intended to support nurses working or willing to work in rural and remote communities, including urban worksites in the former Alberta Health Services North, Central or South Zones, plus some hard-to-staff rural areas of the former Edmonton and Calgary Zones.

In addition to retention and recruitment incentives tied to return-for-service agreements and relocation assistance for nurses moving to rural areas, the program includes support for rural education and professional development, site- and program-specific initiatives, and pilot projects.

New information about the RCIF program as it becomes available and application instructions can be found at www.rcif-una.ca/. Updates will be posted on the UNA.ca website and social media.

A joint committee of five union and five employer representatives oversees the fund with assistance of a neutral facilitator. The committee sets priorities, reviews and approves local initiatives, and assesses the effectiveness of individual projects. 🍷

Retention and relocation incentive payments from the RCIF are intended to support nurses working or willing to work in rural and remote communities.



www.rcif-una.ca

United in the fight for A BETTER HEALTH CARE SYSTEM, and world, for all



By Linda Silas
President, Canadian
Federation of Nurses Unions

Our fight for a
healthier world
doesn't stop in
our workplace,
our communities,
our province, or
even our country.
Our solidarity
transcends borders.

NO MATTER where we work, nurses are facing the same crises: workplace violence, unsafe staffing, and health care privatization. The demands on nurses grow while the resources dwindle, always doing more with less. Sounds familiar, doesn't it? *Same shift, different day!*

Nurses in Alberta are on the front lines of the fight-back. United Nurses of Alberta is fighting not only to protect nursing jobs, but also to protect access to public health care in Alberta. Nurses know quality health care is for all, and a two-tier system made for the rich and famous has no place in Alberta.

When CFNU's National Executive Board met this February, UNA President Heather Smith and First Vice-President Danielle Larivee championed the need for a movement of nurses to protect public health care. CFNU is rising to the call and launched our Nurses for Medicare movement at a Canadian Health Coalition rally on Parliament Hill calling on our leaders to save public health care.

Patients feel the strain, too. For too many, access to care is dwindling – an especially pressing challenge in rural and remote communities. Indigenous health inequity remains a norm with more than 38 communities living with long-term drinking-water advisories, despite our governments' verbal commitments to Truth and Reconciliation.

Everyone in Canada deserves access to the care and services they need for a healthy life. Sadly, nurses know firsthand what it means when this doesn't happen. From a lack of safe drinking water to not being able to afford life-saving medications, nurses see the impact of a health care system that is failing to meet our communities' needs.

From coast to coast, nurses are sounding the alarm. This is why CFNU has launched our *Same Shift, Different Province* campaign, highlighting that this crisis isn't isolated, it's national. And it's past time for action.

This is the message your union leaders took to MPs and Senators in Ottawa. Together, we demanded real change for nurses across Canada who are exhausted, understaffed and unprotected. We shared real life experiences from nurses across the country and pointed to concrete, evidence-backed solutions to prevent violence against health care workers, ensure staffing levels that keep patients and nurses safe, and strengthen our public health care system for all.

Nurses are uniquely positioned to see the cracks and challenges in our health care systems, making us uniquely positioned to understand the solutions, too. Nurses are rightfully one of the most trusted professions in the country. That means your voice and experiences hold immense power. When you speak truth to power, you stand up for what's right – for yourself, for patients, for the world.

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WHEN KNOWLEDGE MEETS KNOW-HOW

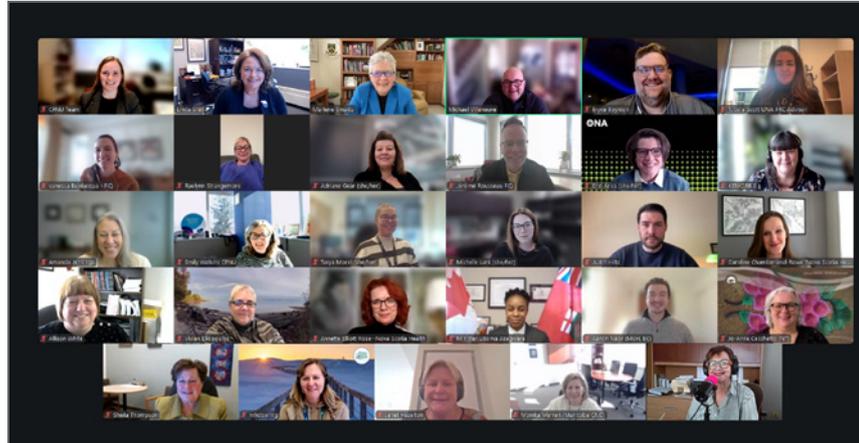
CFNU hosts first meeting of NATIONAL NURSE-PATIENT RATIO IMPLEMENTATION COUNCIL

■ **THE** Canadian Federation of Nurses Unions hosted the first meeting of the National Council on Nurse-Patient Ratios Implementation on February 12, bringing together health employers, government representatives, academics and nurses' unions.

The Council's mission is to co-ordinate knowledge, resources, and advocacy efforts across Canada to implement a framework for spreading and scaling nurse-patient ratios, which evidence shows are an effective way to ensure patient safety and encourage nurses to remain in their profession.

"Safe nurse-patient ratios are critical to solving the nursing shortage and addressing the moral distress plaguing nurses who are working chronically overcapacity," said CFNU President Linda Silas in a news release that day.

"All across the country, safe nurse-patient ratios are the No. 1 ask from nurses," Silas said. "Strong nurse-patient ratios respect the reality that nursing is a safety-critical industry, where decisions about staffing are made based on safety."



Some of the online participants in the CFNU National Council on Nurse-Patient Ratios Implementation, which took place online on February 12.

The Council is comprised of 12 representatives of Canadian nursing unions and 12 from Canadian governments and employers. Kerry Morrison, Chief Nursing Officer of British Columbia, joins Silas as co-chair. B.C. became the first Canadian jurisdiction to commit to developing a safe-staffing framework in all health care settings in 2023. Since then, Manitoba has commenced work on a safe-staffing model.

The creation of the council was the top recommendation of the National NPR Summit held in the fall of 2024. 🍷

"All across the country, safe nurse-patient ratios are the No. 1 ask from nurses."

- Linda Silas

□ CFNU CONTINUED FROM PAGE 6

Our fight for a healthier world doesn't stop in our workplace, our communities, our province, or even our country. Our solidarity transcends borders. When nurses face injustice while standing up for their communities or providing care in conflict zones, nurses around the world stand up with them. When we use our collective power to stand up together, we all win. Across the map, with each win – for fairer

wages, for safe staffing, for the respect nurses deserve – we all rise.

Together, we will win this fight. Join me in the fight. Demand better for nurses and patients at [SameShiftDifferentProvince.ca](https://www.SameShiftDifferentProvince.ca). And don't stop there. Let your voice be heard today and every day.

In unwavering solidarity,
Linda Silas, CFNU President 🍷

United Nurses of Alberta is fighting not only to protect nursing jobs, but also to protect access to public health care in Alberta.

UNA joins two Ottawa lobbies to defend Canadian health care



Clockwise from top left: CFNU President Linda Silas, with Tristan Newby, Vice-President of the BC Nurses' Union and Courtney-Alberni MP Gord Johns to her left and UNA President Heather Smith and First VP Danielle Larivee to her right; UNA members with Edmonton-Griesbach MP Kerry Diotte; Heather Smith with Senator Hassan Yussuff; Linda Silas and UNA Second VP Karen Kuprys with UNA participants in the CHC rally.

■ **UNA** nurses joined their counterparts from across Canada on Parliament Hill in February to take part in two national lobby events to press the federal government to address major concerns about the health care system.

On February 4, President Heather Smith and First Vice-President Danielle Larivee took part in more than 25 meetings with Members of Parliament and Senators during the Canadian Federation of Nurses Union's Ottawa Lobby Day.

They pressed the federal government to take meaningful steps in four key areas to help solve the national health care crisis: growing violence and

nurse safety, the persistent nursing shortage, health care privatization, and Indigenous health equity. Among their specific suggestions were using conditional health-funding agreements to require provinces and territories to adopt safe nurse-patient ratios and prohibiting the use of federal health funding for private health care initiatives.

Then, from February 9 to 11, UNA Second Vice-President Karen Kuprys was joined by about a dozen of the union's members to Ottawa to take part in the Canadian Health Coalition's annual Parliament Hill lobby with more than 200 participants from across Canada.

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Above: Linda Silas, Heather Smith and Danielle Larivee await a meeting on February 4. At left: Heather Smith and Danielle Larivee with New Brunswick Senator Joan Kingston and Ontario Senator Rebecca Patterson, both Registered Nurses.

Alberta's Bill 11, *the Health Statutes Amendment Act 2025 (No. 2)*, was a particular concern because of the threat to public health care that it creates, both in Alberta and nationwide. Lobby participants reminded the officials they met that since the Alberta legislation was put forward, neither Prime Minister Mark Carney nor federal Health Minister Marjorie Michel had responded to requests for their government to take a public stance on the Alberta legislation.

CHC lobby participants urged the PM and his minister to enforce the *Canada Health Act* and say no to the Americanization of Canadian health encouraged by legislation like Alberta's Bill 11. 🍷

CHC lobby participants urged the PM and his minister to enforce the *Canada Health Act*.

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The largest lobby in the coalition's history saw participants hold more than 100 meetings with MPs and Senators from all parties. The main points emphasized by the CHC lobby were protecting health care funding and jobs, expanding pharmacare, supporting health care workers, and upholding the *Canada Health Act* to stop privatization.



By Heather Leask
UNA OHS Advisor

APRIL 28 DAY OF MOURNING ILLUSTRATES A KEY PAST AND PRESENT ROLE FOR UNIONS

Helen 'Ma' Armstrong, 'Wild Woman of the West,' fought for workers' rights and safety

During the Winnipeg General Strike in 1919, Armstrong was one of two women on the 53-member strike committee and was so formidable that she became known in Eastern Canadian newspapers as the "Wild Woman of the West."

■ APRIL 28 is the nationally recognized Day of Mourning to remember and honour workers who have died, were injured, or suffer illness as a result of workplace conditions.

This day also serves as a reminder that ongoing advocacy is necessary to promote and improve workplace health, safety, and wellness, and that actions must be taken toward prevention of incidents, injuries, illnesses, and diseases.

As we prepare to recognize this day, and in consideration of current provincial, national, and global events, we provide a brief example of why the labour movement is so important in the fight to improve workplaces.

Helen "Ma" Armstrong self-identified as a "women's labour organizer," and appeared fearless in taking up the fight against wage inequality and unhealthy working conditions women faced in the industrial work force of the early 1900s. While there are many important activities in her labour advocacy, two notable ones include her rejuvenation of Manitoba's dormant Women's Labour League and her leadership as part of the Winnipeg General Strike.

In 1917, she brought the strength back to the Women's Labour League and, in the same year, also took on the role of its president. The League encouraged women to join or form unions to fight for equal pay, minimum wage

legislation, maternity care, and better working conditions. Under Helen Armstrong's leadership the League was successful in improving the minimum wages for Manitoba women in 1918.

"Girls have got to learn to fight as men have had to do for the right to live, and we women of the Labour League are spending all our spare time in trying to get girls to organize as the master class have done to protect their own interests," Armstrong wrote in a letter to the editor of Winnipeg's *The Telegram* in 1917.

During the Winnipeg General Strike in 1919, Armstrong was one of two women on the 53-member strike committee and was so formidable that she became known in Eastern Canadian newspapers as the "Wild Woman of the West." In addition to picketing, speaking, and marching during the strike, she also organized female workers, signed up new members, and managed a soup kitchen for strikers. She was so deeply committed to the movement that she was imprisoned for her activism, yet she continued to fight for the cause even after being released. While the strike did not immediately result in the demands initially wanted, it did strengthen the labour movement and increased workers voices being heard through successful advocacy in later years.

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By Unknown author - Archives of Manitoba, Helen Armstrong fonds, PR2016-21, P7199/12, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=183643072>.



Helen "Ma" Armstrong

Armstrong's story is one of someone who continuously faced many road-blocks when advocating for change, but, through perseverance and working with like-minded persons, was able to help improve working conditions and the labour movement. Advocating for changes, especially health, safety, and wellness improvements, can sometimes seem like an insurmountable struggle when you continuously hear "no" or meet resistance from an employer. Utilizing resources, including support from other members, your local, members of the Joint Worksite Health and Safety Committee (JWHSC), and UNA staff can help navigate a path toward resolution. You do not need to be alone in the fight.

One priority hazard that continuously meets with resistance is violence and aggression against health care workers. Employers have OHS legislated requirements regarding workplace violence, but these are the minimum requirements, and UNA believes more can be done to meet or exceed those requirements. By continuously advocating, gains are being seen, such as improvements to components of

Advocating for changes, especially health, safety, and wellness improvements, can sometimes seem like an insurmountable struggle when you continuously hear "no" or meet resistance from an employer.

the Behavioural Safety Program to capture family and visitor aggression or violence, and collective agreement language requiring the employer to ensure nurses are aware of the ability to report assaults to police and are made aware of available supports post incident.

UNA and JWHSC representatives are continuing to advocate for better communication options for violence/aggression related No Trespass Orders so that more nurses and health care workers have awareness of potential risks as soon as possible to utilize preventative controls sooner. Additionally, we remain persistent in advocating for prevention training (e.g., non-crisis intervention) being current and completed at legislative compliance threshold levels.

Members can also assist with prevention efforts through reporting health and safety concerns, near misses, and incidents in the employer's reporting system – this is part of your right to participate in health and safety. The employer is required to review these reports and determine corrective actions. By also completing the UNA OHS form, you keep your Local and elected JWHSC representatives aware of concerns, and they can assist to work through processes toward resolution. There may not be a quick or easy fix, but it's still important to bring forward a concern so that work can occur to prevent a reoccurrence or serious incident from happening in the future.

Through this work and recognizing the Day of Mourning, we answer the call, "Mourn for the dead, fight for the living."

UNA and JWHSC representatives are continuing to advocate for better communication options for violence/aggression.



UNA President advocates for STRONGER WHISTLEBLOWER LAWS at MLA committee

By Dave Cournoyer
UNA Communications Advisor



■ **STRENGTHENING** the ability of Alberta nurses to advocate for better patient care was at the top of the agenda when UNA President Heather Smith and Professional Responsibility Advisor Donna Lynn Smith presented to the MLA committee reviewing the province’s whistleblower laws on January 19, 2026.

The two UNA representatives presented to the Standing Committee on Resource Stewardship, which is tasked with reviewing the Public Interest Disclosure (Whistleblower Protection) Act.

Nurses are bound by their Code of Ethics and Standards of Practice to speak up and intervene when they witness wrongdoing – especially if the act or omission creates a specific danger to the life, health, or safety of their patients.

To enable nurses to report wrongdoing it is critical that effective structures and systems are in place – ones that both encourage reporting and protect whistleblowers from reprisal.

UNA believes that the *Public Interest Disclosure Act’s* existence, and its application across the public sector, is essential to supporting the responsibility of nurses and all health care workers responsibility to speak up.

This is fundamental to protecting the public: Albertans who access the health care system expect and trust that nurses will intervene to keep them safe.

UNA’s representatives encouraged the committee to review and implement the recommendations from the Information and Privacy Commissioner’s report in November 2020, which aimed to expand the Act’s scope and strengthen protections for whistleblowers and witnesses.

The Centre for Free Expression released a review of PIDA in February 2025, authored by Dr. Ian Bron, a leading Canadian scholar on whistleblowing.

Bron noted that Alberta “has more best practices than any other major jurisdiction in Canada,” but that these are “overshadowed by ‘critical weaknesses’ – shortcomings which experience has shown fatally undermine whistleblowing regimes.”

UNA strongly endorsed the six recommendations outlined in Bron’s report, which aim to strengthen whistleblower protections, improve the quality of investigations, and enhance the data used to evaluate and guide future changes.

UNA PRC Advisor Donna Lynn Smith and President Heather Smith appear before the Alberta Legislature’s Standing Committee on Resource Stewardship on January 19 to talk about whistleblower protection legislation.



□ CONTINUED ON PAGE 15

ALBERTA EMERGENCY ROOM CRISIS

Fixing the ER crisis requires capacity building, says UNA president, and that means more beds and more staff

By mid-February, promised 'Triage Liaison Physicians' had not appeared in Edmonton and Calgary ERs

■ **ON** January 15, Hospital and Surgical Services Minister Matt Jones acknowledged that the province's hospitals were operating more than 100 per cent above capacity and told a news conference that "Triage Liaison Physicians" would be placed immediately in six jam-packed Edmonton and Calgary Emergency Rooms to address the crisis.

The government response had been prompted by the death in December of a 44-year-old Edmonton man after he waited for treatment for eight hours in the Emergency Room at the Grey Nuns Community Hospital.

United Nurses of Alberta President Heather Smith had warned that the capacity squeeze was straining staff and increasing the risk for patients. In the Edmonton area, she said on January 19, the number of Professional Responsibility Concerns filed by UNA members had been rising, with more than 100 filed by ER nurses in the previous six months.

Later, the ministry said the Triage Liaison Physicians would start work in the ERs on Feb. 1.

Whether the presence of a physician at an ER's admitting desk would do much to reduce overcrowding was a subject of some debate, but the consensus among ER nurses was that another medical staffer would always be helpful.

By mid-February, though, with big city ERs still extremely busy, there had been no sign of the Triage Liaison Physicians.

On February 12, the CBC reported that the ministry was refusing to say if any Triage Liaison Physicians had been hired, saying in a statement that "the work to recruit for the triage physician liaison role is ongoing."

The Alberta Medical Association, which bargains collectively for the province's doctors, said its section of emergency medicine has not reached an agreement with the government about employment conditions for doctors working as Triage Liaison Physicians. Section president Dr. Warren Thirsk told the CBC the parties had not met to negotiate.

"The lack of consistent, real engagement has not made me feel confident that it was anything more than politics to announce something that would fix the problem," Thirsk was quoted saying in the CBC story.

Meanwhile, at UNA NewsBulletin's press time, all the indicators suggested ERs remain overcrowded with many patients waiting many hours, pressure to offload ambulance patients, and patients being treated in hallways, even if ERs are not quite as busy as they were at the peak of respiratory infections in December and January.

"Although they will be helpful, this ongoing crisis is not going to be solved by the addition of a small number of triage liaison doctors in Emergency Rooms," Heather Smith said. "It can only be fixed by opening unused bed spaces in hospitals and building more capacity – both physical capacity to accommodate patients and staff capacity to treat them." 🍷

By mid-February, though, with big city ERs still extremely busy, there had been no sign of the Triage Liaison Physicians.



CBC Story

<https://www.cbc.ca/news/canada/edmonton/triage-liaison-physicians-alberta-health-hospitals-emergency-room-crowding-demand-9.7085718>

Violence and threats against nurses ARE NEVER ACCEPTABLE

■ **FOUR** in ten Alberta nurses reported experiencing physical violence and six in ten reported experiencing non-physical violence at their workplace, according to United Nurses of Alberta's 2025 annual membership survey.

UNA is deeply concerned about this situation. Violence and threats against nurses must never be treated as acceptable.

Effective public health care depends on safe and skilled health care workers, and nurses' ability to deliver care is impacted when faced with volatile situations.

Effective public health care depends on safe and skilled health care workers, and nurses' ability to deliver care is impacted when faced with volatile situations.

In many cases, dangerous situations faced by nurses and their health care co-workers in Alberta could be avoided by building the needed capacity in the health care system. That means more community care, more staff on units, and more beds that will improve patient care for Albertans and relieve the stress on emergency rooms and overcrowded hospitals and long-term care centres.

Employers are required by law 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.

Last fall, UNA representatives and leaders from other provincial nurses' unions met with provincial health ministers to implore them to use every tool at their disposal to eradicate violence against health care workers. Nurse union proposals included:

- Investing in training and prevention programs for workers and designated in-house security personnel
- Mandated minimum nurse-patient ratios to reduce risks of violence exacerbated by excessive workloads
- Enforcement of *Criminal Code* and occupational health and safety legislation to punish and deter violence, including penalties for negligent employers
- Installing violence prevention infrastructure, such as weapons detection systems, surveillance cameras and personal alarms for workers

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 onsite Protective Services. After contacting Protective Services, call the local police department or RCMP. Nurses should always report such incidents to police. Please also inform your UNA Occupational Health and Safety Advisor of the situation.

Nurses are also advised to contact Protective Services even if the local police have already been called to ensure that Protective Services attend the site and, where necessary, remain present if local police leave the scene and escort staff members to their vehicles.



Read the Canadian Federation of Nurses Unions' full report: **Violence against Nurses in Canada: An Urgent Call to Action.** www.fcsii.ca/wp-content/uploads/2025/10/HMM25-WhitePaper_EN_Web.pdf

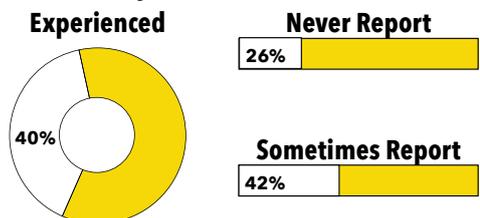
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Nurses not employed by a provincial health agency, organization or corporation should contact their employer’s security services and then contact the local police or RCMP.

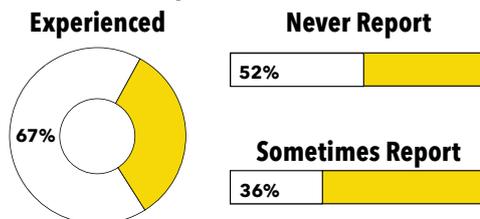
EXPERIENCING & REPORTING ABUSE

United Nurses of Alberta’s 2025 annual membership survey

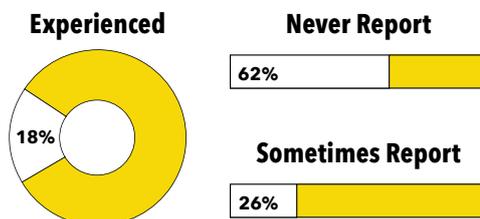
Physical Violence



Non-Physical Violence



Sexual Harassment



Part 27 of the *Occupational Health and Safety Code* states that employers must develop and implement a violence and harassment prevention plans and create procedures to report and investigate complaints and incidents of violence or harassment.

For employers to be held accountable for hazards, they must be aware of concerns and incidents. Alberta OHS legislation obligates workers to report concerns and incidents to their employer. This should be done through your workplace incident reporting system, such as MySafetyNet (MSN), and members can request the complete report that includes identified corrective actions.

UNA members are also encouraged to complete the UNA OHS Form to keep your union, local and Joint Worksite Health and Safety Committee in the loop about problems and able to develop recommendations for resolution.

If you have questions or concerns about threats of violence in your workplace, contact a UNA Labour Relations Officer or Occupational Health & Safety Advisor at 1-800-252-9394 or nurses@una.ca. 🇺🇦

UNA members are encouraged to complete the UNA OHS Form.

Bron’s report cites a 2024 survey conducted by the Office of the Information and Privacy Commissioner which found that nearly two-thirds of public sector employees were unaware of the office’s existence, with only 5 per cent able to name it, and over half unaware or unsure of how to report wrongdoing within their own organizations.

Currently, PIDA does not set standards for employee awareness or training. A 2025 systematic review on the factors influencing nurses’ decisions to blow the whistle found that “a positive ethical climate in health care

institutions is emerging as a key factor, as research shows that intentions to report misconduct are stronger when there is a good ethical climate and high organizational trust.”

Strengthening whistleblower protection laws is essential to ensuring that nurses and other health care workers can report wrongdoing without fear of reprisal – ultimately safeguarding the health and safety of all Albertans. By enhancing protections and establishing training standards, Alberta can promote a culture of transparency, trust, and ethical accountability across the public health care system. 🇺🇦

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PRC efforts by Local 218 IMPROVE LACTATION SUPPORTS IN RED DEER AREA

■ **THANKS** to Professional Responsibility Concerns filed between January 2024 and January 2025 by Local 218 nurses, lactation supports for new moms in the Red Deer area are expanding.

Public Health Nurses in the former Alberta Health Services Central Zone will complete a 20-hour breastfeeding course and baby-friendly work in the community, including donor milk distribution, will continue with dedicated staff time. Progress will be shared quarterly.

A review of breast pump distribution and other resources has been completed and will ensure alignment with population and service demand. The number of available breast pumps has been significantly increased.

Local 218 President Sabrina Beck said Public Health Nurses noticed after the loss of a lactation clinic in the region in 2023 that the number of new moms stopping breastfeeding increased when they experienced difficulties and were unable to travel to Calgary or Edmonton for support.

“It was great to see that Rod Iwanow, Primary Care Alberta’s team lead, agreed that Red Deer Community would benefit from a breastfeeding clinic closer to home and was willing to help primary care nurses in the community provide families with the supports they need,” Beck said.

As work by Primary Care Alberta continues and the local awaits completion of plans expected in April, management in the former AHS zone will explore partnerships with Primary Care Networks, nurse practitioners, and physicians to pilot breastfeeding clinics.

Primary Care Alberta now recognizes equitable access concerns for families in Red Deer and surrounding communities. The executive lead for integrated community health services aims to strengthen collaboration with staff and community partners to ensure sustainable, high-quality breastfeeding support.

The local will continue to review and advocate for lactation support. 🍷

Transitional graduate nurse positions are available

■ **ABOUT** 200 positions on the Alberta Health Services job board in late December are part of the Graduate Nursing Transition Pilot Project that was negotiated as part of UNA’s Multi-Employer Provincial Collective Agreement.

UNA encourages recent nursing school graduates to apply for the positions, which are among 1,000 for new nursing grads that

were promised in the collective agreement.

The positions are for 12 months and include two phases:

- During the first phase, these nursing positions will be supernumerary and will 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 phase will include independent practice with support from an assigned mentor.

After transitioning to independent practice, nurses in these positions will be 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. 🍷

WHY ***union education*** IS OUR BEST INVESTMENT

■ **IN MORE** than three decades working within the labour movement, I've heard the same comment repeatedly: "UNA is one strong union."

When I reflect on the unions I've been associated with and have worked with, particularly the United Nurses of Alberta, the reasons for this undeniable strength always distill down to a few core commitments. While we often talk about solidarity, it's crucial to remember that solidarity is not a default setting – it's an intentional investment.

Building solidarity, one member at a time

Solidarity requires consistent effort, engagement, and resources. UNA lives and breathes this philosophy by actively fostering engagement from the top down. It is commonplace to see the provincial leadership, including President Heather Smith, taking the time to pop into workshops or other meetings to connect with rank-and-file members and local officers. This face-to-face time is invaluable; it shows that leadership is approachable, accountable, and invested in every member's experience, building positive ramifications for trust and unity that are immeasurable.

The value of an educated membership

One of the most powerful investments UNA makes is in its members' education. An educated membership is an empowered membership. As a member, you have several options to

take advantage of educational opportunities, from foundational workshops available to all members, to entering draws for specialized education offered by our affiliates, to more specialized education for executives and committee members.

When workers deepen their understanding of the labour movement, collective bargaining, and their rights, they don't just enrich themselves – they actively strengthen the entire union. Education is the engine that drives true, sustainable solidarity.

Fighting for public health care

The final, and perhaps most visible, reason for UNA's strength is the unwavering commitment to patient safety and publicly funded health care. Nurses view their ability to provide safe and appropriate care as a sacred trust, one that is constantly under attack by those pushing an American-style health-care system.

Albertans see this commitment clearly. Nurses are seen as fighting the good fight, standing strong not just for themselves, but for their patients and for the essential promise of public health care. This moral authority earns the union widespread respect and highly valued public support.

If you want to know why UNA is such a strong, highly respected union, the answer is simple: It's because of an engaged membership, an educated membership, and a collective commitment to fighting for the best possible care Albertans deserve. 🇺🇦

By Duane McEwan
UNA Educator



Solidarity requires consistent effort, engagement, and resources. UNA lives and breathes this philosophy by actively fostering engagement from the top down.

UNA awards 2026 annual NURSING EDUCATION SCHOLARSHIPS

■ **EACH** year, United Nurses of Alberta awards up to 15 annual scholarships of \$1,500 to nursing students from across the province as well as one Canadian Federation of Nurses Scholarship also worth \$1,500.

Scholarship recipients must be in their first year of nursing studies in an approved Registered Nurse or Registered Psychiatric Nurse track program in Alberta and must also be related to a UNA member or associate member in good standing.

“UNA is always proud to support new students as they start their nursing education in post-secondary institutions across the province,” said

UNA President Heather Smith. “We always encourage recipients of the UNA Nursing Education Scholarship to remain in Alberta as they advance through their careers.”

Young nurses like those who receive the UNA scholarship are the reason UNA keeps up the fight for working conditions and incentives that are required to recruit and retain new generations of Alberta nurses, Smith added.

Each scholarship recipient must complete an application form and write a short essay answering the question, “How do you think UNA impacts working conditions and patient care?”

□ CONTINUED ON PAGE 19

Anjum Rabbi



Each scholarship recipient must complete an application form and write a short essay answering the question, “How do you think UNA impacts working conditions and patient care?”

John Brul



Asha Abdi



This year's confirmed UNA Scholarship winners are:

- **Gabriel Chang**, a student at MacEwan University, was the winner of the CFNU Scholarship. He was sponsored by, Michelle Bass, Local 33, Royal Alexandra Hospital.
- **Chantel Laser**, a student at Mount Royal University, sponsored Caleb Laser of Local 95, Alberta Children's Hospital
- **Payton Best**, a student at Red Deer Polytechnic, sponsored by, Tricia Best of Local 79, Grey Nuns Community Hospital/Edmonton Continuing Care
- **Sylvia Cutul**, a student at the University of Calgary, sponsored by Alexandra Cutul of Local 85, Sturgeon Community Hospital and Health Centre
- **Erica Harris**, a student at Northwestern Polytechnic, sponsored by Fern Harris, Local 33, Royal Alexandra Hospital
- **Carter Weber**, a student at MacEwan University, sponsored by Frances Weber, Local 2, Red Deer Regional Hospital/Extendicare Michener
- **Gabriel Ramirez Briseno**, a student at Medicine Hat College, sponsored by Catherine Eisenlohr, Local 126, Palliser Community
- **Gwenhwyvar Horvath**, a student at Northwestern Polytechnic, sponsored by Lisa Horvath, Local 5, Lacombe Hospital and Care Centre/Bentley Care Centre
- **Hannah Lacsina**, a student at Northwestern Polytechnic, sponsored by Bamvi Lacsina, Local 37, Grande Prairie Regional Hospital/Grande Prairie Care Centre
- **Asha Abdi**, a student at MacEwan University, sponsored by Asha Nouh, Local 196, Edmonton Community
- **John Brul**, a student at MacEwan University, sponsored by Maria Brul, Local 121, Rockyview Hospital
- **Ben Weiss**, a student at Lethbridge Polytechnic, sponsored by Jaclyn Machacek, Local 120, Chinook Regional Hospital
- **Chelsey St. Amour**, a student at Mount Royal University, sponsored by Jillian St. Amour, Local 313, Strathmore District Health Services
- **Anjum Rabbi**, a student at the University of Alberta, sponsored by Noor Ul-Huda, Local 301, University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute, Edmonton Clinic
- **Sarah Howse**, a student at Keyano College, sponsored by Stephanie Howse, Local 229, Lamont Health Care Centre
- **Ella Kosciolk**, a student at Red Deer Polytechnic, sponsored by Amanda Kosciolk, Local 301, Stollery Children's Hospital, Mazankowski Alberta Heart Institute, Edmonton Clinic 🇨🇦



Gabriel Chang

'Joy of learning Scholarship' HONOURS UNA'S JOY ARNTZEN



■ **THE** Edmonton Civic Employees Charitable Assistance Fund (ECECAF) has honoured Local 196 President Joy Arntzen for 15 years of service on the organization's board by creating a new scholarship in her name.

Appropriately named the Joy of Learning Scholarship, the annual scholarship will provide a one-time payment of \$5,500 to a child of an ECECAF member enrolled in a postgraduate – master's or doctoral – program, or to a mature student over 25 years of age.

"I have seen firsthand how deeply Joy cares about academic growth and the opportunities that education can unlock."
- Derek McIntyre

"It is a profound honour to see the Joy of Learning scholarship named for someone whose generosity, integrity, and consistent leadership has shaped the mission and vision of ECECAF in lasting ways," said Derek McIntyre, who represents the Edmonton Police Service Seniors Officers Association on the board.

"I have seen first-hand how deeply Joy cares about academic growth and the opportunities that education can unlock," McIntyre added. "This scholarship ensures Joy's values live on through the futures it helps build."

Arntzen, who began her nursing career in 1977, joined the ECECAF board in 2011, the same year she was elected president of Local 196. She is the

longest-serving trustee since the organization was established in 1941.

Starting in 1978, she served six years on the negotiating committee of her rural public health local, where she worked for more than nine years. During this time, she endured a month-long employer lockout, providing a deep understanding of the strain labour disputes place on nurses, families, and communities.

After starting her family, Arntzen returned to nursing in long-term care. She led the unionization of her workplace, becoming the first Local 215 president in 2001.

In 2005, she joined Capital Health in Edmonton, serving as Local 196 office representative, later second vice-president and chair of the Professional Responsibility Committee. She was elected Local 196 president in 2011 and continues in that role.

Applications for Fall 2026 study are now being accepted for the competitive scholarship. Information on how to apply by May 2026 can be found at <https://ececacaf.ca/member-services/scholarships/>.

ECECAF has more than 11,000 participating members from nine unions and associations, including UNA Local 196. 🍷

Annj Ridsdale-Weddell named as AAN CEO

■ **ANNJ** Ridsdale-Weddell has been named Chief Executive Officer of the Alberta Association of Nurses, replacing Kathy Howe, who retired last year as CEO.

After she took over in January, Ridsdale-Weddell thanked Howe for the strong foundation she created as AAN's first CEO for the future of the nursing profession in Alberta.

"There is meaningful work ahead," she said in a statement to AAN members. "Regulated nurses are the largest direct care profession in Alberta and an essential partner in health system decision-making because we bring the voices and experiences of patients into every conversation."

Ridsdale-Weddell continues active nursing in palliative and long-term care in Edmonton and continues to be a member of UNA.

Formerly a part of the College and Association of Registered Nurses of Alberta, AAN was formed in 2022 to represent the interests of Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Nurse Practitioners, nursing students and retired nurses.

CARNA was renamed the College of Registered Nurses of Alberta (CRNA) and continues in the sole role of regulatory college. UNA bargains collectively on behalf of most Alberta RNs and RPNs. 🍷



Annj Ridsdale-Weddell
(photo supplied)

ALBERTA CLAIMS ONLINE DASHBOARD WILL 'EMPOWER HEALTH CARE WORKERS'

■ **THE** Alberta government partly launched an online dashboard in mid-January that it claims is designed to keep people informed about the performance of health systems across the province.

On January 16, the government said in a news release it had rolled out publicly available data on surgical wait times. That information was to be followed by information on EMS response times and primary care, with information on assisted living, mental health, and addiction added later.

The dashboard was announced in the wake of harsh criticism on the troubled state of the health care system in Alberta and the government's response

to the large number of cases of respiratory disease that resulted in packed Emergency Rooms and long wait times.

According to the government, the categories of data on the dashboard were selected based on responses made in health-care refocusing engagement sessions that it organized.

The government's news release said the information would be updated only monthly but argued it "empowers health-care workers and identifies opportunities for improvement."

Ten days later, the government reported that 197 Albertans had died due to influenza to that point in the respiratory disease season. 🍷

Government
News release:



Health system
dashboard:



UNA members marked Black History Month in February

■ **THROUGHOUT** February, United Nurses of Alberta members joined people across Canada to participate in Black History Month events and celebrations that honour the legacy and contributions of Black people in Canada.

UNA honours and celebrates the long history of outstanding dedication and contributions of Black nurses in our union and in hospitals and health care workplaces across the province, making our places of employment and communities richer heritage, compassion and diverse traditions.

The month is also a time to reflect on the ongoing fight against systemic racism and commit to prejudice in all its forms. As the union representing more than 35,000 Registered Nurses, Registered Psychiatric Nurses and allied workers, UNA commits to creating welcoming environments where all workers can feel safe, heard and understood.

The 2026 theme is “30 Years of Black History Month: Honouring Black Brilliance Across Generations – From Nation Builders to Tomorrow’s Visionaries,” which celebrates three decades of official recognition by the Canadian House of Commons.

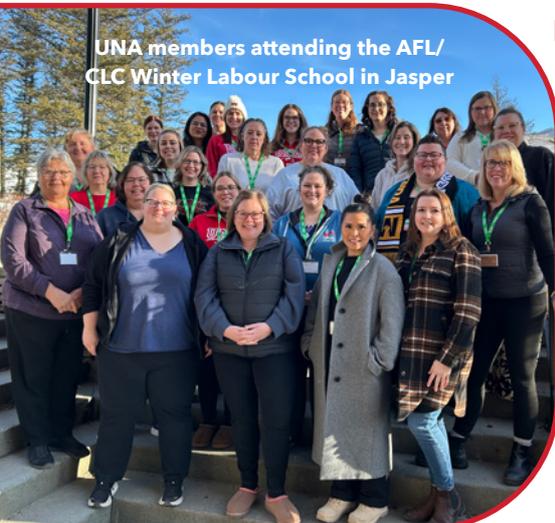
Black History Month has been observed in the United States since the 1920s and was first officially recognized in Canada after a motion introduced by Member of Parliament Jean Augustine passed in 1995. Senator Donald Oliver moved to have the Canadian Senate officially recognize Black History Month in 2008. That motion was unanimously approved.

Black History Month was first officially recognized by the Government of Alberta through a proclamation from Premier Rachel Notley in 2017. It has been recognized in Alberta every year since. 🇺🇦

Black History Month was first officially recognized in Canada after a motion introduced by Member of Parliament Jean Augustine passed in 1995.

UNA MEMBERS SHARPEN THEIR SKILLS AT JASPER LABOUR SCHOOL

UNA members attending the AFL/CLC Winter Labour School in Jasper



■ **MORE** than 30 members of United Nurses of Alberta travelled to the mountain park community of Jasper to sharpen their skills at the Winter Labour School.

The annual educational event organized by the Alberta Federation of Labour and the Canadian Labour Congress was held this year from January 12 to 16. Members attending the annual school were immersed in a wide-range of course topics, including occupational health and safety, member engagement, labour law, domestic violence in the workplace, and communications for union activists.

Students at the school also heard from guest speakers including AFL President Gil McGowan, AFL Secretary-Treasurer Cori Longo, and CLC President Bea Bruske. 🇺🇦

CELEBRATING BLACK HISTORY MONTH WITH Mary Ekunwe of Local 196

■ **MARY EKUNWE** is an internationally educated Registered Nurse from Nigeria with more than 30 years of nursing experience across multiple health care settings. Mary was drawn to nursing by the opportunity to make a meaningful difference in people's lives during their most vulnerable moments.

Mary and her family moved to Canada in 2000, settling first in Toronto before relocating to Edmonton in 2001. She completed refresher courses and required certifications before successfully writing the Canadian nursing registration exam. While the transition to the Canadian health care system was challenging, it strengthened her clinical knowledge, skills, and confidence as a nurse.

Throughout her career in Canada, Mary has worked in medicine, surgery, the operating room, labour and delivery, long-term care, and case management. Long-term care and her current role as a case manager in supportive living have been particularly meaningful to her, as they allow her to build strong relationships with residents, clients, and families while advocating for their needs.

Mary's union involvement began after she experienced unfair treatment in the workplace and received support from a local union president. Inspired by that advocacy, she became actively involved in union work, serving as Secretary of Local 117, then that local's president for a decade before later moving to Local 196. She remains engaged through union meetings and activities, viewing union involvement as essential to staying informed and advocating for nurses.

As a Black nurse in Alberta and Canada, Mary views Black History Month as a time to celebrate and recognize the vital contributions Black nurses make to the health care system, while also acknowledging the challenges that remain. She sees it as an opportunity to uplift, support, and encourage Black nurses who continue to face barriers in the workplace.

Mary believes union involvement is especially important for nurses from diverse and underrepresented backgrounds. She emphasizes that unions help protect nurses' rights, promote fair working conditions, strengthen patient safety, and provide a collective voice to advocate for equity and protection against discrimination. 🌸

By Rachel Steel
Local 196 Secretary



<https://local196una.ca/2026/02/02/local-196-celebrates-black-history-month/>



In celebration of Black History Month, Local 196 Secretary Rachel Steel has written a series of profiles of some of the local's Black members and published them on the Edmonton Community local's website throughout February. Here's one, reprinted with permission.

UNA contract provisions ensure **PSYCHOLOGICAL SUPPORT FOR MEMBERS, THEIR FAMILIES**



By Lee Coughlan
UNA Manager of Labour
Relations (Edmonton)

We have a dedicated Mental Health Resources webpage on UNA's website that lists several resources available to members: www.una.ca/memberresources/mentalhealth



■ **UNA HAS** negotiated specific collective agreement provisions to ensure individuals and their immediate family members have psychological support.

UNA's previous multi-employer Provincial Collective Agreement saw an increase in per-person psychological coverage to \$3,000 per year. The changes were continued in the current agreement signed last year.

The Health Benefit Trust of Alberta (HBTA) reports that access to psychological services increased dramatically following these changes. From 2021 to 2024, the number of claimants increased by 220 per cent.

Benefits of the change include:

- Removing the financial barrier to access psychologists and addictions counsellors appears to have resulted in more members accessing psychology services and doing so at earlier stages of illness. The result is that fewer members need to leave work and if they require time off then they remain on disability benefits for shorter durations.
- The HBTA Plan negotiated by UNA also provides reimbursement for costs of all medication associated with mental health and wellbeing.
- It also ensures continued access to EFAP. We recognize that there are legitimate critiques of the psychological supports offered through the EFAP.

UNA's previous multi-employer Provincial Collective Agreement saw an increase in per-person psychological coverage to \$3,000 per year.

Homewood Health and EFAP programs, generally, are not intended to be treatment providers. Their primary use is to provide immediate access to a counsellor at a time in need. The counsellor will not track the employee, and the employee will not get to speak to the same person if they call again. EFAP services are not a substitute for someone who requires ongoing psychological treatment and therapy, but it fills a gap for nurses who do not otherwise have access to benefit coverage. These counsellors are ill-suited to patients suffering the ill effects of a traumatic event since they will be asked to repeat their trauma during each call.

UNA can assist in navigating with the insurance companies to get appropriate supporting medical, provide support navigating the claim process and appeal decisions. UNA is unique in its willingness to pursue appeals up to and including filing statements of claim with the Court of King's Bench to make sure our members receive the benefits they are entitled to. 🍷



UNA launches 4th annual Nurses' Week Member Engagement Challenge

■ **UNITED** Nurses of Alberta is thrilled to announce the fourth annual Nurses Week Member Engagement Challenge.

To recognize the work of UNA Locals during Nurses Week from May 11 to May 17 this year, UNA is inviting Locals and members to submit examples of member engagement efforts created and used during that week.

The theme of this year's challenge is *Our Nurses, Our Future*. Locals are encouraged to enter submissions that follow that theme.

Entries will be accepted from or on behalf of locals in five categories divided by local membership size:

1: BEST POSTER

- a) Local with fewer than 400 members
- b) Local with more than 400 members

2: BEST PHOTO

- a) Local with fewer than 400 members
- b) Local with more than 400 members

3: BEST ONLINE MEME

- a) Local with fewer than 400 members
- b) Local with more than 400 members

4: BEST ONLINE VIDEO

- a) Local with fewer than 400 members
- b) Local with more than 400 members
- c) District Representatives

5: MOST CREATIVE ENGAGEMENT IDEA

- a) Local with fewer than 400 members
- b) Local with more than 400 members

Submissions should include the name of the local, the names of the members involved in creating the submissions and a short description of how the submission was used to engage



2025 for Best Online Video
Local 79



2025 for Best Poster
Local 196

UNA members during Nurses Week. Something as simple as posted a photo on social media would qualify.

Locals may submit multiple submissions in each category.

Winners and individual members will be presented with a special award certificate and have their submissions shown at the UNA Annual General Meeting in October 2026.

Locals are encouraged to recognize the members who participated in the creation of their submissions.

Submissions are being accepted through UNA's DMS. The deadline to submit is **Sunday, May 31, 2026**. The winners will be announced at the Annual General Meeting.

National Nurses Week and International Nurses Week are marked each year during the week that includes May 12, the birthday of Florence Nightingale (1820-1910), who is often credited with being the creator the nursing profession through her work professionalizing the work done by nurses. She was also an influential advocate of social reform, including health care for all parts of society and expanding the number of then socially acceptable roles for women in the workforce. 🍷

Submissions are being accepted through UNA's DMS. The deadline to submit is Sunday, May 31, 2026. The winners will be announced at the Annual General Meeting.

Arbitrator's ruling resolved **UNA GRIEVANCE OVER PAY-RATE DIFFERENCES** affecting long-service public health care employees

Employers will not require repayment by those employees who were overpaid

■ **GRIEVANCES** filed by United Nurses of Alberta that arose from differences between rates of pay for some employees in their new multi-employer collective agreement and the rates actually paid by major Alberta public health care employers have been resolved by an arbitrator.

The settlement was expected to speed approval of the final version of the multi-employer Provincial Collective Agreement and allow the payment of retroactive pay to former employees who had worked during the term of the new agreement.

The decision issued on December 18 by Arbitrator David Jones formalized an employer proposal to adjust a discrepancy in the calculation of pay rates for long-service employees of Alberta Health Services, Primary Care Alberta, Recovery Alberta: Mental Health and Addictions Services, and other employers.

While both parties acted in good faith, the discrepancy arose when different rounding formulae were used. The discrepancy resulted in a difference of plus or minus 1 cent per hour since the new agreement came into effect with ratification of UNA's multiple-employer Provincial Collective Agreement

on April 3, 2025. The annual dollar amount of overpayment or underpayment was about \$20 for an affected full-time nurse.

As a result of the arbitrator's decision, the employers will issue a pay adjustment to employees who were underpaid for all hours between April 3, 2025, and March 31, 2026. The employers agreed to inform UNA in advance of their plans for issuing the pay adjustment.

The employers will not require repayment by those employees who were overpaid.

The Long Service Pay Adjustment in the employers' version of the agreement's salary appendix calculated by the employers' payroll system will be the rates of pay effective as of April 1, 2026, and April 1, 2027.

The full list of UNA multi-employer Provincial Collective Agreement employers is made up of Alberta Health Services, Covenant Health, Lamont Health Care Centre, The Bethany Group (Camrose), Recovery Alberta: Mental Health and Addiction Services, Primary Care Alberta, Assisted Living Alberta, Cancer Care Alberta, Give Life Alberta, Emergency Health Services, and Health Shared Services. 

As a result of the arbitrator's decision, the employers will issue a pay adjustment to employees who were underpaid for all hours between April 3, 2025, and March 31, 2026.



Report from
Director of Labour Relations
David Harrigan

Don't forget to claim your 2-per-cent RRSP or TFSA supplement

■ **UNITED** Nurses of Alberta strongly encourages members who are regular employees to enrol in the 2-per-cent supplemental pension plan for employees.

Included in the UNA Provincial Collective Agreement, the supplemental pension plan takes the form a 2-per-cent employer matching contribution to either a Registered Retirement Savings Plan (RRSP) or a Tax-Free Savings Account (TFSA).

It is a valuable benefit for which employees must register to receive. Members who are regular employees covered by the Provincial Collective Agreement can apply.

According to Article 29.04 of the UNA Provincial Collective Agreement:

- (a) *The Employer shall provide a supplemental pension plan in the form of a Registered Retirement Savings Plan (RRSP). The Employer shall also provide a Tax Free Savings Account (TFSA). Employees shall determine the allocation of contributions to either the RRSP or the TFSA. Employees may change their allocation effective April 1st of each year.*
- (b) *Effective on the Employee's date of enrollment, a Regular Employee shall have the right to contribute up to 2% of regular earnings into either the RRSP or TFSA:*
 - (i) *Employees may contribute into the RRSP until December 30th of the year the Employee turns 71. The Employer shall match the Employee's contributions into the RRSP; or*
 - (ii) *Employees may contribute into the TFSA. The Employer shall match the Employee's contributions into the TFSA.*
- (c) *Regular Employees who, by virtue of their age, no longer qualify under Article 29.04(b)(i), shall have the option of reallocating contributions to the TFSA as per Article 29.04(b)(ii) or receive an additional 2% of their regular earnings. Employees may change their allocation between participating in the TFSA and receiving 2% of regular earnings effective April 1st of each year.*
- (d) *"Earnings" as defined in Article 29.054(b) above, will include WCB earnings until such time that the Employee exhausts accrued sick leave credits and is deemed to be on sick leave without pay.*

The agreement does require that employees contribute 2 per cent of their salary for the employer to match, and employees need to enrol in the program for the employer to contribute this money.

This supplemental pension is not available to temporary or casual employees. 🍷

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

All Spotlight posters can be found on the UNA website.

www.una.ca/collectiveagreements/spotlights



NO TWO TIER

AMERICAN-STYLE HEALTHCARE

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MEDICARE



REBILDOURHEALTHCARE.CA